

MATERNITY NURSING

1. You performed the Leopold's maneuver and found the following: breech presentation, fetal back at the right side of the mother. Based on these findings, you can hear the fetal heart beat (PMI) BEST in which location?

- A. Left lower quadrant
- B. Right lower quadrant
- C. Left upper quadrant
- D. Right upper quadrant

Answer: (B) Right lower quadrant

Right lower quadrant. The landmark to look for when looking for PMI is the location of the fetal back in relation to the right or left side of the mother and the presentation, whether cephalic or breech. The best site is the fetal back nearest the head.

2. In Leopold's maneuver step #1, you palpated a soft broad mass that moves with the rest of the mass. The correct interpretation of this finding is:

- A. The mass palpated at the fundal part is the head part.
- B. The presentation is breech.
- C. The mass palpated is the back.
- D. The mass palpated is the buttocks.

Answer: (D) The mass palpated is the buttocks.

The palpated mass is the fetal buttocks since it is broad and soft and moves with the rest of the mass.

3. In Leopold's maneuver step #3 you palpated a hard round movable mass at the supra pubic area. The correct interpretation is that the mass palpated is:

- A. The buttocks because the presentation is breech.
- B. The mass palpated is the head.
- C. The mass is the fetal back.
- D. The mass palpated is the fetal small part

Answer: (B) The mass palpated is the head.

When the mass palpated is hard round and movable, it is the fetal head.

4. The hormone responsible for a positive pregnancy test is:

- A. Estrogen
- B. Progesterone
- C. Human Chorionic Gonadotropin
- D. Follicle Stimulating hormone

Answer: (C) Human Chorionic Gonadotropin

Human chorionic gonadotropin (HCG) is the hormone secreted by the chorionic villi which is the precursor of the placenta. In the early stage of pregnancy, while the placenta is not yet fully developed, the major hormone that sustains the pregnancy is HCG.

5. The hormone responsible for the maturation of the graafian follicle is:

- A. Follicle stimulating hormone
- B. Progesterone
- C. Estrogen
- D. Luteinizing hormone

Answer: (A) Follicle stimulating hormone

The hormone that stimulates the maturation of the graafian follicle is the Follicle Stimulating Hormone which is released by the anterior pituitary gland.

7. The most common normal position of the fetus in utero is:

- A. Transverse position
- B. Vertical position
- C. Oblique position
- D. None of the above

Answer: (B) Vertical position

Vertical position means the fetal spine is parallel to the maternal spine thus making it easy for the fetus to go out the birth canal. If transverse or oblique, the fetus can't be delivered normally per vagina.

8. In the later part of the 3rd trimester, the mother may experience shortness of breath. This complaint maybe explained as:

- A. A normal occurrence in pregnancy because the fetus is using more oxygen
- B. The fundus of the uterus is high pushing the diaphragm upwards
- C. The woman is having allergic reaction to the pregnancy and its hormones
- D. The woman maybe experiencing complication of pregnancy

Answer: (B) The fundus of the uterus is high pushing the diaphragm upwards

From the 32nd week of the pregnancy, the fundus of the enlarged uterus is pushing the respiratory diaphragm upwards. Thus, the lungs have reduced space for expansion consequently reducing the oxygen supply.

9. Which of the following findings in a woman would be consistent with a pregnancy of two months duration?

- A. Weight gain of 6-10 lbs. and presence of striae gravidarum
- B. Fullness of the breast and urinary frequency
- C. Braxton Hicks contractions and quickening
- D. Increased respiratory rate and ballottement

Answer: (B) Fullness of the breast and urinary frequency

Fullness of the breast is due to the increased amount of progesterone in pregnancy. The urinary frequency is caused by the compression of the urinary bladder by the gravid uterus which is still within the pelvic cavity during the first trimester.

10. Which of the following is a positive sign of pregnancy?

- A. Fetal movement felt by mother
- B. Enlargement of the uterus
- C. (+) pregnancy test
- D. (+) ultrasound

Answer: (D) (+) ultrasound

A positive ultrasound will definitely confirm that a woman is pregnant since the fetus in utero is directly visualized.

11. What event occurring in the second trimester helps the expectant mother to accept the pregnancy?

- A. Lightening
- B. Ballotment
- C. Pseudocyesis
- D. Quickening

Answer: (D) Quickening

Quickening is the first fetal movement felt by the mother makes the woman realize that she is truly pregnant. In early pregnancy, the fetus is moving but too weak to be felt by the mother. In the 18th-20th week of gestation, the fetal movements become stronger thus the mother already feels the movements.

12. Shoes with low, broad heels, plus a good posture will prevent which prenatal discomfort?

- A. Backache
- B. Vertigo
- C. Leg cramps
- D. Nausea

Answer: (A) Backache

Backache usually occurs in the lumbar area and becomes more problematic as the uterus enlarges. The pregnant woman in her third trimester usually assumes a lordotic posture to maintain balance causing an exaggeration of the lumbar curvature. Low broad heels provide the pregnant woman with a good support.

13. When a pregnant woman experiences leg cramps, the correct nursing intervention to relieve the muscle cramps is:

- A. Allow the woman to exercise
- B. Let the woman walk for a while
- C. Let the woman lie down and dorsiflex the foot towards the knees

D. Ask the woman to raise her legs

Answer: (C) Let the woman lie down and dorsiflex the foot towards the knees

Leg cramps is caused by the contraction of the gastrocnemius (leg muscle). Thus, the intervention is to stretch the muscle by dorsiflexing the foot of the affected leg towards the knee.

14. From the 33rd week of gestation till full term, a healthy mother should have prenatal check up every:

- A. week
- B. 2 weeks
- C. 3 weeks
- D. 4 weeks

Answer: (A) week

In the 9th month of pregnancy the mother needs to have a weekly visit to the prenatal clinic to monitor fetal condition and to ensure that she is adequately prepared for the impending labor and delivery.

15. The expected weight gain in a normal pregnancy during the 3rd trimester is

- A. 1 pound a week
- B. 2 pounds a week
- C. 10 lbs a month
- D. 10 lbs total weight gain in the 3rd trimester

Answer: (A) 1 pound a week

During the 3rd trimester the fetus is gaining more subcutaneous fat and is growing fast in preparation for extra uterine life. Thus, one pound a week is expected.

16. In the Bartholomew's rule of 4, when the level of the fundus is midway between the umbilicus and xyphoid process the estimated age of gestation (AOG) is:

- A. 5th month
- B. 6th month
- C. 7th month
- D. 8th month

Answer: (C) 7th month

In Bartholomew's Rule of 4, the landmarks used are the symphysis pubis, umbilicus and xyphoid process. At the level of the umbilicus, the AOG is approximately 5 months and at the level of the xyphoid process 9 months. Thus, midway between these two landmarks would be considered as 7 months AOG.

17. The following are ways of determining expected date of delivery (EDD) when the LMP is unknown EXCEPT:

- A. Naegele's rule
- B. Quickening
- C. Mc Donald's rule
- D. Bartholomew's rule of 4

Answer: (A) Naegele's rule

Naegele's Rule is determined based on the last menstrual period of the woman.

18. If the LMP is Jan. 30, the expected date of delivery (EDD) is

- A. Oct. 7
- B. Oct. 24
- C. Nov. 7
- D. Nov. 8

Answer: (C) Nov. 7

Based on the last menstrual period, the expected date of delivery is Nov. 7. The formula for the Naegele's Rule is subtract 3 from the month and add 7 to the day.

19. Kegel's exercise is done in pregnancy in order to:

- A. Strengthen perineal muscles
- B. Relieve backache

- C. Strengthen abdominal muscles
- D. Prevent leg varicosities and edema

Answer: (A) Strengthen perineal muscles

Kegel's exercise is done by contracting and relaxing the muscles surrounding the vagina and anus in order to strengthen the perineal muscles

20. Pelvic rocking is an appropriate exercise in pregnancy to relieve which discomfort?

- A. Leg cramps
- B. Urinary frequency
- C. Orthostatic hypotension
- D. Backache

Answer: (D) Backache

Backache is caused by the stretching of the muscles of the lower back because of the pregnancy. Pelvic rocking is good to relieve backache.

21. The main reason for an expected increased need for iron in pregnancy is:

- A. The mother may have physiologic anemia due to the increased need for red blood cell mass as well as the fetal requires about 350-400 mg of iron to grow
- B. The mother may suffer anemia because of poor appetite
- C. The fetus has an increased need for RBC which the mother must supply
- D. The mother may have a problem of digestion because of pica

Answer: (A) The mother may have physiologic anemia due to the increased need for red blood cell mass as well as the fetal requires about 350-400 mg of iron to grow

About 400 mgs of Iron is needed by the mother in order to produce more RBC mass to be able to provide the needed increase in blood supply for the fetus. Also, about 350-400 mgs of iron is need for the normal growth of the fetus. Thus, about 750-800 mgs iron supplementation is needed by the mother to meet this additional requirement.

22. The diet that is appropriate in normal pregnancy should be high in

- A. Protein, minerals and vitamins
- B. Carbohydrates and vitamins
- C. Proteins, carbohydrates and fats
- D. Fats and minerals

Answer: (A) Protein, minerals and vitamins

In normal pregnancy there is a higher demand for protein (body building foods), vitamins (esp. vitamin A, B, C, folic acid) and minerals (esp. iron, calcium, phosphorous, zinc, iodine, magnesium) because of the need of the growing fetus.

24. Which of the following signs will require a mother to seek immediate medical attention?

- A. When the first fetal movement is felt
- B. No fetal movement is felt on the 6th month
- C. Mild uterine contraction
- D. Slight dyspnea on the last month of gestation

Answer: (B) No fetal movement is felt on the 6th month

Fetal movement is usually felt by the mother during 4.5 – 5 months. If the pregnancy is already in its 6th month and no fetal movement is felt, the pregnancy is not normal either the fetus is already dead intra-uterine or it is an H-mole.

25. You want to perform a pelvic examination on one of your pregnant clients. You prepare your client for the procedure by:

- A. Asking her to void
- B. Taking her vital signs and recording the readings
- C. Giving the client a perineal care
- D. Doing a vaginal prep

Answer: (A) Asking her to void

A pelvic examination includes abdominal palpation. If the pregnant woman has a full bladder, the manipulation may cause discomfort and accidental urination because of the pressure applied during the abdominal palpation. Also, a

full bladder can impede the accuracy of the examination because the bladder (which is located in front of the uterus) can block the uterus.

26. When preparing the mother who is on her 4th month of pregnancy for abdominal ultrasound, the nurse should instruct her to:

- A. Observe NPO from midnight to avoid vomiting
- B. Do perineal flushing properly before the procedure
- C. Drink at least 2 liters of fluid 2 hours before the procedure and not void until the procedure is done
- D. Void immediately before the procedure for better visualization

Answer: (C) Drink at least 2 liters of fluid 2 hours before the procedure and not void until the procedure is done

Drinking at least 2 liters of water 2 hours before the procedure will result to a distended bladder. A full bladder is needed when doing an abdominal ultrasound to serve as a "window" for the ultrasonic sound waves to pass through and allow visualization of the uterus (located behind the urinary bladder).

27. The nursing intervention to relieve "morning sickness" in a pregnant woman is by giving

- A. Dry carbohydrate food like crackers
- B. Low sodium diet
- C. Intravenous infusion
- D. Antacid

Answer: (A) Dry carbohydrate food like crackers

Morning sickness maybe caused by hypoglycemia early in the morning thus giving carbohydrate food will help.

28. The common normal site of nidation/implantation in the uterus is

- A. Upper uterine portion
- B. Mid-uterine area
- C. Lower uterine segment
- D. Lower cervical segment

Answer: (A) Upper uterine portion

The embryo's normal nidation site is the upper portion of the uterus. If the implantation is in the lower segment, this is an abnormal condition called placenta previa.

29. Mrs. Santos is on her 5th pregnancy and has a history of abortion in the 4th pregnancy and the first pregnancy was a twin. She is considered to be

- A. G 4 P 3
- B. G 5 P 3
- C. G 5 P 4
- D. G 4 P 4

Answer: (B) G 5 P 3

Gravida refers to the total number of pregnancies including the current one. Para refers to the number of pregnancies that have reached viability. Thus, if the woman has had one abortion, she would be considered Para 3. Twin pregnancy is counted only as 1.

30. The following are skin changes in pregnancy EXCEPT:

- A. Chloasma
- B. Striae gravidarum
- C. Linea negra
- D. Chadwick's sign

Answer: (D) Chadwick's sign

Chadwick's sign is bluish discoloration of the vaginal mucosa as a result of the increased vascularization in the area.

31. Which of the following statements is TRUE of conception?

- A. Within 2-4 hours after intercourse conception is possible in a fertile woman
- B. Generally, fertilization is possible 4 days after ovulation
- C. Conception is possible during menstruation in a long menstrual cycle
- D. To avoid conception, intercourse must be avoided 5 days before and 3 days after menstruation

Answer: (A) Within 2-4 hours after intercourse conception is possible in a fertile woman

The sperms when deposited near the cervical os will be able to reach the fallopian tubes within 4 hours. If the woman has just ovulated (within 24 hours after the rupture of the graafian follicle), fertilization is possible.

32. Which of the following are the functions of amniotic fluid? 1. Cushions the fetus from abdominal trauma 2. Serves as the fluid for the fetus 3. Maintains the internal temperature 4. Facilitates fetal movement

- A. 1 & 3
- B. 1, 3, 4
- C. 1, 2, 3
- D. All of the above

Answer: (D) All of the above

All the four functions enumerated are true of amniotic fluid.

33. You are performing abdominal exam on a 9th month pregnant woman. While lying supine, she felt breathless, had pallor, tachycardia, and cold clammy skin. The correct assessment of the woman's condition is that she is

- A. Experiencing the beginning of labor
- B. Having supine hypotension
- C. Having sudden elevation of BP
- D. Going into shock

Answer: (B) Having supine hypotension

Supine hypotension is characterized by breathlessness, pallor, tachycardia and cold clammy skin. This is due to the compression of the abdominal aorta by the gravid uterus when the woman is on a supine position.

34. Smoking is contraindicated in pregnancy because

- A. Nicotine causes vasodilation of the mother's blood vessels
- B. Carbon monoxide binds with the hemoglobin of the mother reducing available hemoglobin for the fetus
- C. The smoke will make the fetus and the mother feel dizzy
- D. Nicotine will cause vasoconstriction of the fetal blood vessels

Answer: (B) Carbon monoxide binds with the hemoglobin of the mother reducing available hemoglobin for the fetus

Carbon monoxide is one of the substances found in cigarette smoke. This substance diminishes the ability of the hemoglobin to bind with oxygen thus reducing the amount of oxygenated blood reaching the fetus.

35. Which of the following is the most likely effect on the fetus if the woman is severely anemic during pregnancy?

- A. Large for gestational age (LGA) fetus
- B. Hemorrhage
- C. Small for gestational age (SGA) baby
- D. Erythroblastosis fetalis

Answer: (C) Small for gestational age (SGA) baby

Anemia is a condition where there is a reduced amount of hemoglobin. Hemoglobin is needed to supply the fetus with adequate oxygen. Oxygen is needed for normal growth and development of the fetus.

36. Which of the following signs and symptoms will most likely make the nurse suspect that the patient is having hydatidiform mole?

- A. Slight bleeding
- B. Passage of clear vesicular mass per vagina
- C. Absence of fetal heart beat
- D. Enlargement of the uterus

Answer: (B) Passage of clear vesicular mass per vagina

Hydatidiform mole (H-mole) is characterized by the degeneration of the chorionic villi wherein the villi becomes vesicle-like. These vesicle-like substances when expelled per vagina and is a definite sign that the woman has H-mole.

37. Upon assessment the nurse found the following: fundus at 2 fingerbreadths above the umbilicus, last menstrual period (LMP) 5 months ago, fetal heart beat (FHB) not appreciated. Which of the following is the most possible diagnosis of this condition?

- A. Hydatidiform mole
- B. Missed abortion
- C. Pelvic inflammatory disease
- D. Ectopic pregnancy

Answer: (A) Hydatidiform mole

Hydatidiform mole begins as a pregnancy but early in the development of the embryo degeneration occurs. The proliferation of the vesicle-like substances is rapid causing the uterus to enlarge bigger than the expected size based on ages of gestation (AOG). In the situation given, the pregnancy is only 5 months but the size of the uterus is already above the umbilicus which is compatible with 7 months AOG. Also, no fetal heart beat is appreciated because the pregnancy degenerated thus there is no appreciable fetal heart beat.

38. When a pregnant woman goes into a convulsive seizure, the MOST immediate action of the nurse to ensure safety of the patient is:

- A. Apply restraint so that the patient will not fall out of bed
- B. Put a mouth gag so that the patient will not bite her tongue and the tongue will not fall back
- C. Position the mother on her side to allow the secretions to drain from her mouth and prevent aspiration
- D. Check if the woman is also having a precipitate labor

Answer: (C) Position the mother on her side to allow the secretions to drain from her mouth and prevent aspiration

Positioning the mother on her side will allow the secretions that may accumulate in her mouth to drain by gravity thus preventing aspiration pneumonia. Putting a mouth gag is not safe since during the convulsive seizure the jaw will immediately lock. The mother may go into labor also during the seizure but the immediate concern of the nurse is the safety of the baby. After the seizure, check the perineum for signs of precipitate labor.

39. A gravido-cardiac mother is advised to observe bedrest primarily to

- A. Allow the fetus to achieve normal intrauterine growth
- B. Minimize oxygen consumption which can aggravate the condition of the compromised heart of the mother
- C. Prevent perinatal infection
- D. Reduce incidence of premature labor

Answer: (B) Minimize oxygen consumption which can aggravate the condition of the compromised heart of the mother

Activity of the mother will require more oxygen consumption. Since the heart of a gravido-cardiac is compromised, there is a need to put a mother on bedrest to reduce the need for oxygen.

40. A pregnant mother is admitted to the hospital with the chief complaint of profuse vaginal bleeding, AOG 36 wks, not in labor. The nurse must always consider which of the following precautions:

- A. The internal exam is done only at the delivery under strict asepsis with a double set-up
- B. The preferred manner of delivering the baby is vaginal
- C. An emergency delivery set for vaginal delivery must be made ready before examining the patient
- D. Internal exam must be done following routine procedure

Answer: (A) The internal exam is done only at the delivery under strict asepsis with a double set-up

Painless vaginal bleeding during the third trimester maybe a sign of placenta praevia. If internal examination is done in this kind of condition, this can lead to even more bleeding and may require immediate delivery of the baby by cesarean section. If the bleeding is due to soft tissue injury in the birth canal, immediate vaginal delivery may still be possible so the set up for vaginal delivery will be used. A double set-up means there is a set up for cesarean section and a set-up for vaginal delivery to accommodate immediately the necessary type of delivery needed. In both cases, strict asepsis must be observed.

41. Which of the following signs will distinguish threatened abortion from imminent abortion?

- A. Severity of bleeding
- B. Dilation of the cervix
- C. Nature and location of pain
- D. Presence of uterine contraction

Answer: (B) Dilation of the cervix

In imminent abortion, the pregnancy will definitely be terminated because the cervix is already open unlike in threatened abortion where the cervix is still closed.

42. The nursing measure to relieve fetal distress due to maternal supine hypotension is:

- A. Place the mother on semi-fowler's position
- B. Put the mother on left side lying position
- C. Place mother on a knee chest position
- D. Any of the above

Answer: (B) Put the mother on left side lying position

When a pregnant woman lies on supine position, the weight of the gravid uterus would be compressing on the vena cava against the vertebrae obstructing blood flow from the lower extremities. This causes a decrease in blood return to the heart and consequently immediate decreased cardiac output and hypotension. Hence, putting the mother on side lying will relieve the pressure exerted by the gravid uterus on the vena cava.

43. To prevent preterm labor from progressing, drugs are usually prescribed to halt the labor. The drugs commonly given are:

- A. Magnesium sulfate and terbutaline
- B. Prostaglandin and oxytocin
- C. Progesterone and estrogen
- D. Dexamethasone and prostaglandin

Answer: (A) Magnesium sulfate and terbutaline

Magnesium sulfate acts as a CNS depressant as well as a smooth muscle relaxant. Terbutaline is a drug that inhibits the uterine smooth muscles from contracting. On the other hand, oxytocin and prostaglandin stimulates contraction of smooth muscles.

44. In placenta praevia marginalis, the placenta is found at the:

- A. Internal cervical os partly covering the opening
- B. External cervical os slightly covering the opening
- C. Lower segment of the uterus with the edges near the internal cervical os
- D. Lower portion of the uterus completely covering the cervix

Answer: (C) Lower segment of the uterus with the edges near the internal cervical os

Placenta marginalis is a type of placenta previa wherein the placenta is implanted at the lower segment of the uterus thus the edges of the placenta are touching the internal cervical opening/os. The normal site of placental implantation is the upper portion of the uterus.

45. In which of the following conditions can the causative agent pass through the placenta and affect the fetus in utero?

- A. Gonorrhoea
- B. Rubella
- C. Candidiasis
- D. Moniliasis

Answer: (B) Rubella

Rubella is caused by a virus and viruses have low molecular weight thus can pass through the placental barrier. Gonorrhoea, candidiasis and moniliasis are conditions that can affect the fetus as it passes through the vaginal canal during the delivery process.

46. Which of the following can lead to infertility in adult males?

- A. German measles
- B. Orchitis
- C. Chicken pox
- D. Rubella

Answer: (B) Orchitis

Orchitis is a complication that may accompany mumps in adult males. This condition is characterized by unilateral inflammation of one of the testes which can lead to atrophy of the affected testis. About 20-30% of males who gets mumps after puberty may develop this complication.

47. Papanicolaou smear is usually done to determine cancer of

- A. Cervix

- B.Ovaries
- C.Fallopian tubes
- D.Breast

Answer: (A) Cervix

Papanicolaou (Paps) smear is done to detect cervical cancer. It can't detect cancer in ovaries and fallopian tubes because these organs are outside of the uterus and the abnormal cells from these organs will not be detected from a smear done on the cervix.

48. Which of the following causes of infertility in the female is primarily psychological in origin?
- A.Vaginismus
 - B.Dyspareunia
 - C.Endometriosis
 - D.Impotence

Answer: (A) Vaginismus

Vaginismus is primarily psychological in origin. Endometriosis is a condition that is caused by organic abnormalities. Dyspareunia is usually caused by infection, endometriosis or hormonal changes in menopause although may sometimes be psychological in origin.

49. Before giving a repeat dose of magnesium sulfate to a pre-eclamptic patient, the nurse should assess the patient's condition. Which of the following conditions will require the nurse to temporarily suspend a repeat dose of magnesium sulfate?
- A.100 cc. urine output in 4 hours
 - B.Knee jerk reflex is (+)²
 - C.Serum magnesium level is 10mEq/L.
 - D.Respiratory rate of 16/min

Answer: (A) 100 cc. urine output in 4 hours

The minimum urine output expected for a repeat dose of MgSO₄ is 30 cc/hr. If in 4 hours the urine output is only 100 cc this is low and can lead to poor excretion of Magnesium with a possible cumulative effect, which can be dangerous to the mother.

50. Which of the following is TRUE in Rh incompatibility?
- A.The condition can occur if the mother is Rh(+) and the fetus is Rh(-)
 - B.Every pregnancy of an Rh(-) mother will result to erythroblastosis fetalis
 - C.On the first pregnancy of the Rh(-) mother, the fetus will not be affected
 - D.RhoGam is given only during the first pregnancy to prevent incompatibility

Answer: (C) On the first pregnancy of the Rh(-) mother, the fetus will not be affected

On the first pregnancy, the mother still has no contact with Rh(+) blood thus it has not antibodies against Rh(+). After the first pregnancy, even if terminated into an abortion, there is already the possibility of mixing of maternal and fetal blood so this can trigger the maternal blood to produce antibodies against Rh(+) blood. The fetus takes it's blood type usually from the father.

51. Which of the following conditions will lead to a small-for-gestational age fetus due to less blood supply to the fetus?
- A.Diabetes in the mother
 - B.Maternal cardiac condition
 - C.Premature labor
 - D.Abruptio placenta

Answer: (B) Maternal cardiac condition

In general, when the heart is compromised such as in maternal cardiac condition, the condition can lead to less blood supply to the uterus consequently to the placenta which provides the fetus with the essential nutrients and oxygen. Thus if the blood supply is less, the baby will suffer from chronic hypoxia leading to a small-for-gestational age condition.

52. The lower limit of viability for infants in terms of age of gestation is:
- A.21-24 weeks
 - B.25-27 weeks

- C.28-30 weeks
- D.38-40 weeks

Answer: (A) 21-24 weeks

Viability means the capability of the fetus to live/survive outside of the uterine environment. With the present technological and medical advances, 21 weeks AOG is considered as the minimum fetal age for viability.

53. Which provision of our 1987 constitution guarantees the right of the unborn child to life from conception is
- A.Article II section 12
 - B.Article II section 15
 - C.Article XIII section 11
 - D.Article XIII section 15

Answer: (A) Article II section 12

The Philippine Constitution of 1987 guarantees the right of the unborn child from conception equal to the mother as stated in Article II State Policies, Section 12.

54. In the Philippines, if a nurse performs abortion on the mother who wants it done and she gets paid for doing it, she will be held liable because
- A.Abortion is immoral and is prohibited by the church
 - B.Abortion is both immoral and illegal in our country
 - C.Abortion is considered illegal because you got paid for doing it
 - D.Abortion is illegal because majority in our country are catholics and it is prohibited by the church

Answer: (B) Abortion is both immoral and illegal in our country

Induced Abortion is illegal in the country as stated in our Penal Code and any person who performs the act for a fee commits a grave offense punishable by 10-12 years of imprisonment.

The preferred manner of delivering the baby in a gravido-cardiac is vaginal delivery assisted by forceps under epidural anesthesia. The main rationale for this is:

- A.To allow atraumatic delivery of the baby
- B.To allow a gradual shifting of the blood into the maternal circulation
- C.To make the delivery effort free and the mother does not need to push with contractions
- D.To prevent perineal laceration with the expulsion of the fetal head

Answer: (C) To make the delivery effort free and the mother does not need to push with contractions

Forceps delivery under epidural anesthesia will make the delivery process less painful and require less effort to push for the mother. Pushing requires more effort which a compromised heart may not be able to endure.

56. When giving narcotic analgesics to mother in labor, the special consideration to follow is:
- A.The progress of labor is well established reaching the transitional stage
 - B.Uterine contraction is progressing well and delivery of the baby is imminent
 - C.Cervical dilatation has already reached at least 8 cm. and the station is at least (+)2
 - D.Uterine contractions are strong and the baby will not be delivered yet within the next 3 hours.

Answer: (D) Uterine contractions are strong and the baby will not be delivered yet within the next 3 hours.

Narcotic analgesics must be given when uterine contractions are already well established so that it will not cause stoppage of the contraction thus protracting labor. Also, it should be given when delivery of fetus is imminent or too close because the fetus may suffer respiratory depression as an effect of the drug that can pass through placental barrier.

57. The cervical dilatation taken at 8:00 A.M. in a G1P0 patient was 6 cm. A repeat I.E. done at 10 A.M. showed that cervical dilation was 7 cm. The correct interpretation of this result is:
- A.Labor is progressing as expected
 - B.The latent phase of Stage 1 is prolonged
 - C.The active phase of Stage 1 is protracted
 - D.The duration of labor is normal

Answer: (C) The active phase of Stage 1 is protracted

The active phase of Stage I starts from 4cm cervical dilatation and is expected that the uterus will dilate by 1cm every

hour. Since the time lapsed is already 2 hours, the dilatation is expected to be already 8 cm. Hence, the active phase is protracted.

58. Which of the following techniques during labor and delivery can lead to uterine inversion?
- A. Fundal pressure applied to assist the mother in bearing down during delivery of the fetal head
 - B. Strongly tugging on the umbilical cord to deliver the placenta and hasten placental separation
 - C. Massaging the fundus to encourage the uterus to contract
 - D. Applying light traction when delivering the placenta that has already detached from the uterine wall

Answer: (B) Strongly tugging on the umbilical cord to deliver the placenta and hasten placental separation

When the placenta is still attached to the uterine wall, tugging on the cord while the uterus is relaxed can lead to inversion of the uterus. Light tugging on the cord when placenta has detached is alright in order to help deliver the placenta that is already detached.

59. The fetal heart rate is checked following rupture of the bag of waters in order to:
- A. Check if the fetus is suffering from head compression
 - B. Determine if cord compression followed the rupture
 - C. Determine if there is utero-placental insufficiency
 - D. Check if fetal presenting part has adequately descended following the rupture

Answer: (B) Determine if cord compression followed the rupture

After the rupture of the bag of waters, the cord may also go with the water because of the pressure of the rupture and flow. If the cord goes out of the cervical opening, before the head is delivered (cephalic presentation), the head can compress on the cord causing fetal distress. Fetal distress can be detected through the fetal heart tone. Thus, it is essential to check the FHR right after rupture of bag to ensure that the cord is not being compressed by the fetal head.

60. Upon assessment, the nurse got the following findings: 2 perineal pads highly saturated with blood within 2 hours post partum, PR= 80 bpm, fundus soft and boundaries not well defined. The appropriate nursing diagnosis is:
- A. Normal blood loss
 - B. Blood volume deficiency
 - C. Inadequate tissue perfusion related to hemorrhage
 - D. Hemorrhage secondary to uterine atony

Answer: (D) Hemorrhage secondary to uterine atony

All the signs in the stem of the question are signs of hemorrhage. If the fundus is soft and boundaries not well defined, the cause of the hemorrhage could be uterine atony.

61. The following are signs and symptoms of fetal distress EXCEPT:
- A. Fetal heart rate (FHR) decreased during a contraction and persists even after the uterine contraction ends
 - B. The FHR is less than 120 bpm or over 160 bpm
 - C. The pre-contraction FHR is 130 bpm, FHR during contraction is 118 bpm and FHR after uterine contraction is 126 bpm
 - D. FHR is 160 bpm, weak and irregular

Answer: (C) The pre-contraction FHR is 130 bpm, FHR during contraction is 118 bpm and FHR after uterine contraction is 126 bpm

The normal range of FHR is 120-160 bpm, strong and regular. During a contraction, the FHR usually goes down but must return to its pre-contraction rate after the contraction ends.

62. If the labor period lasts only for 3 hours, the nurse should suspect that the following conditions may occur:
- 1. Laceration of cervix
 - 2. Laceration of perineum
 - 3. Cranial hematoma in the fetus
 - 4. Fetal anoxia

- A. 1 & 2
- B. 2 & 4
- C. 2,3,4
- D. 1,2,3,4

Answer: (D) 1,2,3,4

all the above conditions can occur following a precipitate labor and delivery of the fetus because there was little time for the baby to adapt to the passageway. If the presentation is cephalic, the fetal head serves as the main part of the fetus that pushes through the birth canal which can lead to cranial hematoma, and possible compression of cord may occur which can lead to less blood and oxygen to the fetus (hypoxia). Likewise the maternal passageway (cervix, vaginal canal and perineum) did not have enough time to stretch which can lead to laceration.

63. The primary power involved in labor and delivery is
- A. Bearing down ability of mother
 - B. Cervical effacement and dilatation
 - C. Uterine contraction
 - D. Valsalva technique

Answer: (C) Uterine contraction

Uterine contraction is the primary force that will expel the fetus out through the birth canal. Maternal bearing down is considered the secondary power/force that will help push the fetus out.

64. The proper technique to monitor the intensity of a uterine contraction is
- A. Place the palm of the hands on the abdomen and time the contraction
 - B. Place the finger tips lightly on the suprapubic area and time the contraction
 - C. Put the tip of the fingers lightly on the fundal area and try to indent the abdominal wall at the height of the contraction
 - D. Put the palm of the hands on the fundal area and feel the contraction at the fundal area

Answer: (C) Put the tip of the fingers lightly on the fundal area and try to indent the abdominal wall at the height of the contraction

In monitoring the intensity of the contraction the best place is to place the fingertips at the fundal area. The fundus is the contractile part of the uterus and the fingertips are more sensitive than the palm of the hand.

65. To monitor the frequency of the uterine contraction during labor, the right technique is to time the contraction
- A. From the beginning of one contraction to the end of the same contraction
 - B. From the beginning of one contraction to the beginning of the next contraction
 - C. From the end of one contraction to the beginning of the next contraction
 - D. From the deceleration of one contraction to the acme of the next contraction

Answer: (B) From the beginning of one contraction to the beginning of the next contraction

Frequency of the uterine contraction is defined as from the beginning of one contraction to the beginning of another contraction.

66. The peak point of a uterine contraction is called the
- A. Acceleration
 - B. Acme
 - C. Deceleration
 - D. Axiom

Answer: (B) Acme

Acme is the technical term for the highest point of intensity of a uterine contraction.

67. When determining the duration of a uterine contraction the right technique is to time it from
- A. The beginning of one contraction to the end of the same contraction
 - B. The end of one contraction to the beginning of another contraction
 - C. The acme point of one contraction to the acme point of another contraction
 - D. The beginning of one contraction to the end of another contraction

Answer: (A) The beginning of one contraction to the end of the same contraction

Duration of a uterine contraction refers to one contraction. Thus it is correctly measure from the beginning of one contraction to the end of the same contraction and not of another contraction.

68. When the bag of waters ruptures, the nurse should check the characteristic of the amniotic fluid. The normal color of amniotic fluid is
- A. Clear as water
 - B. Bluish

- C.Greenish
- D.Yellowish

Answer: (A) Clear as water

The normal color of amniotic fluid is clear like water. If it is yellowish, there is probably Rh incompatibility. If the color is greenish, it is probably meconium stained.

69. When the bag of waters ruptures spontaneously, the nurse should inspect the vaginal introitus for possible cord prolapse. If there is part of the cord that has prolapsed into the vaginal opening the correct nursing intervention is:
- A.Push back the prolapse cord into the vaginal canal
 - B.Place the mother on semifowler's position to improve circulation
 - C.Cover the prolapse cord with sterile gauze wet with sterile NSS and place the woman on trendellenberg position
 - D.Push back the cord into the vagina and place the woman on sims position

Answer: (C) Cover the prolapse cord with sterile gauze wet with sterile NSS and place the woman on trendellenberg position

The correct action of the nurse is to cover the cord with sterile gauze wet with sterile NSS. Observe strict asepsis in the care of the cord to prevent infection. The cord has to be kept moist to prevent it from drying. Don't attempt to put back the cord into the vagina but relieve pressure on the cord by positioning the mother either on trendellenberg or sims position

70. The fetal heart beat should be monitored every 15 minutes during the 2nd stage of labor. The characteristic of a normal fetal heart rate is
- A.The heart rate will decelerate during a contraction and then go back to its pre-contraction rate after the contraction
 - B.The heart rate will accelerate during a contraction and remain slightly above the pre-contraction rate at the end of the contraction
 - C.The rate should not be affected by the uterine contraction.
 - D.The heart rate will decelerate at the middle of a contraction and remain so for about a minute after the contraction

Answer: (A) The heart rate will decelerate during a contraction and then go back to its pre-contraction rate after the contraction

The normal fetal heart rate will decelerate (go down) slightly during a contraction because of the compression on the fetal head. However, the heart rate should go back to the pre-contraction rate as soon as the contraction is over since the compression on the head has also ended.

71. The mechanisms involved in fetal delivery is
- A.Descent, extension, flexion, external rotation
 - B.Descent, flexion, internal rotation, extension, external rotation
 - C.Flexion, internal rotation, external rotation, extension
 - D.Internal rotation, extension, external rotation, flexion

Answer: (B) Descent, flexion, internal rotation, extension, external rotation

The mechanism of fetal delivery begins with descent into the pelvic inlet which may occur several days before true labor sets in the primigravida. Flexion, internal rotation and extension are mechanisms that the fetus must perform as it accommodates through the passageway/birth canal. External rotation is done after the head is delivered so that the shoulders will be easily delivered through the vaginal introitus.

72. The first thing that a nurse must ensure when the baby's head comes out is
- A.The cord is intact
 - B.No part of the cord is encircling the baby's neck
 - C.The cord is still attached to the placenta
 - D.The cord is still pulsating

Answer: (B) No part of the cord is encircling the baby's neck

The nurse should check right away for possible cord coil around the neck because if it is present, the baby can be strangulated by it and the fetal head will have difficulty being delivered.

73. To ensure that the baby will breath as soon as the head is delivered, the nurse's priority action is to
- A.Suction the nose and mouth to remove mucous secretions
 - B.Slap the baby's buttocks to make the baby cry
 - C.Clamp the cord about 6 inches from the base

D. Check the baby's color to make sure it is not cyanotic

Answer: (A) Suction the nose and mouth to remove mucous secretions

Suctioning the nose and mouth of the fetus as soon as the head is delivered will remove any obstruction that maybe present allowing for better breathing. Also, if mucus is in the nose and mouth, aspiration of the mucus is possible which can lead to aspiration pneumonia. (Remember that only the baby's head has come out as given in the situation.)

74. When doing perineal care in preparation for delivery, the nurse should observe the following EXCEPT

- A. Use up-down technique with one stroke
- B. Clean from the mons veneris to the anus
- C. Use mild soap and warm water
- D. Paint the inner thighs going towards the perineal area

Answer: (D) Paint the inner thighs going towards the perineal area

Painting of the perineal area in preparation for delivery of the baby must always be done but the stroke should be from the perineum going outwards to the thighs. The perineal area is the one being prepared for the delivery and must be kept clean

75. What are the important considerations that the nurse must remember after the placenta is delivered?

- 1. Check if the placenta is complete including the membranes
- 2. Check if the cord is long enough for the baby
- 3. Check if the umbilical cord has 3 blood vessels
- 4. Check if the cord has a meaty portion and a shiny portion

- A. 1 and 3
- B. 2 and 4
- C. 1, 3, and 4
- D. 2 and 3

Answer: (A) 1 and 3

The nurse after delivering the placenta must ensure that all the cotyledons and the membranes of the placenta are complete. Also, the nurse must check if the umbilical cord is normal which means it contains the 3 blood vessels, 2 veins and 1 artery.

76. The following are correct statements about false labor EXCEPT

- A. The pain is irregular in intensity and frequency.
- B. The duration of contraction progressively lengthens over time
- C. There is no vaginal bloody discharge
- D. The cervix is still closed.

Answer: (B) The duration of contraction progressively lengthens over time

In false labor, the contractions remain to be irregular in intensity and duration while in true labor, the contractions become stronger, longer and more frequent.

77. The passageway in labor and deliver of the fetus include the following EXCEPT

- A. Distensibility of lower uterine segment
- B. Cervical dilatation and effacement
- C. Distensibility of vaginal canal and introitus
- D. Flexibility of the pelvis

Answer: (D) Flexibility of the pelvis

The pelvis is a bony structure that is part of the passageway but is not flexible. The lower uterine segment including the cervix as well as the vaginal canal and introitus are all part of the passageway in the delivery of the fetus.

78. The normal umbilical cord is composed of:

- A. 2 arteries and 1 vein
- B. 2 veins and 1 artery
- C. 2 arteries and 2 veins
- D. none of the above

Answer: (A) 2 arteries and 1 vein

the umbilical cord is composed of 2 arteries and 1 vein.

79. At what stage of labor and delivery does a primigravida differ mainly from a multigravida?

- A.Stage 1
- B.Stage 2
- C.Stage 3
- D.Stage 4

Answer: (A) Stage 1

In stage 1 during a normal vaginal delivery of a vertex presentation, the multigravida may have about 8 hours labor while the primigravida may have up to 12 hours labor.

80. The second stage of labor begins with ___ and ends with ___?

- A.Begins with full dilatation of cervix and ends with delivery of placenta
- B.Begins with true labor pains and ends with delivery of baby
- C.Begins with complete dilatation and effacement of cervix and ends with delivery of baby
- D.Begins with passage of show and ends with full dilatation and effacement of cervix

Answer: (C) Begins with complete dilatation and effacement of cervix and ends with delivery of baby

Stage 2 of labor and delivery process begins with full dilatation of the cervix and ends with the delivery of baby. Stage 1 begins with true labor pains and ends with full dilatation and effacement of the cervix.

81. The following are signs that the placenta has detached EXCEPT:

- A.Lengthening of the cord
- B.Uterus becomes more globular
- C.Sudden gush of blood
- D.Mother feels like bearing down

Answer: (D) Mother feels like bearing down

Placental detachment does not require the mother to bear down. A normal placenta will detach by itself without any effort from the mother.

82. When the shiny portion of the placenta comes out first, this is called the ___ mechanism.

- A.Schultze
- B.Ritgens
- C.Duncan
- D.Marmets

Answer: (A) Schultze

There are 2 mechanisms possible during the delivery of the placenta. If the shiny portion comes out first, it is called the Schultze mechanism; while if the meaty portion comes out first, it is called the Duncan mechanism.

83. When the baby's head is out, the immediate action of the nurse is

- A.Cut the umbilical cord
- B.Wipe the baby's face and suction mouth first
- C.Check if there is cord coiled around the neck
- D.Deliver the anterior shoulder

Answer: (C) Check if there is cord coiled around the neck

The nurse should check if there is a cord coil because the baby will not be delivered safely if the cord is coiled around its neck. Wiping of the face should be done seconds after you have ensured that there is no cord coil but suctioning of the nose should be done after the mouth because the baby is a "nasal obligate" breather. If the nose is suctioned first before the mouth, the mucus plugging the mouth can be aspirated by the baby.

84. When delivering the baby's head the nurse supports the mother's perineum to prevent tear. This technique is called

- A.Marmet's technique
- B.Ritgen's technique
- C.Duncan maneuver

D.Schultze maneuver

Answer: (B) Ritgen's technique

Ritgen's technique is done to prevent perineal tear. This is done by the nurse by support the perineum with a sterile towel and pushing the perineum downward with one hand while the other hand is supporting the baby's head as it goes out of the vaginal opening.

85. The basic delivery set for normal vaginal delivery includes the following instruments/articles EXCEPT:

- A. 2 clamps
- B. Pair of scissors
- C. Kidney basin
- D. Retractor

Answer: (D) Retractor

For normal vaginal delivery, the nurse needs only the instruments for cutting the umbilical cord such as: 2 clamps (straight or curve) and a pair of scissors as well as the kidney basin to receive the placenta. The retractor is not part of the basic set. In the hospital setting, needle holder and tissue forceps are added especially if the woman delivering the baby is a primigravida wherein episiotomy is generally done.

86. As soon as the placenta is delivered, the nurse must do which of the following actions?

- A. Inspect the placenta for completeness including the membranes
- B. Place the placenta in a receptacle for disposal
- C. Label the placenta properly
- D. Leave the placenta in the kidney basin for the nursing aide to dispose properly

Answer: (A) Inspect the placenta for completeness including the membranes

The placenta must be inspected for completeness to include the membranes because an incomplete placenta could mean that there is retention of placental fragments which can lead to uterine atony. If the uterus does not contract adequately, hemorrhage can occur.

87. In vaginal delivery done in the hospital setting, the doctor routinely orders an oxytocin to be given to the mother parenterally. The oxytocin is usually given after the placenta has been delivered and not before because:

- A. Oxytocin will prevent bleeding
- B. Oxytocin can make the cervix close and thus trap the placenta inside
- C. Oxytocin will facilitate placental delivery
- D. Giving oxytocin will ensure complete delivery of the placenta

Answer: (B) Oxytocin can make the cervix close and thus trap the placenta inside

The action of oxytocin is to make the uterus contract as well make the cervix close. If it is given prior to placental delivery, the placenta will be trapped inside because the action of the drug is almost immediate if given parentally.

88. In a gravido-cardiac mother, the first 2 hours postpartum (4th stage of labor and delivery) particularly in a cesarean section is a critical period because at this stage

- A. There is a fluid shift from the placental circulation to the maternal circulation which can overload the compromised heart.
- B. The maternal heart is already weak and the mother can die
- C. The delivery process is strenuous to the mother
- D. The mother is tired and weak which can distress the heart

Answer: (A) There is a fluid shift from the placental circulation to the maternal circulation which can overload the compromised heart.

During the pregnancy, there is an increase in maternal blood volume to accommodate the need of the fetus. When the baby and placenta have been delivered, there is a fluid shift back to the maternal circulation as part of physiologic adaptation during the postpartum period. In cesarean section, the fluid shift occurs faster because the placenta is taken out right after the baby is delivered giving it less time for the fluid shift to gradually occur.

89. The drug usually given parentally to enhance uterine contraction is:

- A. Terbutalline
- B. Pitocin
- C. Magnesium sulfate
- D. Lidocaine

Answer: (B) Pitocin

The common oxytocin given to enhance uterine contraction is pitocin. This is also the drug given to induce labor.

90. The partograph is a tool used to monitor labor. The maternal parameters measured/monitored are the following EXCEPT:

- A. Vital signs
- B. Fluid intake and output
- C. Uterine contraction
- D. Cervical dilatation

Answer: (B) Fluid intake and output

Partograph is a monitoring tool designed by the World Health Organization for use by health workers when attending to mothers in labor especially the high risk ones. For maternal parameters all of the above is placed in the partograph except the fluid intake since this is placed in a separate monitoring sheet.

91. The following are natural childbirth procedures EXCEPT:

- A. Lamaze method
- B. Dick-Read method
- C. Ritgen's maneuver
- D. Psychoprophylactic method

Answer: (C) Ritgen's maneuver

Ritgen's method is used to prevent perineal tear/laceration during the delivery of the fetal head. Lamaze method is also known as psychoprophylactic method and Dick-Read method are commonly known natural childbirth procedures which advocate the use of non-pharmacologic measures to relieve labor pain.

92. The following are common causes of dysfunctional labor. Which of these can a nurse, on her own manage?

- A. Pelvic bone contraction
- B. Full bladder
- C. Extension rather than flexion of the head
- D. Cervical rigidity

Answer: (B) Full bladder

Full bladder can impede the descent of the fetal head. The nurse can readily manage this problem by doing a simple catheterization of the mother.

93. At what stage of labor is the mother is advised to bear down?

- A. When the mother feels the pressure at the rectal area
- B. During a uterine contraction
- C. In between uterine contraction to prevent uterine rupture
- D. Anytime the mother feels like bearing down

Answer: (B) During a uterine contraction

The primary power of labor and delivery is the uterine contraction. This should be augmented by the mother's bearing down during a contraction.

94. The normal dilatation of the cervix during the first stage of labor in a nullipara is

- A. 1.2 cm./hr
- B. 1.5 cm./hr.
- C. 1.8 cm./hr
- D. 2.0 cm./hr

Answer: (A) 1.2 cm./hr

For nullipara the normal cervical dilatation should be 1.2 cm/hr. If it is less than that, it is considered a protracted active phase of the first stage. For multipara, the normal cervical dilatation is 1.5 cm/hr.

95. When the fetal head is at the level of the ischial spine, it is said that the station of the head is

- A. Station -1
- B. Station "0"
- C. Station +1
- D. Station +2

Answer: (B) Station “0”

Station is defined as the relationship of the fetal head and the level of the ischial spine. At the level of the ischial spine, the station is “0”. Above the ischial spine it is considered (-) station and below the ischial spine it is (+) station.

96. During an internal examination, the nurse palpated the posterior fontanel to be at the left side of the mother at the upper quadrant. The interpretation is that the position of the fetus is:

- A.LOA
- B.ROP
- C.LOP
- D.ROA

Answer: (A) LOA

The landmark used in determine fetal position is the posterior fontanel because this is the nearest to the occiput. So if the nurse palpated the occiput (O) at the left (L) side of the mother and at the upper/anterior (A) quadrant then the fetal position is LOA.

97. The following are types of breech presentation EXCEPT:

- A.Footling
- B.Frank
- C.Complete
- D.Incomplete

Answer: (D) Incomplete

Breech presentation means the buttocks of the fetus is the presenting part. If it is only the foot/feet, it is considered footling. If only the buttocks, it is frank breech. If both the feet and the buttocks are presenting it is called complete breech.

98. When the nurse palpates the suprapubic area of the mother and found that the presenting part is still movable, the right term for this observation that the fetus is

- A.Engaged
- B.Descended
- C.Floating
- D.Internal Rotation

Answer: (C) Floating

The term floating means the fetal presenting part has not entered/descended into the pelvic inlet. If the fetal head has entered the pelvic inlet, it is said to be engaged.

99. The placenta should be delivered normally within ___ minutes after the delivery of the baby.

- A.5 minutes
- B.30 minutes
- C.45 minutes
- D.60 minutes

Answer: (B) 30 minutes

The placenta is delivered within 30 minutes from the delivery of the baby. If it takes longer, probably the placenta is abnormally adherent and there is a need to refer already to the obstetrician.

100. When shaving a woman in preparation for cesarean section, the area to be shaved should be from ___ to ___

- A.Under breast to mid-thigh including the pubic area
- B.The umbilicus to the mid-thigh
- C.Xyphoid process to the pubic area
- D.Above the umbilicus to the pubic area

Answer: (A) Under breast to mid-thigh including the pubic area

Shaving is done to prevent infection and the area usually shaved should sufficiently cover the area for surgery, cesarean section. The pubic hair is definitely to be included in the shaving

101. Postpartum Period:

The fundus of the uterus is expected to go down normally postpartally about ___ cm per day.

- A. 1.0 cm
- B. 2.0 cm
- C. 2.5 cm
- D. 3.0 cm

Answer: (A) 1.0 cm

The uterus will begin involution right after delivery. It is expected to regress/go down by 1 cm. per day and becomes no longer palpable about 1 week after delivery.

102. The lochia on the first few days after delivery is characterized as

- A. Pinkish with some blood clots
- B. Whitish with some mucus
- C. Reddish with some mucus
- D. Serous with some brown tinged mucus

Answer: (C) Reddish with some mucus

Right after delivery, the vaginal discharge called lochia will be reddish because there is some blood, endometrial tissue and mucus. Since it is not pure blood it is non-clotting.

103. Lochia normally disappears after how many days postpartum?

- A. 5 days
- B. 7-10 days
- C. 18-21 days
- D. 28-30 days

Answer: (B) 7-10 days

Normally, lochia disappears after 10 days postpartum. What's important to remember is that the color of lochia gets to be lighter (from reddish to whitish) and scantier everyday.

104. After an Rh(-) mother has delivered her Rh (+) baby, the mother is given RhoGam. This is done in order to:

- A. Prevent the recurrence of Rh(+) baby in future pregnancies
- B. Prevent the mother from producing antibodies against the Rh(+) antigen that she may have gotten when she delivered to her Rh(+) baby
- C. Ensure that future pregnancies will not lead to maternal illness
- D. To prevent the newborn from having problems of incompatibility when it breastfeeds

Answer: (B) Prevent the mother from producing antibodies against the Rh(+) antigen that she may have gotten when she delivered to her Rh(+) baby

In Rh incompatibility, an Rh(-) mother will produce antibodies against the fetal Rh (+) antigen which she may have gotten because of the mixing of maternal and fetal blood during labor and delivery. Giving her RhoGam right after birth will prevent her immune system from being permanently sensitized to Rh antigen.

105. To enhance milk production, a lactating mother must do the following interventions EXCEPT:

- A. Increase fluid intake including milk
- B. Eat foods that increases lactation which are called galactagues
- C. Exercise adequately like aerobics
- D. Have adequate nutrition and rest

Answer: (C) Exercise adequately like aerobics

All the above nursing measures are needed to ensure that the mother is in a healthy state. However, aerobics does not necessarily enhance lactation.

106. The nursing intervention to relieve pain in breast engorgement while the mother continues to breastfeed is

- A. Apply cold compress on the engorged breast
- B. Apply warm compress on the engorged breast
- C. Massage the breast
- D. Apply analgesic ointment

Answer: (B) Apply warm compress on the engorged breast

Warm compress is applied if the purpose is to relieve pain but ensure lactation to continue. If the purpose is to relieve pain as well as suppress lactation, the compress applied is cold.

107. A woman who delivered normally per vagina is expected to void within ____ hours after delivery.
- A. 3 hrs
 - B. 4 hrs.
 - C. 6-8 hrs
 - D. 12-24 hours

Answer: (C) 6-8 hrs

A woman who has had normal delivery is expected to void within 6-8 hrs. If she is unable to do so after 8 hours, the nurse should stimulate the woman to void. If nursing interventions to stimulate spontaneous voiding don't work, the nurse may decide to catheterize the woman.

108. To ensure adequate lactation the nurse should teach the mother to:
- A. Breast feed the baby on self-demand day and night
 - B. Feed primarily during the day and allow the baby to sleep through the night
 - C. Feed the baby every 3-4 hours following a strict schedule
 - D. Breastfeed when the breast are engorged to ensure adequate supply

Answer: (A) Breast feed the baby on self-demand day and night

Feeding on self-demand means the mother feeds the baby according to baby's need. Therefore, this means there will be regular emptying of the breasts, which is essential to maintain adequate lactation.

109. An appropriate nursing intervention when caring for a postpartum mother with thrombophlebitis is:
- A. Encourage the mother to ambulate to relieve the pain in the leg
 - B. Instruct the mother to apply elastic bondage from the foot going towards the knee to improve venous return flow
 - C. Apply warm compress on the affected leg to relieve the pain
 - D. Elevate the affected leg and keep the patient on bedrest

Answer: (D) Elevate the affected leg and keep the patient on bedrest

If the mother already has thrombophlebitis, the nursing intervention is bedrest to prevent the possible dislodging of the thrombus and keeping the affected leg elevated to help reduce the inflammation.

110. The nurse should anticipate that hemorrhage related to uterine atony may occur postpartally if this condition was present during the delivery:
- A. Excessive analgesia was given to the mother
 - B. Placental delivery occurred within thirty minutes after the baby was born
 - C. An episiotomy had to be done to facilitate delivery of the head
 - D. The labor and delivery lasted for 12 hours

Answer: (A) Excessive analgesia was given to the mother

Excessive analgesia can lead to uterine relaxation thus lead to hemorrhage postpartally. Both B and D are normal and C is at the vaginal introitus thus will not affect the uterus.

111. According to Rubin's theory of maternal role adaptation, the mother will go through 3 stages during the post partum period. These stages are:
- A. Going through, adjustment period, adaptation period
 - B. Taking-in, taking-hold and letting-go
 - C. Attachment phase, adjustment phase, adaptation phase
 - D. Taking-hold, letting-go, attachment phase

Answer: (B) Taking-in, taking-hold and letting-go

Rubin's theory states that the 3 stages that a mother goes through for maternal adaptation are: taking-in, taking-hold and letting-go. In the taking-in stage, the mother is more passive and dependent on others for care. In taking-hold, the mother begins to assume a more active role in the care of the child and in letting-go, the mother has become adapted to her maternal role.

112. The neonate of a mother with diabetes mellitus is prone to developing hypoglycemia because:
- A. The pancreas is immature and unable to secrete the needed insulin
 - B. There is rapid diminution of glucose level in the baby's circulating blood and his pancreas is normally secreting insulin

- C. The baby is reacting to the insulin given to the mother
- D. His kidneys are immature leading to a high tolerance for glucose

Answer: (B) There is rapid diminution of glucose level in the baby's circulating blood and his pancreas is normally secreting insulin

If the mother is diabetic, the fetus while in utero has a high supply of glucose. When the baby is born and is now separate from the mother, it no longer receives a high dose of glucose from the mother. In the first few hours after delivery, the neonate usually does not feed yet thus this can lead to hypoglycemia.

113. Which of the following is an abnormal vital sign in postpartum?
- A. Pulse rate between 50-60/min
 - B. BP diastolic increase from 80 to 95mm Hg
 - C. BP systolic between 100-120mm Hg
 - D. Respiratory rate of 16-20/min

Answer: (B) BP diastolic increase from 80 to 95mm Hg

All the vital signs given in the choices are within normal range except an increase of 15mm Hg in the diastolic which is a possible sign of hypertension in pregnancy.

114. The uterine fundus right after delivery of placenta is palpable at
- A. Level of Xyphoid process
 - B. Level of umbilicus
 - C. Level of symphysis pubis
 - D. Midway between umbilicus and symphysis pubis

Answer: (B) Level of umbilicus

Immediately after the delivery of the placenta, the fundus of the uterus is expected to be at the level of the umbilicus because the contents of the pregnancy have already been expelled. The fundus is expected to recede by 1 fingerbreadths (1cm) everyday until it becomes no longer palpable above the symphysis pubis.

115. After how many weeks after delivery should a woman have her postpartal check-up based on the protocol followed by the DOH?
- A. 2 weeks
 - B. 3 weeks
 - C. 6 weeks
 - D. 12 weeks

Answer: (C) 6 weeks

According to the DOH protocol postpartum check-up is done 6-8 weeks after delivery to make sure complete involution of the reproductive organs has been achieved.

116. In a woman who is not breastfeeding, menstruation usually occurs after how many weeks?
- A. 2-4 weeks
 - B. 6-8 weeks
 - C. 6 months
 - D. 12 months

Answer: (B) 6-8 weeks

When the mother does not breastfeed, the normal menstruation resumes about 6-8 weeks after delivery. This is due to the fact that after delivery, the hormones estrogen and progesterone gradually decrease thus triggering negative feedback to the anterior pituitary to release the Follicle-Stimulating Hormone (FSH) which in turn stimulates the ovary to again mature a graafian follicle and the menstrual cycle post pregnancy resumes.

117. The following are nursing measures to stimulate lactation EXCEPT
- A. Frequent regular breast feeding
 - B. Breast pumping
 - C. Breast massage
 - D. Application of cold compress on the breast

Answer: (D) Application of cold compress on the breast

To stimulate lactation, warm compress is applied on the breast. Cold application will cause vasoconstriction thus reducing the blood supply consequently the production of milk.

118. When the uterus is firm and contracted after delivery but there is vaginal bleeding, the nurse should suspect
A.Laceration of soft tissues of the cervix and vagina
B.Uterine atony
C.Uterine inversion
D.Uterine hypercontractility

Answer: (A) Laceration of soft tissues of the cervix and vagina

When uterus is firm and contracted it means that the bleeding is not in the uterus but other parts of the passageway such as the cervix or the vagina.

119. The following are interventions to make the fundus contract postpartally EXCEPT
A.Make the baby suck the breast regularly
B.Apply ice cap on fundus
C.Massage the fundus vigorously for 15 minutes until contracted
D.Give oxytocin as ordered

Answer: (C) Massage the fundus vigorously for 15 minutes until contracted

Massaging the fundus of the uterus should not be vigorous and should only be done until the uterus feel firm and contracted. If massaging is vigorous and prolonged, the uterus will relax due to over stimulation.

120. The following are nursing interventions to relieve episiotomy wound pain EXCEPT
A.Giving analgesic as ordered
B.Sitz bath
C.Perineal heat
D.Perineal care

Answer: (D) Perineal care

Perineal care is primarily done for personal hygiene regardless of whether there is pain or not; episiotomy wound or not.

121. Postpartum blues is said to be normal provided that the following characteristics are present. These are
1. Within 3-10 days only;
2. Woman exhibits the following symptoms- episodic tearfulness, fatigue, oversensitivity, poor appetite;
3. Maybe more severe symptoms in primipara

A.All of the above
B.1 and 2
C.2 only
D.2 and 3

Answer: (A) All of the above

All the symptoms 1-3 are characteristic of postpartal blues. It will resolve by itself because it is transient and is due to a number of reasons like changes in hormonal levels and adjustment to motherhood. If symptoms lasts more than 2 weeks, this could be a sign of abnormality like postpartum depression and needs treatment.

122. The neonatal circulation differs from the fetal circulation because
A.The fetal lungs are non-functioning as an organ and most of the blood in the fetal circulation is mixed blood.
B.The blood at the left atrium of the fetal heart is shunted to the right atrium to facilitate its passage to the lungs
C.The blood in left side of the fetal heart contains oxygenated blood while the blood in the right side contains unoxygenated blood.
D.None of the above

Answer: (A) The fetal lungs are non-functioning as an organ and most of the blood in the fetal circulation is mixed blood.

The fetal lungs is fluid-filled while in utero and is still not functioning. It only begins to function in extra uterine life. Except for the blood as it enters the fetus immediately from the placenta, most of the fetal blood is mixed blood.

123. The normal respiration of a newborn immediately after birth is characterized as:
A.Shallow and irregular with short periods of apnea lasting not longer than 15 seconds, 30-60 breaths per minute
B.20-40 breaths per minute, abdominal breathing with active use of intercostals muscles
C.30-60 breaths per minute with apnea lasting more than 15 seconds, abdominal breathing

D.30-50 breaths per minute, active use of abdominal and intercostal muscles

Answer: (A) Shallow and irregular with short periods of apnea lasting not longer than 15 seconds, 30-60 breaths per minute

A newly born baby still is adjusting to xtra uterine life and the lungs are just beginning to function as a respiratory organ. The respiration of the baby at this time is characterized as usually shallow and irregular with short periods of apnea, 30-60 breaths per minute. The apneic periods should be brief lasting not more than 15 seconds otherwise it will be considered abnormal.

124. The anterior fontanelle is characterized as:

- A.3-4 cm antero-posterior diameter and 2-3 cm transverse diameter, diamond shape
- B.2-3 cm antero-posterior diameter and 3-4 cm transverse diameter and diamond shape
- C.2-3 cm in both antero-posterior and transverse diameter and diamond shape
- D.none of the above

Answer: (A) 3-4 cm antero-posterior diameter and 2-3 cm transverse diameter, diamond shape

The anterior fontanelle is diamond shape with the antero-posterior diameter being longer than the transverse diameter. The posterior fontanelle is triangular shape.

125. The ideal site for vitamin K injection in the newborn is:

- A.Right upper arm
- B.Left upper arm
- C.Either right or left buttocks
- D.Middle third of the thigh

Answer: (D) Middle third of the thigh

Neonates do not have well developed muscles of the arm. Since Vitamin K is given intramuscular, the site must have sufficient muscles like the middle third of the thigh.

126. At what APGAR score at 5 minutes after birth should resuscitation be initiated?

- A.1-3
- B.7-8
- C.9-10
- D.6-7

Answer: (A) 1-3

An APGAR of 1-3 is a sign of fetal distress which requires resuscitation. The baby is alright if the score is 8-10.

127. Right after birth, when the skin of the baby's trunk is pinkish but the soles of the feet and palm of the hands are bluish this is called:

- A.Syndactyly
- B.Acrocyanosis
- C.Peripheral cyanosis
- D.Cephalo-caudal cyanosis

Answer: (B) Acrocyanosis

Acrocyanosis is the term used to describe the baby's skin color at birth when the soles and palms are bluish but the trunk is pinkish.

128. The minimum birth weight for full term babies to be considered normal is:

- A.2,000gms
- B.1,500gms
- C.2,500gms
- D.3,000gms

Answer: (C) 2,500gms

According to the WHO standard, the minimum normal birth weight of a full term baby is 2,500 gms or 2.5 Kg.

129. The procedure done to prevent ophthalmia neonatorum is:

- A.Marmet's technique

- B. Crede's method
- C. Ritgen's method
- D. Ophthalmic wash

Answer: (B) Crede's method

Crede's method/prophylaxis is the procedure done to prevent ophthalmia neonatorum which the baby can acquire as it passes through the birth canal of the mother. Usually, an ophthalmic ointment is used.

130. Which of the following characteristics will distinguish a postmature neonate at birth?

- A. Plenty of lanugo and vernix caseosa
- B. Lanugo mainly on the shoulders and vernix in the skin folds
- C. Pinkish skin with good turgor
- D. Almost leather-like, dry, cracked skin, negligible vernix caseosa

Answer: (D) Almost leather-like, dry, cracked skin, negligible vernix caseosa

A post mature fetus has the appearance of an old person with dry wrinkled skin and the vernix caseosa has already diminished.

131. According to the Philippine Nursing Law, a registered nurse is allowed to handle mothers in labor and delivery with the following considerations:

- 1. The pregnancy is normal.;
 - 2. The labor and delivery is uncomplicated;
 - 3. Suturing of perineal laceration is allowed provided the nurse had special training;
 - 4. As a delivery room nurse she is not allowed to insert intravenous fluid unless she had special training for it.
- A. 1 and 2
 - B. 1, 2, and 3
 - C. 3 and 4
 - D. 1, 2, and 4

Answer: (B) 1, 2, and 3

To be allowed to handle deliveries, the pregnancy must be normal and uncomplicated. And in RA9172, the nurse is now allowed to suture perineal lacerations provided s/he has had the special training. Also, in this law, there is no longer an explicit provision stating that the nurse still needs special training for IV insertion.

132. Birth Control Methods and Infertility:

In basal body temperature (BBT) technique, the sign that ovulation has occurred is an elevation of body temperature by

- A. 1.0-1.4 degrees centigrade
- B. 0.2-0.4 degrees centigrade
- C. 2.0-4.0 degrees centigrade
- D. 1.0-4.0 degrees centigrade

Answer: (B) 0.2-0.4 degrees centigrade

The release of the hormone progesterone in the body following ovulation causes a slight elevation of basal body temperature of about 0.2 – 0.4 degrees centigrade

133. Lactation Amenorrhea Method(LAM) can be an effective method of natural birth control if

- A. The mother breast feeds mainly at night time when ovulation could possibly occur
- B. The mother breastfeeds exclusively and regularly during the first 6 months without giving supplemental feedings
- C. The mother uses mixed feeding faithfully
- D. The mother breastfeeds regularly until 1 year with no supplemental feedings

Answer: (B) The mother breastfeeds exclusively and regularly during the first 6 months without giving supplemental feedings

A mother who breastfeeds exclusively and regularly during the first 6 months benefits from lactation amenorrhea. There is evidence to support the observation that the benefits of lactation amenorrhea lasts for 6 months provided the woman has not had her first menstruation since delivery of the baby.

134. Intra-uterine device prevents pregnancy by the ff. mechanism EXCEPT

- A. Endometrium inflames

- B. Fundus contracts to expel uterine contents
- C. Copper embedded in the IUD can kill the sperms
- D. Sperms will be barred from entering the fallopian tubes

Answer: (D) Sperms will be barred from entering the fallopian tubes

An intrauterine device is a foreign body so that if it is inserted into the uterine cavity the initial reaction is to produce inflammatory process and the uterus will contract in order to try to expel the foreign body. Usually IUDs are coated with copper to serve as spermicide killing the sperms deposited into the female reproductive tract. But the IUD does not completely fill up the uterine cavity thus sperms which are microscopic in size can still pass through.

135. Oral contraceptive pills are of different types. Which type is most appropriate for mothers who are breastfeeding?

- A. Estrogen only
- B. Progesterone only
- C. Mixed type- estrogen and progesterone
- D. 21-day pills mixed type

Answer: (B) Progesterone only

If mother is breastfeeding, the progesterone only type is the best because estrogen can affect lactation.

136. The natural family planning method called Standard Days (SDM), is the latest type and easy to use method. However, it is a method applicable only to women with regular menstrual cycles between ___ to ___ days.

- A. 21-26 days
- B. 26-32 days
- C. 28-30 days
- D. 24- 36 days

Answer: (B) 26-32 days

Standard Days Method (SDM) requires that the menstrual cycles are regular between 26-32 days. There is no need to monitor temperature or mucus secretion. This natural method of family planning is very simple since all that the woman pays attention to is her cycle. With the aid of CycleBeads, the woman can easily monitor her cycles.

137. Which of the following are signs of ovulation?

- 1. Mittelschmerz;
 - 2. Spinnbarkeit;
 - 3. Thin watery cervical mucus;
 - 4. Elevated body temperature of 4.0 degrees centigrade
- A. 1 & 2
 - B. 1, 2, & 3
 - C. 3 & 4
 - D. 1, 2, 3, 4

Answer: (B) 1, 2, & 3

Mittelschmerz, spinnbarkeit and thin watery cervical mucus are signs of ovulation. When ovulation occurs, the hormone progesterone is released which can cause a slight elevation of temperature between 0.2-0.4 degrees centigrade and not 4 degrees centigrade.

138. The following methods of artificial birth control works as a barrier device EXCEPT:

- A. Condom
- B. Cervical cap
- C. Cervical Diaphragm
- D. Intrauterine device (IUD)

Answer: (D) Intrauterine device (IUD)

Intrauterine device prevents pregnancy by not allowing the fertilized ovum from implanting on the endometrium. Some IUDs have copper added to it which is spermicidal. It is not a barrier since the sperms can readily pass through and fertilize an ovum at the fallopian tube.

139. Which of the following is a TRUE statement about normal ovulation?

- A. It occurs on the 14th day of every cycle
- B. It may occur between 14-16 days before next menstruation

- C. Every menstrual period is always preceded by ovulation
- D. The most fertile period of a woman is 2 days after ovulation

Answer: (B) It may occur between 14-16 days before next menstruation

Not all menstrual cycles are ovulatory. Normal ovulation in a woman occurs between the 14th to the 16th day before the NEXT menstruation. A common misconception is that ovulation occurs on the 14th day of the cycle. This is a misconception because ovulation is determined NOT from the first day of the cycle but rather 14-16 days BEFORE the next menstruation.

140. If a couple would like to enhance their fertility, the following means can be done:

1. Monitor the basal body temperature of the woman everyday to determine peak period of fertility;
2. Have adequate rest and nutrition;
3. Have sexual contact only during the dry period of the woman;
4. Undergo a complete medical check-up to rule out any debilitating disease

- A. 1 only
- B. 1 & 4
- C. 1,2,4
- D. 1,2,3,4

Answer: (C) 1,2,4

All of the above are essential for enhanced fertility except no. 3 because during the dry period the woman is in her infertile period thus even when sexual contact is done, there will be no ovulation, thus fertilization is not possible.

141. In sympto-thermal method, the parameters being monitored to determine if the woman is fertile or infertile are:

- A. Temperature, cervical mucus, cervical consistency
- B. Release of ovum, temperature and vagina
- C. Temperature and wetness
- D. Temperature, endometrial secretion, mucus

Answer: (A) Temperature, cervical mucus, cervical consistency

The 3 parameters measured/monitored which will indicate that the woman has ovulated are- temperature increase of about 0.2-0.4 degrees centigrade, softness of the cervix and cervical mucus that looks like the white of an egg which makes the woman feel "wet".

142. The following are important considerations to teach the woman who is on low dose (mini-pill) oral contraceptive EXCEPT:

- A. The pill must be taken everyday at the same time
- B. If the woman fails to take a pill in one day, she must take 2 pills for added protection
- C. If the woman fails to take a pill in one day, she needs to take another temporary method until she has consumed the whole pack
- D. If she is breast feeding, she should discontinue using mini-pill and use the progestin-only type

Answer: (B) If the woman fails to take a pill in one day, she must take 2 pills for added protection

If the woman fails to take her usual pill for the day, taking a double dose does not give additional protection. What she needs to do is to continue taking the pills until the pack is consumed and use at the time another temporary method to ensure that no pregnancy will occur. When a new pack is started, she can already discontinue using the second temporary method she employed.

143. To determine if the cause of infertility is a blockage of the fallopian tubes, the test to be done is

- A. Huhner's test
- B. Rubin's test
- C. Postcoital test
- D. None of the above

Answer: (B) Rubin's test

Rubin's test is a test to determine patency of fallopian tubes. Huhner's test is also known as post-coital test to determine compatibility of the cervical mucus with sperms of the sexual partner.

144. Infertility can be attributed to male causes such as the following EXCEPT:

- A. Cryptorchidism
- B. Orchitis
- C. Sperm count of about 20 million per milliliter
- D. Premature ejaculation

Answer: (C) Sperm count of about 20 million per milliliter

Sperm count must be within normal in order for a male to successfully sire a child. The normal sperm count is 20 million per milliliter of seminal fluid or 50 million per ejaculate.

145. Spinnbarkeit is an indicator of ovulation which is characterized as:

- A. Thin watery mucus which can be stretched into a long strand about 10 cm
- B. Thick mucus that is detached from the cervix during ovulation
- C. Thin mucus that is yellowish in color with fishy odor
- D. Thick mucus vaginal discharge influenced by high level of estrogen

Answer: (A) Thin watery mucus which can be stretched into a long strand about 10 cm

At the midpoint of the cycle when the estrogen level is high, the cervical mucus becomes thin and watery to allow the sperm to easily penetrate and get to the fallopian tubes to fertilize an ovum. This is called spinnbarkeit. And the woman feels "wet". When progesterone is secreted by the ovary, the mucus becomes thick and the woman will feel "dry".

146. Vasectomy is a procedure done on a male for sterilization. The organ involved in this procedure is

- A. Prostate gland
- B. Seminal vesicle
- C. Testes
- D. Vas deferens

Answer: (D) Vas deferens

Vasectomy is a procedure wherein the vas deferens of the male is ligated and cut to prevent the passage of the sperms from the testes to the penis during ejaculation.

147. Breast self examination is best done by the woman on herself every month during

- A. The middle of her cycle to ensure that she is ovulating
- B. During the menstrual period
- C. Right after the menstrual period so that the breast is not being affected by the increase in hormones particularly estrogen
- D. Just before the menstrual period to determine if ovulation has occurred

Answer: (C) Right after the menstrual period so that the breast is not being affected by the increase in hormones particularly estrogen

The best time to do self breast examination is right after the menstrual period is over so that the hormonal level is low thus the breasts are not tender.

148. A woman is considered to be menopause if she has experienced cessation of her menses for a period of

- A. 6 months
- B. 12 months
- C. 18 months
- D. 24 months

Answer: (B) 12 months

If a woman has not had her menstrual period for 12 consecutive months, she is considered to be in her menopausal stage.

149. Which of the following is the correct practice of self breast examination in a menopausal woman?

- A. She should do it at the usual time that she experiences her menstrual period in the past to ensure that her hormones are not at its peak
- B. Any day of the month as long it is regularly observed on the same day every month
- C. Anytime she feels like doing it ideally every day
- D. Menopausal women do not need regular self breast exam as long as they do it at least once every 6 months

Answer: (B) Any day of the month as long it is regularly observed on the same day every month

Menopausal women still need to do self examination of the breast regularly. Any day of the month is alright provided that she practices it monthly on the same day that she has chosen. The hormones estrogen and progesterone are already diminished during menopause so there is no need to consider the time to do it in relation to the menstrual cycle.

150. In assisted reproductive technology (ART), there is a need to stimulate the ovaries to produce more than one mature ova. The drug commonly used for this purpose is:

- A. Bromocriptine
- B. Clomiphene
- C. Provera
- D. Esrogen

Answer: (B) Clomiphene

Clomiphene or Clomid acts as an ovarian stimulant to promote ovulation. The mature ova are retrieved and fertilized outside the fallopian tube (in-vitro fertilization) and after 48 hours the fertilized ovum is inserted into the uterus for implantation.