



NCLEX ANTEPARTUM AND INTRAPARTUM PRACTICE TEST

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1. Which statement by a pregnant client who is human immunodeficiency (HIV) positive indicates her understanding of the risk to her newborn during delivery?

- A) "Because I am on antiretroviral therapy, there is absolutely zero chance my baby will get HIV."
- B) "My baby will definitely have obvious symptoms of HIV immediately after birth."
- C) "There is a risk of transmission from HIV-positive mothers to their newborn, although the newborn may be asymptomatic at birth."
- D) "HIV is only transmitted through breast milk, so the delivery process itself is completely safe."

Correct Answer: C

2. A pregnant woman has tested positive for human immunodeficiency virus (HIV). The nurse reinforces information to the client about HIV and determines that additional counseling is necessary when the client states:

- A) "I will need to take antiretroviral medications during my pregnancy."
- B) "Breast-feeding after delivery is best for my baby."
- C) "My baby will need to be tested for HIV after birth."
- D) "Formula feeding is recommended to prevent transmitting the virus to my baby."

Correct Answer: B

3. A client in labor is transported to the delivery room and is prepared for a cesarean delivery. The client is positioned on the delivery room table and the nurse places the client in the:

- A) Supine position with a wedge under the right hip
- B) Trendelenburg position without any hip wedges
- C) High Fowler's position with legs in stirrups
- D) Prone position with a pillow under the abdomen

Correct Answer: A

4. A client asks, "What does it mean that the baby is at minus one?" The nurse should explain to the client that the fetal presenting part is isolated:

- A) 1 cm below the ischial spines
- B) Even with the symphysis pubis
- C) 1 cm above the ischial spines
- D) Floating high in the pelvic inlet

Correct Answer: C

5. A woman with preeclampsia is receiving magnesium sulfate. The nurse assigned to care for the client determines that the magnesium sulfate therapy is effective if:

- A) Blood pressure drops to normal ranges immediately.
- B) Deep tendon reflexes become hyperactive.
- C) Urine output decreases to 15 mL per hour.
- D) Seizures do not occur.

Correct Answer: D

6. A nurse is reviewing the health history of a pregnant client. Which of the following data, if noted in the client's health history, would indicate a risk for spontaneous abortion?

- A) Occasional heartburn and nausea
- B) Syphilis
- C) Mild gestational hypertension
- D) History of carrying twins to full term

Correct Answer: B