

[BrainGain Aug 2024 - Maternal Child Nursing](#)

Context: NCM 107\Maternal and Child Health Nursing\Unit 3: The Nursing Role in Caring for Families During Normal Pregnancy, Birth, the Postpartum, and Newborn Period\Chapter 12: Promoting Fetal and Maternal Health\References

Clinical Scenario: Mrs. Borromeo, a 32-year-old pregnant woman in her third trimester, presents to the antenatal clinic for a routine check-up. She complains of persistent edema in her lower extremities and hands, along with headaches and blurred vision. Mrs. Borromeo mentions feeling increasingly fatigued despite getting enough rest.

Question: Which nursing action is the priority for Mrs. Borromeo based on her presenting symptoms?

- C1:** Assess Mrs. Borromeo's blood pressure and proteinuria levels.
- C2:** Provide Mrs. Borromeo with over-the-counter pain medication for her headaches.
- C3:** Instruct Mrs. Borromeo to elevate her legs to reduce edema.
- C4:** Educate Mrs. Borromeo on the importance of staying hydrated during pregnancy.

Explanations and rationales for the different answer options

C1 E/R: The correct nursing action is to assess Mrs. Borromeo's blood pressure and proteinuria levels to monitor for signs of preeclampsia, a serious condition that can develop during pregnancy, characterized by hypertension, proteinuria, and other symptoms such as edema, headaches, and visual disturbances. Early detection and management are crucial to prevent complications for both the mother and the baby.

C2 E/R: Providing over-the-counter pain medication for headaches does not address the underlying issue of potential preeclampsia. It is important to assess for signs of this condition first before symptom management.

C3 E/R: While elevating the legs can help reduce edema, it is not the priority in this situation where signs of preeclampsia are present. Assessing for



preeclampsia through blood pressure and proteinuria monitoring should take precedence.

C4 E/R: While staying hydrated is important during pregnancy, it is not the priority in this case where signs of preeclampsia are present. Assessing for preeclampsia through blood pressure and proteinuria monitoring should be the first step.

Type of Question: Clinical Scenario

Introduction: Maternal and Child Health Nursing focuses on providing care and support to pregnant women and their newborns. Preeclampsia is a serious condition that can develop during pregnancy, characterized by hypertension, proteinuria, and other symptoms. Antenatal care plays a crucial role in early detection and management of complications to ensure the well-being of both the mother and the baby.

Test Taking Strategy: When encountering a pregnant patient with symptoms such as edema, headaches, and blurred vision, always consider the possibility of preeclampsia. Assessing blood pressure and proteinuria levels is essential in monitoring for this condition, as early detection can prevent serious complications.

Take Home Message: When a pregnant patient presents with symptoms suggestive of preeclampsia, the priority nursing action is to assess blood pressure and proteinuria levels to monitor for this serious condition and ensure timely intervention to prevent complications for the mother and the baby.

Reference: Maternal & Child Health Nursing: Care of the Childbearing & Childrearing Family, Adele Pillitteri, PhD, RN, PNP, 6th Edition,
Page: 297

Philippine-Specific References: In the Philippines, preeclampsia is a significant concern during pregnancy, requiring close monitoring and early detection to prevent adverse outcomes for both the mother and the baby. Antenatal care is essential in the Philippine healthcare system to promote maternal and child health.

Scenario Overview: Mrs. Borromeo, a pregnant woman in her third trimester, presents with symptoms suggestive of preeclampsia, including edema, headaches, and blurred vision. As her nurse, the priority is to assess her blood pressure and proteinuria levels to monitor for signs of preeclampsia and ensure timely intervention.



Nursing Knowledge: Understanding the signs and symptoms of preeclampsia, the importance of regular antenatal assessments, and the role of the nurse in monitoring and managing complications during pregnancy.

Application: This question requires the test-taker to apply their knowledge of preeclampsia symptoms and the nursing assessment process in a pregnant patient presenting with potential signs of this condition. By prioritizing assessments for preeclampsia, the nurse can intervene early and prevent serious complications.

Pathophysiology: Preeclampsia is a pregnancy complication characterized by high blood pressure and signs of damage to other organ systems, most often the liver and kidneys. The exact cause of preeclampsia is not fully understood, but it is thought to involve problems with the placenta.

Signs & Symptoms: Signs and symptoms of preeclampsia include hypertension, proteinuria, edema, headaches, visual disturbances (such as blurred vision), nausea or vomiting, abdominal pain, and decreased urine output.

Nursing Actions: Nursing actions for preeclampsia include regular assessment of blood pressure and proteinuria, monitoring for signs of worsening symptoms, educating the patient on the condition and potential complications, and collaborating with the healthcare team for appropriate management.

Nursing Assessment: Nursing assessment for preeclampsia includes monitoring blood pressure, checking for proteinuria, assessing for edema, evaluating symptoms such as headaches and visual disturbances, and monitoring overall well-being of the pregnant woman.

Nursing Diagnosis: Risk for Complications related to preeclampsia

Medical Diagnosis: Preeclampsia

Medical Treatment: Management of preeclampsia may involve close monitoring, blood pressure control, medications to prevent seizures (if severe), and possibly early delivery of the baby if the condition worsens.



Context: NCM 107\Maternal and Child Health Nursing\Unit 3: The Nursing Role in Caring for Families During Normal Pregnancy, Birth, the Postpartum, and Newborn Period\Chapter 13: Promoting Nutritional Health During Pregnancy\References

Clinical Scenario: Mrs. Morales, a 28-year-old pregnant woman in her third trimester, presents to the clinic for a routine prenatal check-up. She mentions feeling fatigued and experiencing frequent heartburn after meals. Mrs. Morales has a history of iron deficiency anemia and is concerned about her nutritional intake during pregnancy.

Question: Which nursing intervention is most appropriate for addressing Mrs. Morales' symptoms and concerns about nutritional health during pregnancy?

- C1:** Educate Mrs. Morales on the importance of consuming iron-rich foods and taking her prescribed iron supplements as directed.
- C2:** Advise Mrs. Morales to increase her caffeine intake to combat fatigue and alleviate heartburn symptoms.
- C3:** Recommend Mrs. Morales to skip meals to avoid exacerbating her heartburn symptoms.
- C4:** Suggest Mrs. Morales to engage in strenuous exercise to boost her energy levels.

Explanations and rationales for the different answer options

C1 E/R: Iron deficiency anemia is a common concern during pregnancy due to increased iron requirements. Educating Mrs. Morales on the significance of iron-rich foods and proper supplement intake can help address her fatigue and prevent complications.

C2 E/R: Increasing caffeine intake can further deplete iron levels and is not recommended during pregnancy. It may also worsen heartburn symptoms.

C3 E/R: Skipping meals can lead to inadequate nutrition for both Mrs. Morales and her developing baby. It can also worsen heartburn symptoms due to increased stomach acidity.

C4 E/R: Strenuous exercise is not advisable during pregnancy, especially in the third trimester, as it can pose risks to both the mother and the baby.

Type of Question: Clinical Scenario



Introduction: Proper nutrition plays a crucial role in supporting the health and well-being of pregnant women and their developing babies. Addressing concerns such as iron deficiency anemia and heartburn during pregnancy requires tailored nursing interventions to optimize maternal and fetal outcomes.

Test Taking Strategy: When answering this question, focus on the specific symptoms and history presented by Mrs. Morales. Consider the potential impact of each nursing intervention on her nutritional status and pregnancy health. Choose the option that aligns with evidence-based practices for addressing iron deficiency anemia and heartburn during pregnancy.

Take Home Message: Addressing nutritional concerns and symptoms during pregnancy requires tailored nursing interventions to support maternal and fetal health. Providing education, promoting adherence to iron supplementation, and monitoring symptoms are essential components of care for pregnant women like Mrs. Morales.

Reference: Maternal & Child Health Nursing: Care of the Childbearing & Childrearing Family, Adele Pillitteri, PhD, RN, PNP, 6th Edition, Page: 320

Philippine-Specific References: Philippine nursing practice emphasizes the importance of educating pregnant women on proper nutrition and iron supplementation to prevent complications such as anemia.

Scenario Overview: Mrs. Morales, a pregnant woman in her third trimester, is experiencing fatigue and heartburn. She has a history of iron deficiency anemia and is concerned about her nutritional intake. As her nurse, it is essential to provide education and guidance to support her nutritional health during pregnancy.

Nursing Knowledge: Understanding the nutritional requirements during pregnancy, recognizing symptoms of iron deficiency anemia, and providing appropriate education and support are key nursing concepts tested in this scenario.

Application: This question requires the test-taker to apply their knowledge of maternal and child health nursing to address a pregnant patient's symptoms and concerns related to nutritional health. By selecting the most appropriate nursing intervention, the test-taker demonstrates their ability to promote optimal outcomes for the mother and baby.

Pathophysiology: Iron deficiency anemia during pregnancy can result from the increased demand for iron to support maternal and fetal blood volume expansion. Inadequate iron intake can lead to fatigue, weakness, and other symptoms.

Signs & Symptoms: Signs and symptoms of iron deficiency anemia include fatigue,



weakness, pallor, and shortness of breath. Heartburn, a common symptom during pregnancy, is characterized by a burning sensation in the chest due to gastric reflux.

Nursing Actions: Nursing actions for Mrs. Morales involve providing education on iron-rich foods, promoting adherence to iron supplements, monitoring symptoms, offering dietary recommendations for heartburn relief, and ensuring adequate hydration.

Nursing Assessment: Nursing assessment for Mrs. Morales includes evaluating her iron levels, dietary intake, and adherence to iron supplementation. Monitoring her symptoms of fatigue and heartburn is essential for identifying any worsening condition.

Nursing Diagnosis: Nursing diagnoses for Mrs. Morales may include Risk for Imbalanced Nutrition: Less Than Body Requirements related to iron deficiency anemia and Acute Pain related to heartburn symptoms.

Medical Diagnosis: The medical diagnosis for Mrs. Morales may include iron deficiency anemia and gastroesophageal reflux disease (GERD) contributing to her symptoms.

Medical Treatment: Medical treatment for iron deficiency anemia includes iron supplementation and dietary modifications. Managing heartburn may involve lifestyle changes, such as avoiding trigger foods and elevating the head while sleeping.



Context: NCM 107\Maternal and Child Health Nursing\Unit 3: The Nursing Role in Caring for Families During Normal Pregnancy, Birth, the Postpartum, and Newborn Period\Chapter 14: Preparing a Family for Childbirth and Parenting\Preconception Classes

Clinical Scenario: Mrs. Alvarado, a 28-year-old pregnant woman in her third trimester, attends a preconception class with her husband. They express concerns about the upcoming childbirth and parenting responsibilities. Mrs. Alvarado is eager to learn more about the labor process and how to care for her newborn.

Question: As a nurse providing education during the preconception class, which information should you prioritize for Mrs. Alvarado and her husband regarding childbirth preparation and newborn care?

C1: Importance of prenatal care, signs of labor, breathing techniques during labor, breastfeeding benefits, newborn care basics

C2: Types of pain relief during labor, postpartum depression signs, bottle feeding advantages, newborn clothing choices

C3: Hospital bag essentials for labor, epidural administration process, maternal exercises postpartum, newborn sleep patterns

C4: Labor induction methods, newborn vaccination schedule, cord blood banking options, postpartum weight loss tips

Explanations and rationales for the different answer options

C1 E/R: Providing information on the importance of prenatal care, signs of labor, breathing techniques during labor, breastfeeding benefits, and newborn care basics is crucial for Mrs. Alvarado and her husband to prepare for childbirth and parenting. This knowledge will empower them to make informed decisions and ensure the well-being of both the mother and newborn.

C2 E/R: While pain relief options, postpartum depression signs, bottle feeding advantages, and newborn clothing choices are relevant topics, they are not as essential as understanding prenatal care, labor signs, breathing techniques, breastfeeding benefits, and basic newborn care for immediate postpartum needs.

C3 E/R: Hospital bag essentials, epidural administration, postpartum exercises, and newborn sleep patterns are important aspects but may not be the priority during a preconception class focused on childbirth preparation and newborn care



basics.

C4 E/R: Labor induction methods, newborn vaccination schedules, cord blood banking, and postpartum weight loss tips are valuable information but are not the primary focus during a preconception class aimed at educating families about childbirth and immediate newborn care.

Type of Question: Clinical Scenario

Introduction: As a nurse, providing education during preconception classes plays a vital role in preparing expectant parents for childbirth and parenting responsibilities. Understanding essential information about labor, newborn care, and postpartum practices is crucial for a smooth transition into parenthood.

Test Taking Strategy: When answering this question, focus on the key components of childbirth preparation and newborn care that are essential for expectant parents like Mrs. Alvarado. Prioritize information that directly impacts the well-being of both the mother and newborn during the perinatal period.

Take Home Message: Prioritizing information on prenatal care, signs of labor, breathing techniques during labor, breastfeeding benefits, and basic newborn care is essential for educating expectant parents like Mrs. Alvarado. By focusing on these key aspects, nurses can empower families to make informed decisions and promote optimal maternal and newborn health.

Reference: Maternal & Child Health Nursing: Care of the Childbearing & Childrearing Family, Adele Pillitteri, PhD, RN, PNP, 6th Edition,
Page: 326

Philippine-Specific References: Include local practices such as traditional postpartum care, breastfeeding support groups, and culturally sensitive approaches to childbirth education in the Philippines.

Scenario Overview: Mrs. Alvarado, a pregnant woman attending a preconception class with her husband, seeks guidance on childbirth preparation and newborn care. As a nurse, you must prioritize providing them with crucial information on prenatal care, signs of labor, breathing techniques during labor, breastfeeding benefits, and basic newborn care essentials.

Nursing Knowledge: Maternal and Child Health Nursing, Childbirth Education, Newborn Care, Breastfeeding Benefits, Prenatal Care

Application: This question requires the test-taker to apply their knowledge of childbirth preparation and newborn care to prioritize essential information for expectant parents. By



selecting the most appropriate response, the nurse can ensure that Mrs. Alvarado and her husband receive the necessary education to navigate the perinatal period effectively.



Context: NCM 107\Maternal and Child Health Nursing\Unit 3: The Nursing Role in Caring for Families During Normal Pregnancy, Birth, the Postpartum, and Newborn Period\Chapter 14: Preparing a Family for Childbirth and Parenting\Suggested Readings

Clinical Scenario: Mrs. Arroyo, a 28-year-old pregnant woman in her third trimester, presents to the clinic for a routine prenatal check-up. She expresses concerns about her upcoming childbirth and parenting journey. Mrs. Arroyo is a first-time mother and seeks guidance on what to expect during labor, delivery, and postpartum care for both herself and her newborn.

Question: As the nurse providing care for Mrs. Arroyo, which action is most appropriate to address her concerns about childbirth and parenting ?

C1: Offer to provide childbirth education classes for Mrs. Arroyo and her partner to help them prepare for labor, delivery, and newborn care.

C2: Provide Mrs. Arroyo with pamphlets and brochures on childbirth and parenting without further discussion.

C3: Assure Mrs. Arroyo that childbirth is a natural process and she should not worry about the details.

C4: Recommend that Mrs. Arroyo solely rely on online resources for information about childbirth and parenting.

Explanations and rationales for the different answer options

C1 E/R: Providing childbirth education classes for Mrs. Arroyo and her partner is the best approach to address her concerns. These classes can help them understand the labor process, pain management options, newborn care, and postpartum recovery, fostering confidence and preparedness.

C2 E/R: Simply providing pamphlets and brochures without further discussion may not adequately address Mrs. Arroyo's specific questions and anxieties regarding childbirth and parenting.

C3 E/R: Assuring Mrs. Arroyo without providing concrete information or support may not alleviate her concerns or adequately prepare her for childbirth and parenting.

C4 E/R: Recommending online resources alone may not offer the personalized guidance and interactive learning experience that childbirth education classes can provide, potentially leaving Mrs. Arroyo with unanswered questions and



uncertainties.

Type of Question: Clinical Scenario

Introduction: In the field of Maternal and Child Health Nursing, preparing expectant mothers for childbirth and parenting is essential to ensure a positive experience and optimal outcomes for both the mother and newborn. Providing comprehensive education and support during the prenatal period can empower families to navigate the challenges of childbirth and early parenthood with confidence.

Test Taking Strategy: When addressing a pregnant woman's concerns about childbirth and parenting, it is crucial to offer personalized education and support through childbirth education classes. These classes provide essential information on labor, delivery, newborn care, and postpartum recovery, helping expectant parents feel prepared and informed. Remember, individualized care and interactive learning experiences are key to promoting confidence and well-being during the childbirth journey.

Take Home Message: Effective preparation for childbirth and parenting involves offering personalized education and support through childbirth education classes, empowering expectant parents to navigate the childbirth journey with confidence and knowledge.

Reference: Maternal & Child Health Nursing: Care of the Childbearing & Childrearing Family, Adele Pillitteri, PhD, RN, PNP, 6th Edition, Page: 342

Philippine-Specific References: Incorporate relevant Philippine laws, regulations, healthcare policies, and cultural considerations to ensure the MCQs reflect the local nursing practice environment and terminology.

Scenario Overview: Mrs. Arroyo, a first-time pregnant woman in her third trimester, seeks guidance and reassurance about childbirth and parenting during a routine prenatal visit. As her nurse, you play a vital role in addressing her concerns and providing her with the necessary education and support to prepare her for labor, delivery, and caring for her newborn.

Nursing Knowledge: Childbirth Education, Parenting Preparation, Patient Education

Application: This question requires the test-taker to apply their knowledge of childbirth education and patient-centered care to address a pregnant woman's concerns about labor, delivery, and parenting. By selecting the most appropriate action of offering childbirth education classes, the nurse demonstrates a commitment to providing comprehensive support and education to expectant mothers.

Nursing Actions: Providing childbirth education classes, Offering emotional support and



reassurance, Addressing specific questions and concerns, Collaborating with the healthcare team for comprehensive care



Context: NCM 107\Maternal and Child Health Nursing\Unit 3: The Nursing Role in Caring for Families During Normal Pregnancy, Birth, the Postpartum, and Newborn Period\Chapter 15: Nursing Care of a Family During Labor and Birth\Maternal And Fetal Assessment During Labor

Clinical Scenario: Mrs. Chua, a 32-year-old G2P1 at 38 weeks gestation, presents to the labor and delivery unit in active labor. She is experiencing contractions every 3-5 minutes, lasting 60 seconds. Mrs. Chua is requesting pain relief and appears anxious about the labor process. She has no significant medical history or complications during this pregnancy.

Question: What is the priority nursing action for Mrs. Chua at this time?

- C1:** Assess the fetal heart rate and maternal vital signs
- C2:** Administer pain medication as requested by the patient
- C3:** Encourage the patient to practice relaxation techniques
- C4:** Perform a vaginal examination to assess cervical dilation

Explanations and rationales for the different answer options

C1 E/R: Assessing the fetal heart rate and maternal vital signs is the priority to ensure the well-being of both the mother and the baby during labor. Monitoring these parameters can provide crucial information about the progress of labor and any potential complications.

C2 E/R: Administering pain medication may be necessary, but it is not the priority at this moment. Assessing the fetal and maternal status should come first.

C3 E/R: While relaxation techniques are beneficial, ensuring the safety of the mother and baby through vital sign assessment takes precedence.

C4 E/R: Performing a vaginal examination is not the priority nursing action at this time. Assessing the fetal heart rate and maternal vital signs should be prioritized.

Type of Question: Clinical Scenario

Introduction: In the context of labor and delivery, it is crucial for nurses to prioritize the assessment of both the mother and the baby's well-being. This question focuses on the immediate nursing action required for a patient in active labor.



Test Taking Strategy: When faced with a clinical scenario in labor and delivery, always prioritize assessing fetal well-being through fetal heart rate monitoring and maternal vital sign assessment. This ensures the safety of both the mother and the baby during the labor process.

Take Home Message: The priority nursing action during labor and delivery is to assess the fetal heart rate and maternal vital signs to monitor the well-being of both the mother and the baby. This ensures timely intervention and safe delivery for the patient.

Reference: Maternal & Child Health Nursing: Care of the Childbearing & Childrearing Family, Adele Pillitteri, PhD, RN, PNP, 6th Edition, Page: 366

Philippine-Specific References: Philippine Nursing Act of 2002, which emphasizes the importance of providing safe and competent nursing care to all patients, including those in labor and delivery.

Scenario Overview: Mrs. Chua, a 32-year-old G2P1 at 38 weeks gestation, is in active labor with regular contractions. The priority nursing action at this time is to assess the fetal heart rate and maternal vital signs to monitor the well-being of both the mother and the baby.

Nursing Knowledge: This question evaluates the nurse's understanding of the priority nursing actions during labor and delivery, specifically focusing on fetal assessment and maternal vital sign monitoring.

Application: The test-taker is required to apply their knowledge of maternal and child health nursing principles to prioritize the assessment of fetal well-being and maternal vital signs in a patient in active labor.

Nursing Actions: The priority nursing action in this scenario is to assess the fetal heart rate and maternal vital signs to ensure the safety and well-being of both the mother and the baby during labor.

Nursing Assessment: Assessing the fetal heart rate and maternal vital signs is essential to monitor the well-being of both the mother and the baby during labor.



Context: NCM 107\Maternal and Child Health Nursing\Unit 3: The Nursing Role in Caring for Families During Normal Pregnancy, Birth, the Postpartum, and Newborn Period\Chapter 17: Nursing Care of a Postpartal Family\Key Terms

Clinical Scenario: Mrs. Arroyo, a 28-year-old woman who recently gave birth, is experiencing postpartum hemorrhage. She is pale, tachycardic, and hypotensive. The healthcare team is preparing to provide immediate interventions to manage her condition.

Question: Which nursing action is the priority in managing Mrs. Arroyo's postpartum hemorrhage ?

- C1:** Administering oxytocin to help contract the uterus
- C2:** Initiating a blood transfusion to replace lost blood volume
- C3:** Providing emotional support to Mrs. Arroyo.

- C4:** Checking Mrs. Arroyo's vital signs every 4 hours.

Explanations and rationales for the different answer options

C1 E/R: Administering oxytocin is the priority action in managing postpartum hemorrhage as it helps contract the uterus, which can help control bleeding and prevent further complications.

C2 E/R: While a blood transfusion may be necessary for Mrs. Arroyo, the priority is to first address the uterine atony with oxytocin to control the bleeding.

C3 E/R: Emotional support is essential for Mrs. Arroyo, but the immediate priority is to manage the postpartum hemorrhage to stabilize her condition.

C4 E/R: Checking vital signs every 4 hours is not the priority in managing postpartum hemorrhage, as immediate interventions are needed to address the bleeding.

Type of Question: Clinical Scenario

Introduction: Postpartum hemorrhage is a significant complication that requires prompt nursing interventions to prevent further complications and stabilize the patient's condition. Understanding the priority actions in managing postpartum hemorrhage is



crucial for providing effective care to postpartal women.

Test Taking Strategy: When faced with a patient experiencing postpartum hemorrhage, remember that the priority is to address the uterine atony and control the bleeding. Look for nursing actions that directly target the underlying cause of the hemorrhage to choose the most appropriate response.

Take Home Message: Prioritizing nursing actions in managing postpartum hemorrhage is crucial for stabilizing the patient's condition and preventing further complications. Administering uterotonic medications like oxytocin is a key intervention to address uterine atony and control bleeding in postpartal women.

Reference: Maternal & Child Health Nursing: Care of the Childbearing & Childrearing Family, Adele Pillitteri, PhD, RN, PNP, 6th Edition, Page: 415

Philippine-Specific References: In the Philippines, postpartum hemorrhage remains a leading cause of maternal mortality. Nurses play a critical role in early recognition and management of postpartum hemorrhage to improve outcomes for postpartal women.

Scenario Overview: Mrs. Arroyo is a postpartal woman presenting with signs of postpartum hemorrhage, including pallor, tachycardia, and hypotension. The immediate focus of care should be on managing the bleeding to stabilize her condition and prevent further complications.

Nursing Knowledge: Understanding the pathophysiology of postpartum hemorrhage, recognizing signs and symptoms, performing a thorough nursing assessment, implementing appropriate medical and nursing interventions, and providing ongoing monitoring and support are essential in managing this condition.

Application: The question requires the test-taker to apply their knowledge of postpartum hemorrhage and prioritize nursing actions to effectively manage the condition and stabilize the patient's condition.

Pathophysiology: Postpartum hemorrhage can result from uterine atony, genital tract trauma, retained placental tissue, or coagulopathy. Inadequate uterine contractions lead to excessive bleeding, putting the patient at risk of hypovolemic shock.

Signs & Symptoms: Signs of postpartum hemorrhage include excessive vaginal bleeding, pallor, tachycardia, hypotension, and altered mental status. Prompt recognition and intervention are crucial to prevent complications.

Nursing Actions: Nursing actions involve administering uterotonic medications, monitoring vital signs closely, assessing uterine tone, providing emotional support, preparing for potential blood transfusions, and collaborating with the healthcare team to



stabilize the patient.

Nursing Assessment: Nursing assessment includes monitoring vital signs, assessing the amount and characteristics of vaginal bleeding, checking uterine tone, and evaluating the patient's overall condition for signs of shock.

Nursing Diagnosis: Nursing diagnoses may include Risk for Deficient Fluid Volume related to postpartum hemorrhage, Ineffective Tissue Perfusion related to blood loss, and Fear related to postpartum complications.

Medical Diagnosis: The medical diagnosis for Mrs. Arroyo is postpartum hemorrhage due to uterine atony.

Medical Treatment: Medical treatment for postpartum hemorrhage may include administering uterotonic medications (e.g., oxytocin), performing uterine massage, and, if necessary, providing blood transfusions to replace lost volume.



Context: NCM 107\Maternal and Child Health Nursing\Unit 3: The Nursing Role in Caring for Families During Normal Pregnancy, Birth, the Postpartum, and Newborn Period\Chapter 17: Nursing Care of a Postpartal Family\References

Clinical Scenario: Mrs. Abad, a 32-year-old woman who gave birth three days ago, is experiencing postpartum hemorrhage. She is pale, diaphoretic, and complains of feeling weak and dizzy. Vital signs show tachycardia and hypotension. Mrs. Abad has a history of prolonged labor and received an episiotomy during delivery.

Question: Which nursing action is the priority in managing Mrs. Abad's postpartum hemorrhage?

C1: Initiate fundal massage and administer uterotonic medications as prescribed

C2: Offer Mrs. Abad a warm blanket and provide emotional support.

C3: Encourage Mrs. Abad to ambulate to prevent blood clots.

C4: Obtain a complete blood count (CBC) to assess for anemia

Explanations and rationales for the different answer options

C1 E/R: The priority in managing postpartum hemorrhage is to initiate fundal massage to promote uterine contraction and administer uterotonic medications to control bleeding.

C2 E/R: Providing emotional support is important, but the priority is to address the hemorrhage promptly.

C3 E/R: Ambulation is not recommended in the presence of postpartum hemorrhage as it can exacerbate bleeding.

C4 E/R: While assessing for anemia is important, the immediate priority is to address the hemorrhage and stabilize the patient.

Type of Question: Clinical Scenario

Introduction: Postpartum hemorrhage is a significant complication that requires prompt intervention to prevent further complications. Nursing actions play a crucial role in managing this condition effectively.



Test Taking Strategy: When answering this question, prioritize interventions that directly address the patient's immediate physiological needs. Think about what actions are essential in managing postpartum hemorrhage to stabilize the patient's condition.

Take Home Message: When managing postpartum hemorrhage, prompt nursing actions such as fundal massage and uterotonic medication administration are crucial in stabilizing the patient's condition and preventing further complications.

Reference: Maternal & Child Health Nursing: Care of the Childbearing & Childrearing Family, Adele Pillitteri, PhD, RN, PNP, 6th Edition, Page: 445

Philippine-Specific References: In the Philippines, postpartum hemorrhage remains a leading cause of maternal mortality, highlighting the importance of prompt and effective nursing care in managing this condition.

Scenario Overview: Mrs. Abad, a postpartum woman experiencing hemorrhage, presents with signs of hypovolemia and requires urgent nursing interventions to control bleeding and prevent further complications.

Nursing Knowledge: Understanding the pathophysiology of postpartum hemorrhage, recognizing signs and symptoms of hypovolemia, prioritizing nursing assessments, diagnoses, and interventions in managing this obstetric emergency.

Application: This question requires the test-taker to apply their knowledge of postpartum hemorrhage management and prioritize nursing actions to address the patient's immediate needs and prevent further complications.

Pathophysiology: Postpartum hemorrhage can result from uterine atony, retained placental fragments, genital tract lacerations, or coagulation disorders, leading to excessive bleeding and hypovolemic shock.

Signs & Symptoms: Signs of postpartum hemorrhage include excessive vaginal bleeding, tachycardia, hypotension, pallor, diaphoresis, dizziness, and weakness.

Nursing Actions: Prioritize fundal massage to promote uterine contraction, administer uterotonic medications as prescribed, monitor vital signs, assess for signs of shock, provide emotional support, and collaborate with the healthcare team for further interventions if needed.

Nursing Assessment: Assess the amount and characteristics of vaginal bleeding, vital signs, uterine tone, and level of consciousness to monitor for signs of hypovolemic shock.

Nursing Diagnosis: Risk for Deficient Fluid Volume related to postpartum hemorrhage

Medical Diagnosis: Postpartum hemorrhage

Medical Treatment: Initiate fundal massage, administer uterotonic medications (e.g.,



oxytocin), perform bimanual compression, and consider surgical interventions (e.g., uterine artery embolization, hysterectomy) if conservative measures fail.



Context: NCM 107\Maternal and Child Health Nursing\Unit 3: The Nursing Role in Caring for Families During Normal Pregnancy, Birth, the Postpartum, and Newborn Period\Chapter 12: Promoting Fetal and Maternal Health\Suggested Readings

Clinical Scenario: Mrs. Bravo, a 32-year-old pregnant woman at 36 weeks gestation, presents to the antenatal clinic for a routine check-up. She expresses concerns about the decreased fetal movements she has been experiencing over the past 24 hours. Mrs. Bravo reports no other symptoms and states that she has not felt her baby move as much as usual.

Question: What is the priority nursing action for Mrs. Bravo to assess fetal well-being?

- C1:** Perform a non-stress test to monitor the fetal heart rate and movement
- C2:** Instruct the patient to increase her fluid intake and monitor fetal movements at home
- C3:** Administer tocolytic medications to decrease uterine contractions and promote fetal movement

- C4:** Educate the patient on the importance of regular prenatal visits for fetal monitoring

Explanations and rationales for the different answer options

C1 E/R: Performing a non-stress test is the priority nursing action to assess fetal well-being in a pregnant woman presenting with decreased fetal movements. This test allows for the evaluation of the fetal heart rate and movement patterns to ensure the baby's well-being.

C2 E/R: Instructing the patient to increase fluid intake and monitor fetal movements at home may be important, but it is not the priority action in this situation where decreased fetal movements are a concern.

C3 E/R: Administering tocolytic medications is not indicated in this scenario as there is no mention of uterine contractions or preterm labor. The focus should be on assessing fetal well-being.

C4 E/R: While educating the patient on the importance of prenatal visits is essential, the priority in this case is to assess the current fetal well-being through



a non-stress test.

Type of Question: Clinical Scenario

Introduction: Maternal and Child Health Nursing focuses on promoting the health of both the mother and baby during pregnancy. Assessing fetal well-being is crucial in ensuring a safe and healthy pregnancy outcome.

Test Taking Strategy: When faced with a pregnant patient presenting with decreased fetal movements, prioritize actions that directly assess fetal well-being, such as performing a non-stress test. This test provides valuable information on the baby's heart rate and movements, guiding further management.

Take Home Message: Prioritizing the assessment of fetal well-being through tests like non-stress tests is essential in pregnant women presenting with decreased fetal movements to ensure optimal outcomes for both the mother and baby.

Reference: Maternal & Child Health Nursing: Care of the Childbearing & Childrearing Family, Adele Pillitteri, PhD, RN, PNP, 6th Edition, Page: 298

Philippine-Specific References: In the Philippines, routine prenatal care includes monitoring fetal well-being through tests like non-stress tests to ensure optimal outcomes for both the mother and baby.

Scenario Overview: Mrs. Bravo, a 32-year-old pregnant woman at 36 weeks gestation, expresses concerns about decreased fetal movements over the past 24 hours. To ensure the well-being of the baby, the priority nursing action is to perform a non-stress test to monitor the fetal heart rate and movement patterns.

Nursing Knowledge: Understanding the importance of assessing fetal well-being in pregnant women experiencing decreased fetal movements is essential for providing safe and effective care during pregnancy.

Application: This question requires the test-taker to apply their knowledge of maternal and child health nursing principles to prioritize the assessment of fetal well-being in a pregnant patient presenting with decreased fetal movements.

Pathophysiology: Decreased fetal movements can indicate fetal distress, placental insufficiency, or other complications that may compromise the baby's well-being.

Signs & Symptoms: Signs of decreased fetal movements include a decrease in the baby's usual activity levels, changes in movement patterns, or absence of movements over a period of time.



Nursing Actions: Nursing actions include performing a non-stress test, educating the patient on fetal movement monitoring, documenting findings, and collaborating with the healthcare team for further management.

Nursing Assessment: Nursing assessment in this scenario involves monitoring fetal movements, performing a non-stress test, assessing the baby's heart rate, and evaluating the overall well-being of the fetus.

Nursing Diagnosis: Risk for impaired fetal well-being related to decreased fetal movements.

Medical Diagnosis: Decreased fetal movements in a pregnant woman at 36 weeks gestation.

Medical Treatment: The medical treatment may involve further fetal monitoring, such as a non-stress test, ultrasound evaluation, or consultation with a healthcare provider for additional assessments.



Context: NCM 107\Maternal and Child Health Nursing\Unit 3: The Nursing Role in Caring for Families During Normal Pregnancy, Birth, the Postpartum, and Newborn Period\Chapter 14: Preparing a Family for Childbirth and Parenting\The Childbirth Plan

Clinical Scenario: Mrs. Benitez, a 32-year-old pregnant woman at 36 weeks gestation, presents to the antenatal clinic for a routine check-up. She expresses her concerns about the upcoming childbirth and her lack of preparedness for parenting. Mrs. Benitez is seeking guidance on creating a childbirth plan to address her preferences and expectations for the birthing process.

Question: Which nursing action is essential when assisting Mrs. Benitez in creating her childbirth plan ?

C1: Collaborate with Mrs. Benitez to identify her preferences and expectations for the birthing process.

C2: Provide Mrs. Benitez with a standardized childbirth plan template to complete.

C3: Inform Mrs. Benitez that creating a childbirth plan is not necessary for her prenatal care.

C4: Disregard Mrs. Benitez's concerns about the childbirth plan and focus on routine antenatal assessments.

Explanations and rationales for the different answer options

C1 E/R: Collaborating with Mrs. Benitez to identify her preferences and expectations for the birthing process is essential in creating a personalized childbirth plan. This approach promotes patient-centered care and empowers Mrs. Benitez to actively participate in decision-making regarding her childbirth experience.

C2 E/R: Providing Mrs. Benitez with a standardized childbirth plan template may not address her individual preferences and expectations. It is crucial to involve her in the process to tailor the plan to her specific needs.

C3 E/R: Dismissing Mrs. Benitez's concerns about the childbirth plan may lead to her feeling unheard and unsupported in her pregnancy journey. Acknowledging her anxieties and involving her in creating the plan is essential for holistic care.



C4 E/R: Disregarding Mrs. Benitez's concerns and focusing solely on routine antenatal assessments may overlook her emotional needs and preferences for the birthing process. Engaging in discussions about the childbirth plan is crucial for comprehensive care.

Type of Question: Clinical Scenario

Introduction: Maternal and Child Health Nursing involves providing comprehensive care to expectant mothers and their families. Creating a childbirth plan is a crucial aspect of preparing families for the birthing process, ensuring their preferences and expectations are considered. In this scenario, Mrs. Benitez seeks guidance in developing a personalized childbirth plan to address her concerns and preferences.

Test Taking Strategy: When answering this question, remember the importance of patient-centered care and individualized support in maternal health. Choose the option that involves collaborating with Mrs. Benitez to identify her preferences and expectations for the childbirth plan, as this approach aligns with holistic nursing care principles.

Take Home Message: In maternal health nursing, involving expectant mothers in creating personalized childbirth plans promotes patient-centered care and supports their preferences and expectations for the birthing process. Empowering patients to actively participate in decision-making enhances their overall pregnancy experience.

Reference: Maternal & Child Health Nursing: Care of the Childbearing & Childrearing Family, Adele Pillitteri, PhD, RN, PNP, 6th Edition,
Page: 326

Philippine-Specific References: Incorporate local cultural beliefs and practices when discussing childbirth plans with Filipino families. Recognize the importance of family involvement and support in the birthing experience.

Scenario Overview: Mrs. Benitez, a 32-year-old pregnant woman at 36 weeks gestation, expresses concerns about childbirth and parenting preparedness. As her nurse, you are tasked with assisting her in creating a personalized childbirth plan to address her preferences and expectations for the birthing process.

Nursing Knowledge: This question assesses the nurse's ability to engage in patient-centered care by involving the expectant mother in creating a childbirth plan tailored to her preferences and expectations. It evaluates the nurse's communication skills, advocacy for patient autonomy, and support in the prenatal care process.

Application: The question requires the test-taker to apply their knowledge of



patient-centered care principles in maternal health nursing. By collaborating with Mrs. Benitez to identify her preferences and expectations for the childbirth plan, the nurse demonstrates a holistic approach to care that respects the patient's autonomy and individual needs.

Nursing Actions: Collaborate with Mrs. Benitez to identify her preferences and expectations for the birthing process, Provide emotional support and guidance in creating a personalized childbirth plan, Ensure that Mrs. Benitez feels heard and empowered in decision-making regarding her childbirth experience



Context: NCM 107\Maternal and Child Health Nursing\Unit 3: The Nursing Role in Caring for Families During Normal Pregnancy, Birth, the Postpartum, and Newborn Period\Chapter 15: Nursing Care of a Family During Labor and Birth\Objectives

Clinical Scenario: Mrs. Almeda, a 32-year-old pregnant woman at 38 weeks gestation, arrives at the labor and delivery unit in active labor. She is experiencing regular contractions every 5 minutes, with cervical dilation at 4 cm. Mrs. Almeda is accompanied by her husband, who is supportive and actively participating in her care. The fetal heart rate is reassuring, and Mrs. Almeda is eager to have a vaginal delivery.

Question: What is the priority nursing action for Mrs. Almeda during the active phase of labor?

- C1:** Encourage Mrs. Almeda to practice breathing techniques and provide emotional support.
- C2:** Administer pain medication to Mrs. Almeda to alleviate discomfort.
- C3:** Perform a vaginal examination to assess cervical dilation and effacement

- C4:** Prepare the delivery room for the imminent birth of the baby

Explanations and rationales for the different answer options

C1 E/R: The priority nursing action during the active phase of labor is to provide emotional support and encourage the patient to practice breathing techniques to help her cope with labor pain and maintain a sense of control.

C2 E/R: Administering pain medication may be necessary but is not the priority during the active phase of labor when supporting the patient emotionally and physically is crucial.

C3 E/R: While assessing cervical dilation is important, providing emotional support and comfort measures take precedence during the active phase of labor.

C4 E/R: Preparing the delivery room is essential but not the immediate priority during the active phase of labor when focusing on the patient's emotional and physical well-being is crucial.

Type of Question: Clinical Scenario



Introduction: In maternal and child health nursing, providing care and support to women during labor and delivery is crucial for ensuring a positive birthing experience. Understanding the priority nursing actions during different phases of labor is essential to promote maternal and fetal well-being.

Test Taking Strategy: When answering questions related to labor and delivery, prioritize the patient's emotional and physical well-being. Consider the stage of labor and the immediate needs of the patient to determine the most appropriate nursing action.

Take Home Message: The priority nursing action during the active phase of labor is to provide emotional support, encourage breathing techniques, and promote comfort measures to enhance the patient's coping abilities and promote a positive birthing experience.

Reference: Maternal & Child Health Nursing: Care of the Childbearing & Childrearing Family, Adele Pillitteri, PhD, RN, PNP, 6th Edition,
Page: 343

Philippine-Specific References: In the Philippines, providing holistic care to laboring women and involving their families in the birthing process is a common practice in maternity care settings.

Scenario Overview: Mrs. Almeda, a 32-year-old pregnant woman in active labor at 38 weeks gestation, requires supportive care and encouragement during the active phase of labor. Her husband is present and supportive, and the fetal heart rate is reassuring.

Nursing Knowledge: Understanding the needs of laboring women, including emotional support, pain management, and comfort measures, is essential in maternal and child health nursing. Prioritizing the patient's well-being during labor and delivery contributes to a positive birth experience.

Application: This question requires the test-taker to apply their knowledge of labor and delivery nursing to prioritize the nursing actions that promote the well-being of a woman in active labor. By recognizing the importance of emotional support and comfort measures, the test-taker can provide optimal care to the patient.

Nursing Actions: Providing emotional support, encouraging breathing techniques, and promoting comfort measures are essential nursing actions during the active phase of labor to enhance the patient's coping abilities and promote a positive birthing experience.



Context: NCM 107\Maternal and Child Health Nursing\Unit 3: The Nursing Role in Caring for Families During Normal Pregnancy, Birth, the Postpartum, and Newborn Period\Chapter 17: Nursing Care of a Postpartal Family\Psychological Changes Of The Postpartal Period

Clinical Scenario: Mrs. Agbayani, a 32-year-old woman who recently gave birth, is experiencing emotional lability, tearfulness, and feelings of inadequacy. She expresses concerns about her ability to care for her newborn and feels overwhelmed with the new responsibilities. Mrs. Agbayani is tearful during interactions with healthcare providers and expresses guilt over not feeling as joyful as she expected after giving birth.

Question: Which nursing intervention is most appropriate for addressing Mrs. Agbayani's emotional concerns during the postpartum period ?

C1: Encourage Mrs. Agbayani to verbalize her feelings and concerns in a safe and nonjudgmental environment.

C2: Provide Mrs. Agbayani with a list of self-help books to read on managing postpartum emotions.

C3: Advise Mrs. Agbayani to focus on caring for her newborn and avoid discussing her emotional struggles.

C4: Recommend Mrs. Agbayani to ignore her emotions and focus on household chores to distract herself.

Explanations and rationales for the different answer options

C1 E/R: Encouraging Mrs. Agbayani to verbalize her feelings and concerns in a safe and nonjudgmental environment allows her to express her emotions, receive validation, and seek appropriate support. This intervention promotes emotional processing and helps her feel understood and supported during this challenging time.

C2 E/R: Providing a list of self-help books may be beneficial, but it does not address Mrs. Agbayani's immediate need for emotional support and validation. Reading self-help books may not provide the same level of emotional connection and understanding as discussing her feelings with a supportive individual.

C3 E/R: Advising Mrs. Agbayani to focus solely on caring for her newborn and avoid discussing her emotional struggles dismisses her valid feelings and may



contribute to increased emotional distress. It is essential to address her emotional concerns to promote her overall well-being.

C4 E/R: Recommending Mrs. Agbayani to ignore her emotions and focus on household chores as a distraction may lead to emotional suppression and neglect of her mental health needs. Ignoring her feelings can exacerbate emotional distress and hinder her ability to cope effectively.

Type of Question: Clinical Scenario

Introduction: Postpartum emotional support is crucial in promoting the well-being of new mothers as they navigate the challenges of motherhood and adjust to the emotional changes during the postpartum period. Providing a safe space for mothers to express their feelings and concerns is essential for promoting emotional health and resilience.

Test Taking Strategy: When answering this question, focus on selecting the nursing intervention that addresses Mrs. Agbayani's emotional concerns in a supportive and empathetic manner. Consider the importance of therapeutic communication and creating a safe environment for her to express her feelings without judgment.

Take Home Message: Supporting new mothers through postpartum emotional challenges involves creating a safe space for them to express their feelings and concerns, promoting emotional well-being and maternal resilience.

Reference: Maternal & Child Health Nursing: Care of the Childbearing & Childrearing Family, Adele Pillitteri, PhD, RN, PNP, 6th Edition, Page: 417

Philippine-Specific References: In the Philippines, postpartum emotional support is essential for new mothers, given the cultural emphasis on family and community care. Recognizing and addressing maternal mental health concerns can improve outcomes for both mothers and their newborns.

Scenario Overview: Mrs. Agbayani, a new mother experiencing emotional lability and feelings of inadequacy during the postpartum period, requires nursing intervention to address her emotional concerns. Supporting her in verbalizing her feelings in a nonjudgmental environment can help validate her emotions and provide the necessary emotional support.

Nursing Knowledge: Understanding the importance of postpartum emotional support, therapeutic communication, and mental health assessment in promoting the well-being



of new mothers during the postpartum period.

Application: This question requires the test-taker to apply their knowledge of providing emotional support to new mothers experiencing postpartum emotional challenges. By selecting the most appropriate nursing intervention, the test-taker demonstrates their understanding of therapeutic communication and the importance of addressing maternal emotional well-being.

Signs & Symptoms: Emotional lability, tearfulness, feelings of inadequacy, guilt, overwhelmed with new responsibilities

Nursing Actions: Provide emotional support, encourage verbalization of feelings, assess for postpartum depression, refer for counseling if needed

Nursing Assessment: Assess Mrs. Agbayani's emotional state, including her mood, affect, and expressions of guilt or inadequacy. Use therapeutic communication to explore her feelings and concerns in a supportive manner.

Nursing Diagnosis: Risk for impaired maternal attachment related to postpartum emotional challenges

Medical Diagnosis: Postpartum emotional distress

Medical Treatment: Psychological counseling, support groups, medication for postpartum depression if indicated



Context: NCM 107\Maternal and Child Health Nursing\Unit 3: The Nursing Role in Caring for Families During Normal Pregnancy, Birth, the Postpartum, and Newborn Period\Chapter 12: Promoting Fetal and Maternal Health\Preventing Fetal Exposure To Teratogens

Clinical Scenario: Mrs. Tayag, a 32-year-old pregnant woman in her second trimester, visits the clinic for a prenatal check-up. She mentions that she accidentally took a medication that is known to be a teratogen. She is concerned about the potential effects on her developing fetus.

Question: As the nurse caring for Mrs. Tayag, what is the most appropriate action to take regarding the accidental teratogen exposure ?

C1: Educate Mrs. Tayag about the potential risks of teratogen exposure during pregnancy and discuss the importance of informing her healthcare provider about any medications taken.

C2: Reassure Mrs. Tayag that accidental teratogen exposure is common and usually does not cause harm to the fetus.

C3: Advise Mrs. Tayag to stop all prenatal vitamins and medications immediately to prevent further harm to the fetus.

C4: Ignore Mrs. Tayag's concerns as teratogen exposure rarely causes any significant effects on the developing fetus.

Explanations and rationales for the different answer options

C1 E/R: The most appropriate action is to educate Mrs. Tayag about the potential risks of teratogen exposure during pregnancy. It is essential to discuss the importance of informing her healthcare provider about any medications taken to assess the potential impact on the fetus and provide appropriate care.

C2 E/R: Reassuring Mrs. Tayag without providing further information or follow-up may lead to underestimating the potential risks of teratogen exposure during pregnancy, which could have adverse effects on the fetus.

C3 E/R: Advising Mrs. Tayag to stop all prenatal vitamins and medications without proper assessment and guidance from a healthcare provider may lead to unintended consequences and harm to both the mother and the fetus.



C4 E/R: Ignoring Mrs. Tayag's concerns and dismissing the potential risks of teratogen exposure during pregnancy can result in missed opportunities for early intervention and prevention of harm to the developing fetus.

Type of Question: Clinical Scenario

Introduction: Teratogens are substances that can interfere with normal fetal development and cause birth defects. Accidental exposure to teratogens during pregnancy can have serious consequences for the developing fetus. As a nurse, it is crucial to educate pregnant women about the risks of teratogen exposure and the importance of timely reporting any medication intake to ensure the best possible outcomes for both the mother and the baby.

Test Taking Strategy: When answering this question, remember the importance of patient education and communication in maternal and child health nursing. Always prioritize providing accurate information and support to pregnant women facing concerns about potential risks to their fetus.

Take Home Message: Educating pregnant women about the risks of teratogen exposure and the importance of timely reporting any medication intake is crucial in ensuring the safety and well-being of both the mother and the developing fetus. As a nurse, it is essential to provide accurate information, support, and guidance to pregnant women facing concerns about potential risks to their pregnancy.

Reference: Maternal & Child Health Nursing: Care of the Childbearing & Childrearing Family, Adele Pillitteri, PhD, RN, PNP, 6th Edition, Page: 288

Philippine-Specific References: Include information on the Philippine Food and Drug Administration's guidelines on teratogen exposure and reporting requirements for pregnant women.

Scenario Overview: Mrs. Tayag, a pregnant woman in her second trimester, is worried about accidentally taking a teratogenic medication. As her nurse, it is essential to address her concerns, educate her about the risks of teratogen exposure during pregnancy, and emphasize the importance of informing healthcare providers about any medication intake.

Nursing Knowledge: Understanding the impact of teratogen exposure on fetal development, the importance of patient education in prenatal care, and the role of the nurse in supporting pregnant women facing medication-related concerns.



Application: This question requires the test-taker to apply their knowledge of teratogen exposure during pregnancy and the nursing role in educating and supporting pregnant women. By choosing the most appropriate action, the nurse can ensure the safety and well-being of both the mother and the developing fetus.

Pathophysiology: Teratogens are substances that can disrupt the normal development of the embryo or fetus, leading to congenital malformations or birth defects.

Signs & Symptoms: The signs and symptoms of teratogen exposure may vary depending on the specific substance involved but can include structural abnormalities, growth retardation, and functional deficits in the developing fetus.

Nursing Actions: Nursing actions include educating the patient about teratogen risks, encouraging open communication with healthcare providers, providing emotional support, and collaborating with the healthcare team to ensure the best possible outcomes for the mother and the fetus.

Nursing Assessment: The nurse should assess the patient's history of medication intake, including any accidental exposures to teratogens. It is essential to gather information on the timing and dosage of the exposure to determine the potential risks to the fetus.

Nursing Diagnosis: Nursing diagnoses may include Risk for Injury to the Fetus related to teratogen exposure, Knowledge Deficit regarding teratogen risks and prevention, and Anxiety related to concerns about fetal health.

Medical Diagnosis: The medical diagnosis may involve assessing the potential impact of teratogen exposure on the developing fetus and monitoring for any signs of congenital anomalies or developmental delays.

Medical Treatment: Medical treatment may involve close monitoring of fetal development through ultrasound examinations, genetic counseling, and potential interventions to address any identified congenital anomalies.



Context: NCM 107\Maternal and Child Health Nursing\Unit 3: The Nursing Role in Caring for Families During Normal Pregnancy, Birth, the Postpartum, and Newborn Period\Chapter 14: Preparing a Family for Childbirth and Parenting\Key Terms

Clinical Scenario: Mrs. Abaya, a 32-year-old pregnant woman in her third trimester, presents to the antenatal clinic for a routine check-up. She is a primigravida and expresses concerns about the upcoming childbirth and her ability to care for her newborn. Mrs. Abaya is eager to learn about the labor process, pain management options, and postpartum care for both herself and her baby.

Question: As the nurse providing care for Mrs. Abaya, which intervention would be most appropriate to address her concerns and prepare her for childbirth and parenting?

C1: Conduct a childbirth education class to discuss the stages of labor, pain relief techniques, and newborn care

C2: Provide Mrs. Abaya with brochures on parenting and childbirth without further discussion.

C3: Refer Mrs. Abaya to a social worker for additional emotional support.

C4: Advise Mrs. Abaya to rely solely on her instincts as a mother during labor and postpartum.

Explanations and rationales for the different answer options

C1 E/R: Conducting a childbirth education class will empower Mrs. Abaya with knowledge about the labor process, pain management options, and newborn care, helping her feel more prepared and confident for childbirth and parenting.

C2 E/R: Providing brochures without further discussion may not address Mrs. Abaya's specific concerns or provide her with the opportunity to ask questions and clarify doubts.

C3 E/R: Referring Mrs. Abaya to a social worker may be beneficial for emotional support but may not directly address her informational needs regarding childbirth and parenting.

C4 E/R: Advising Mrs. Abaya to rely solely on her instincts may overlook the importance of education and preparation in ensuring a positive childbirth



experience and effective parenting.

Type of Question: Clinical Scenario

Introduction: Maternal and Child Health Nursing involves preparing expectant mothers for childbirth and parenting to ensure a positive experience and optimal care for both the mother and newborn.

Test Taking Strategy: When selecting the most appropriate intervention for a pregnant woman's concerns about childbirth and parenting, prioritize options that provide educational support and address specific informational needs to promote confidence and preparedness.

Take Home Message: Childbirth education and parenting preparation are essential components of antenatal care to empower expectant mothers like Mrs. Abaya for a positive childbirth experience and effective parenting.

Reference: Maternal & Child Health Nursing: Care of the Childbearing & Childrearing Family, Adele Pillitteri, PhD, RN, PNP, 6th Edition, Page: 322

Philippine-Specific References: Incorporate local childbirth education resources, cultural beliefs, and traditional practices that may influence Filipino women's perceptions of childbirth and parenting.

Scenario Overview: Mrs. Abaya, a primigravida in her third trimester, seeks guidance on childbirth and parenting. As her nurse, it is essential to offer tailored education on labor stages, pain relief, and newborn care to empower her for the upcoming experiences.

Nursing Knowledge: The question assesses the nurse's ability to provide appropriate childbirth education and parenting preparation to address the concerns of a pregnant woman in her third trimester.

Application: The scenario requires the nurse to apply knowledge of childbirth education and parenting preparation to support Mrs. Abaya's needs and promote her confidence and readiness for childbirth and parenting.

Nursing Actions: Provide childbirth education, Discuss pain relief techniques, Educate on newborn care



Context: NCM 107\Maternal and Child Health Nursing\Unit 3: The Nursing Role in Caring for Families During Normal Pregnancy, Birth, the Postpartum, and Newborn Period\Chapter 15: Nursing Care of a Family During Labor and Birth\Key Terms

Clinical Scenario: Mrs. Dela Cruz, a 32-year-old primigravida at 38 weeks gestation, is admitted to the labor and delivery unit in active labor. She is experiencing regular contractions, 3-4 minutes apart, lasting 60 seconds each. Mrs. Dela Cruz is anxious but coping well with breathing techniques and support from her husband. The fetal heart rate is reassuring, and she is progressing in labor.

Question: What is the priority nursing action for Mrs. Dela Cruz during the active phase of labor?

- C1:** Monitor the progress of labor by assessing cervical dilation and effacement
- C2:** Encourage Mrs. Dela Cruz to push with contractions to facilitate the descent of the fetus.
- C3:** Administer pain relief medication to Mrs. Dela Cruz to alleviate discomfort.

- C4:** Prepare Mrs. Dela Cruz for an emergency cesarean section due to prolonged labor.

Explanations and rationales for the different answer options

C1 E/R: The priority nursing action during the active phase of labor is to monitor the progress of labor by assessing cervical dilation and effacement. This information helps determine the stage of labor and guides further interventions.

C2 E/R: Encouraging pushing with contractions is appropriate during the second stage of labor, not the active phase.

C3 E/R: Pain relief medication may be considered based on Mrs. Dela Cruz's pain level, but it is not the priority nursing action during the active phase of labor.

C4 E/R: Emergency cesarean section is not indicated during the active phase of labor unless there are complications that necessitate immediate intervention.

Type of Question: Clinical Scenario



Introduction: Understanding the priorities in nursing care during labor and delivery is crucial to ensure the safety and well-being of both the mother and the newborn. In the active phase of labor, specific assessments and interventions are essential to monitor progress and provide appropriate support.

Test Taking Strategy: When answering questions about labor and delivery, remember to prioritize assessments and interventions based on the stage of labor. Focus on the immediate needs of the mother and the fetus to determine the most appropriate nursing action.

Take Home Message: During the active phase of labor, the priority nursing action is to monitor the progress of labor by assessing cervical dilation and effacement. This assessment guides further interventions and ensures safe delivery for both the mother and the newborn.

Reference: Maternal & Child Health Nursing: Care of the Childbearing & Childrearing Family, Adele Pillitteri, PhD, RN, PNP, 6th Edition,
Page: 343

Philippine-Specific References: In the Philippines, midwives play a significant role in providing care during labor and delivery, working closely with obstetricians to ensure safe outcomes for mothers and newborns.

Scenario Overview: Mrs. Dela Cruz, a primigravida at 38 weeks gestation, is in active labor with regular contractions. She is coping well but requires monitoring and support to progress through labor safely.

Nursing Knowledge: The key nursing concepts being assessed in this question include the prioritization of nursing actions during the active phase of labor, understanding the stages of labor, and the importance of continuous assessment in maternal and child health nursing.

Application: This question requires the test-taker to apply their knowledge of labor and delivery nursing to determine the priority action for a patient in active labor. By understanding the specific needs of the mother during this stage, the nurse can provide effective care and support.

Nursing Actions: Monitoring progress of labor, providing emotional support, assisting with comfort measures, encouraging position changes, facilitating communication between the mother and healthcare team.

Nursing Assessment: Monitoring cervical dilation and effacement, assessing fetal heart rate, evaluating maternal coping mechanisms, observing contraction pattern and intensity.



Context: NCM 107\Maternal and Child Health Nursing\Unit 3: The Nursing Role in Caring for Families During Normal Pregnancy, Birth, the Postpartum, and Newborn Period\Chapter 15: Nursing Care of a Family During Labor and Birth\Unique Concerns Of A Woman In Labor

Clinical Scenario: Mrs. Mendoza, a 32-year-old pregnant woman at 39 weeks gestation, arrives at the labor and delivery unit with contractions every 5 minutes lasting 45-60 seconds. She is a G2P1 (2 pregnancies, 1 living child) and has a history of a previous cesarean section. Mrs. Mendoza is anxious about the labor process and expresses her desire for a vaginal birth after cesarean (VBAC). She is accompanied by her husband, who is supportive of her decision.

Question: What is the priority nursing action for Mrs. Mendoza during the active phase of labor?

- C1:** Assess the fetal heart rate and uterine contractions
- C2:** Provide emotional support and encouragement
- C3:** Administer pain relief medication as ordered

- C4:** Prepare the patient for an emergency cesarean section

Explanations and rationales for the different answer options

C1 E/R: Assessing the fetal heart rate and uterine contractions is essential to monitor the well-being of the fetus and the progress of labor. This information helps in identifying any signs of fetal distress or abnormalities, guiding further interventions.

C2 E/R: While emotional support and encouragement are important during labor, the priority at this stage is to ensure the safety and well-being of both the mother and the baby through continuous monitoring.

C3 E/R: Administering pain relief medication may be necessary, but assessing the fetal well-being and progress of labor take precedence in ensuring a safe delivery.

C4 E/R: While preparing for a potential cesarean section is important, it should not be the immediate priority unless there are indications of fetal distress or complications that necessitate urgent intervention.



Type of Question: Clinical Scenario

Introduction: The active phase of labor is a critical period where continuous monitoring of the mother and fetus is essential to ensure a safe delivery process. Nursing actions during this phase play a crucial role in promoting positive outcomes for both the mother and the newborn.

Test Taking Strategy: When answering this question, remember that the priority in labor and delivery is always the assessment of fetal well-being and progress of labor. Focus on interventions that directly impact the safety and health of the mother and the baby.

Take Home Message: During the active phase of labor, the priority nursing action is to assess the fetal heart rate and uterine contractions to monitor the progress of labor and ensure the safety of both the mother and the newborn. Prioritizing fetal monitoring helps in early identification of any signs of distress or complications, guiding appropriate interventions for a successful delivery.

Reference: Maternal & Child Health Nursing: Care of the Childbearing & Childrearing Family, Adele Pillitteri, PhD, RN, PNP, 6th Edition, Page: 392

Philippine-Specific References: In the Philippines, VBAC is a common consideration for women who have had a previous cesarean section. Nurses play a vital role in supporting women through the labor process and advocating for their birth preferences within safe parameters.

Scenario Overview: Mrs. Mendoza, a pregnant woman at 39 weeks gestation with a history of a previous cesarean section, is in the active phase of labor. She desires a VBAC and is accompanied by her supportive husband. As her nurse, it is crucial to prioritize actions that ensure the safety and well-being of both the mother and the fetus.

Nursing Knowledge: This question evaluates the nurse's understanding of the priority actions during the active phase of labor, focusing on fetal monitoring, assessment, and ensuring a safe delivery for both the mother and the newborn.

Application: The test-taker is required to apply their knowledge of maternal and child health nursing to prioritize nursing actions that promote the well-being of the mother and the fetus during the active phase of labor.

Nursing Actions: The priority nursing action during the active phase of labor includes continuous assessment of the fetal heart rate and uterine contractions to monitor the progress of labor and ensure the well-being of both the mother and the baby.

Nursing Assessment: Assessing the fetal heart rate, uterine contractions, maternal vital



signs, and progress of labor are essential components of nursing assessment during the active phase of labor.



Context: NCM 107\Maternal and Child Health Nursing\Unit 3: The Nursing Role in Caring for Families During Normal Pregnancy, Birth, the Postpartum, and Newborn Period\Chapter 17: Nursing Care of a Postpartal Family\References

Clinical Scenario: Mrs. Amores, a 32-year-old G3P2 postpartum mother, presents to the clinic for a routine check-up following the birth of her newborn. She delivered a healthy baby girl via spontaneous vaginal delivery three days ago. Mrs. Amores reports feeling fatigued and experiencing mild afterpains. She is breastfeeding her newborn and expresses concerns about her milk supply.

Question: Which nursing action is most appropriate to address Mrs. Amores' concern about her milk supply following childbirth?

- C1:** Educate Mrs. Amores on the importance of frequent breastfeeding to stimulate milk production.
- C2:** Suggest Mrs. Amores switch to formula feeding to ensure her newborn receives adequate nutrition.
- C3:** Advise Mrs. Amores to limit breastfeeding sessions to every 4 hours to allow her body to rest.

- C4:** Recommend Mrs. Amores start pumping breastmilk to increase her milk supply.

Explanations and rationales for the different answer options

C1 E/R: The correct nursing action is to educate Mrs. Amores on the importance of frequent breastfeeding to stimulate milk production. Breastfeeding on demand helps establish milk supply and ensures the newborn receives essential nutrients.

C2 E/R: Switching to formula feeding is not recommended as it may decrease milk supply and hinder the establishment of breastfeeding.

C3 E/R: Limiting breastfeeding sessions to every 4 hours can lead to decreased milk supply and may not meet the newborn's nutritional needs.

C4 E/R: While pumping breastmilk can help increase milk supply, it is essential to prioritize direct breastfeeding to enhance maternal-infant bonding and milk production.



Type of Question: Clinical Scenario

Introduction: Maternal and Child Health Nursing encompasses the care of women during pregnancy, childbirth, and the postpartum period, as well as the health and well-being of newborns. Breastfeeding plays a crucial role in providing optimal nutrition and bonding between mothers and infants.

Test Taking Strategy: When answering questions related to postpartum care and breastfeeding, prioritize interventions that promote successful breastfeeding and maternal well-being. Understanding the importance of breastfeeding frequency and education in stimulating milk production is key to providing effective care.

Take Home Message: Providing education and support to postpartum mothers regarding breastfeeding techniques and milk supply stimulation is essential in promoting successful breastfeeding and maternal-infant bonding.

Reference: Maternal & Child Health Nursing: Care of the Childbearing & Childrearing Family, Adele Pillitteri, PhD, RN, PNP, 6th Edition, Page: 445

Philippine-Specific References: Incorporate local breastfeeding practices, cultural beliefs, and support systems in the Philippines to enhance the care provided to postpartum mothers like Mrs. Amores.

Scenario Overview: Mrs. Amores, a postpartum mother, is seeking guidance on increasing her milk supply for breastfeeding her newborn. As a nurse, it is essential to provide education and support to help Mrs. Amores establish successful breastfeeding and ensure her newborn receives adequate nutrition.

Nursing Knowledge: Understanding the importance of frequent breastfeeding, proper latch techniques, milk supply stimulation, and maternal-infant bonding in postpartum care.

Application: This question requires the test-taker to apply their knowledge of postpartum care and breastfeeding principles to address a common concern among postpartum mothers regarding milk supply and breastfeeding success.

Signs & Symptoms: Fatigue, mild afterpains, concerns about milk supply

Nursing Actions: Educate on the importance of frequent breastfeeding, proper latch technique, encourage skin-to-skin contact, provide emotional support, refer to lactation consultant if needed.

Nursing Assessment: Assess breastfeeding technique, frequency of breastfeeding, maternal hydration and nutrition, maternal emotional well-being, signs of engorgement



or mastitis.

Nursing Diagnosis: Ineffective breastfeeding related to concerns about milk supply



Context: NCM 107\Maternal and Child Health Nursing\Unit 3: The Nursing Role in Caring for Families During Normal Pregnancy, Birth, the Postpartum, and Newborn Period\Chapter 13: Promoting Nutritional Health During Pregnancy\Objectives

Clinical Scenario: Mrs. Carpio, a 30-year-old pregnant woman at 28 weeks gestation, visits the antenatal clinic for her regular check-up. She expresses concerns about her weight gain during pregnancy and asks for advice on maintaining a healthy diet to support her and her baby's nutritional needs.

Question: Which nursing intervention is most appropriate to promote optimal nutritional health for Mrs. Carpio during her pregnancy?

C1: Educate Mrs. Carpio on the importance of consuming a balanced diet rich in nutrients essential for fetal growth and development.

C2: Advise Mrs. Carpio to limit her caloric intake to prevent excessive weight gain during pregnancy.

C3: Recommend Mrs. Carpio to skip meals to control her weight and avoid complications during pregnancy.

C4: Suggest Mrs. Carpio follow a strict diet plan to achieve rapid weight loss postpartum.

Explanations and rationales for the different answer options

C1 E/R: Providing education to Mrs. Carpio about the significance of a balanced diet ensures she understands the importance of meeting her and her baby's nutritional needs for optimal health and development during pregnancy.

C2 E/R: Limiting caloric intake can lead to nutrient deficiencies and inadequate fetal growth, which is not beneficial for Mrs. Carpio or her baby during pregnancy.

C3 E/R: Skipping meals can result in inadequate nutrition for both Mrs. Carpio and her baby, potentially leading to complications during pregnancy.

C4 E/R: Following a strict diet plan for rapid weight loss postpartum is not appropriate during pregnancy and may compromise both Mrs. Carpio's and her baby's health.

Type of Question: Clinical Scenario



Introduction: Proper nutrition during pregnancy is crucial for the health and well-being of both the mother and the developing fetus. Nurses play a vital role in educating pregnant women on maintaining a healthy diet to support optimal pregnancy outcomes.

Test Taking Strategy: When answering this question, focus on the importance of providing education to the pregnant woman about the benefits of a balanced diet during pregnancy. Remember that promoting optimal nutrition is essential for the well-being of both the mother and the developing baby.

Take Home Message: Providing education on the significance of a balanced diet during pregnancy is crucial for promoting optimal nutritional health for both the mother and the developing fetus.

Reference: Maternal & Child Health Nursing: Care of the Childbearing & Childrearing Family, Adele Pillitteri, PhD, RN, PNP, 6th Edition,
Page: 299

Philippine-Specific References: Incorporating the Department of Health's guidelines on maternal and child nutrition in the Philippines can provide culturally relevant information for pregnant women like Mrs. Carpio.

Scenario Overview: Mrs. Carpio, a 30-year-old pregnant woman at 28 weeks gestation, seeks advice on maintaining a healthy diet during pregnancy. As a nurse, it is essential to educate her on the importance of consuming a balanced diet rich in essential nutrients for fetal growth and development.

Nursing Knowledge: Nutritional requirements during pregnancy, patient education on healthy eating habits, antenatal care interventions

Application: This question requires the test-taker to apply their knowledge of promoting optimal nutritional health during pregnancy by choosing the most appropriate nursing intervention to support Mrs. Carpio's well-being and her baby's development.

Nursing Actions: Educate Mrs. Carpio on the importance of consuming a balanced diet rich in nutrients essential for fetal growth and development.



Context: NCM 107\Maternal and Child Health Nursing\Unit 3: The Nursing Role in Caring for Families During Normal Pregnancy, Birth, the Postpartum, and Newborn Period\Chapter 14: Preparing a Family for Childbirth and Parenting\The Birth Setting

Clinical Scenario: Mrs. Almeda, a 32-year-old primigravida at 38 weeks gestation, is admitted to the labor and delivery unit in active labor. She is experiencing regular contractions every 3-5 minutes and is 4cm dilated. Mrs. Almeda is anxious but excited about the impending birth of her first child. The healthcare team is preparing her for childbirth, ensuring a safe and positive birthing experience.

Question: What is the priority nursing action for Mrs. Almeda during the active phase of labor?

- C1:** Monitor maternal vital signs and fetal heart rate continuously
- C2:** Encourage deep breathing and relaxation techniques
- C3:** Administer pain medication as prescribed

- C4:** Prepare the room for delivery

Explanations and rationales for the different answer options

C1 E/R: Monitoring maternal vital signs and fetal heart rate continuously is crucial during the active phase of labor to ensure the well-being of both the mother and the baby. Changes in vital signs can indicate potential complications, and continuous monitoring allows for prompt intervention if needed.

C2 E/R: While encouraging deep breathing and relaxation techniques is beneficial for pain management during labor, it is not the priority action during the active phase when continuous monitoring is essential.

C3 E/R: Administering pain medication may be necessary based on the mother's pain level and preferences, but it is not the priority action during the active phase of labor.

C4 E/R: While preparing the room for delivery is important, ensuring continuous monitoring of maternal vital signs and fetal heart rate takes precedence during the active phase of labor.

Type of Question: Clinical Scenario



Introduction: In the context of childbirth and parenting, the active phase of labor requires specific nursing interventions to ensure the safety and well-being of both the mother and the baby. Understanding the priority actions during this critical phase is essential for providing optimal care.

Test Taking Strategy: When answering questions related to labor and delivery, prioritize actions that address the immediate needs of the mother and the baby. Continuous monitoring of vital signs and fetal heart rate is crucial during the active phase of labor to detect any deviations from normal and intervene promptly.

Take Home Message: The priority nursing action during the active phase of labor is to monitor maternal vital signs and fetal heart rate continuously to ensure the safety and well-being of both the mother and the baby. By prioritizing continuous monitoring, nurses can provide optimal care during this critical phase of childbirth.

Reference: Maternal & Child Health Nursing: Care of the Childbearing & Childrearing Family, Adele Pillitteri, PhD, RN, PNP, 6th Edition,
Page: 334

Philippine-Specific References: Philippine Nursing Licensure Examination (PNLE) emphasizes the importance of monitoring maternal and fetal well-being during labor and delivery to promote safe and effective care for Filipino mothers and newborns.

Scenario Overview: Mrs. Almeda, a 32-year-old primigravida in active labor at 38 weeks gestation, requires focused care during the active phase of labor. Continuous monitoring of her vital signs and fetal heart rate is essential to ensure a safe and positive birthing experience for both mother and baby.

Nursing Knowledge: Understanding the priority nursing actions during the active phase of labor, including continuous monitoring of maternal vital signs and fetal heart rate, is crucial in providing safe and effective care to laboring mothers.

Application: This question assesses the test-taker's ability to prioritize nursing actions during the active phase of labor based on the clinical scenario presented. By selecting the most appropriate response, the test-taker demonstrates comprehension of the essential nursing interventions during childbirth.

Nursing Actions: Continuous monitoring of maternal vital signs and fetal heart rate is essential during the active phase of labor to ensure timely detection of any complications and prompt intervention if needed.



Context: NCM 107\Maternal and Child Health Nursing\Unit 3: The Nursing Role in Caring for Families During Normal Pregnancy, Birth, the Postpartum, and Newborn Period\Chapter 15: Nursing Care of a Family During Labor and Birth\Maternal And Fetal Responses To Labor

Clinical Scenario: Mrs. Benitez, a 30-year-old pregnant woman at 38 weeks gestation, arrives at the labor and delivery unit with regular contractions every 5 minutes. She is a G2P1 (gravida 2, para 1) with a history of a previous cesarean section. Mrs. Benitez expresses anxiety about the labor process and is seeking reassurance from the healthcare team.

Question: As the nurse caring for Mrs. Benitez during labor, which nursing action should take the highest priority?

- C1:** a Assessing the fetal heart rate and pattern
- C2:** b Monitoring the frequency and duration of contractions
- C3:** c Providing emotional support and encouragement

- C4:** d Preparing the delivery room for the imminent birth

Explanations and rationales for the different answer options

C1 E/R: Assessing the fetal heart rate and pattern is the priority to ensure the well-being of the fetus during labor. Changes in the fetal heart rate can indicate distress and the need for immediate intervention.

C2 E/R: While monitoring the frequency and duration of contractions is important, assessing the fetal heart rate takes precedence in ensuring fetal well-being.

C3 E/R: Providing emotional support is essential, but ensuring fetal safety through fetal heart rate assessment is the priority.

C4 E/R: While preparing the delivery room is necessary, assessing the fetal heart rate is crucial for identifying any signs of fetal distress.

Type of Question: Clinical Scenario

Introduction: In maternal and child health nursing, the care provided during labor and



delivery is crucial for the well-being of both the mother and the fetus. Prioritizing nursing actions based on the patient's condition and potential risks is essential in ensuring optimal outcomes.

Test Taking Strategy: When faced with prioritization questions during labor and delivery scenarios, always consider the safety and well-being of the mother and fetus. Assessing the fetal heart rate is a critical step in identifying any signs of distress and guiding further interventions.

Take Home Message: When caring for a laboring woman, prioritizing fetal monitoring and assessment is crucial for ensuring the safety and well-being of both the mother and fetus.

Reference: Maternal & Child Health Nursing: Care of the Childbearing & Childrearing Family, Adele Pillitteri, PhD, RN, PNP, 6th Edition, Page: 362

Philippine-Specific References: Incorporate local protocols and guidelines for fetal monitoring and labor management in the Philippines to align with national standards of care.

Scenario Overview: Mrs. Benitez, a 30-year-old pregnant woman at 38 weeks gestation with a history of a previous cesarean section, is in labor with regular contractions. As her nurse, it is essential to prioritize actions that ensure the safety and well-being of both the mother and fetus.

Nursing Knowledge: Understanding the importance of fetal monitoring during labor, recognizing signs of fetal distress, and prioritizing nursing actions based on the patient's condition.

Application: This question requires the test-taker to apply their knowledge of labor and delivery nursing by prioritizing actions to ensure fetal safety and well-being during the labor process.

Nursing Actions: Prioritizing fetal monitoring, providing emotional support, encouraging maternal participation in labor, assessing maternal and fetal well-being, and collaborating with the healthcare team for optimal outcomes.

Nursing Assessment: Assessing the fetal heart rate and pattern, monitoring maternal vital signs, evaluating the progress of labor, and providing emotional support to the mother.

Nursing Diagnosis: Risk for fetal distress related to labor process, Anxiety related to labor and delivery.



Context: NCM 107\Maternal and Child Health Nursing\Unit 3: The Nursing Role in Caring for Families During Normal Pregnancy, Birth, the Postpartum, and Newborn Period\Chapter 17: Nursing Care of a Postpartal Family\Physiologic Changes Of The Postpartal Period

Clinical Scenario: Mrs. Abad, a 30-year-old woman, has recently given birth to a healthy baby boy. She is now in the postpartum period and experiencing various physiologic changes. As her nurse, you are tasked with providing comprehensive care and support during this critical time.

Question: What is the priority nursing action for Mrs. Abad during the postpartum period to promote optimal recovery and well-being?

- C1:** Encourage early ambulation and gentle exercises to prevent complications
- C2:** Administer pain medication regularly to manage discomfort effectively
- C3:** Instruct on proper perineal care and hygiene to prevent infection

- C4:** Educate on the importance of adequate hydration and nutrition for recovery

Explanations and rationales for the different answer options

C1 E/R: Encouraging early ambulation and gentle exercises is crucial in preventing complications such as blood clots and promoting circulation, aiding in the recovery process.

C2 E/R: Administering pain medication is important, but it is not the priority nursing action in promoting overall recovery during the postpartum period.

C3 E/R: Instructing on perineal care is essential, but it may not be the immediate priority compared to early ambulation to prevent complications.

C4 E/R: Educating on hydration and nutrition is important, but promoting early ambulation takes precedence in preventing complications and aiding recovery.

Type of Question: Clinical Scenario

Introduction: The postpartum period is a critical time for new mothers as they undergo various physiologic changes. Providing optimal care and support during this period is



essential for promoting recovery and well-being.

Test Taking Strategy: When approaching questions on postpartum care, prioritize interventions that prevent complications and promote recovery. Consider the immediate needs of the patient and focus on actions that have the most significant impact on overall well-being.

Take Home Message: Prioritizing early ambulation and gentle exercises in the postpartum period is essential for promoting optimal recovery and preventing complications for new mothers like Mrs. Abad. By focusing on interventions that support physical well-being, nurses can ensure comprehensive care during this critical time.

Reference: Maternal & Child Health Nursing: Care of the Childbearing & Childrearing Family, Adele Pillitteri, PhD, RN, PNP, 6th Edition, Page: 421

Philippine-Specific References: Incorporate local practices and cultural considerations in postpartum care to ensure culturally competent and effective nursing interventions for Filipino patients.

Scenario Overview: Mrs. Abad, a 30-year-old woman in the postpartum period, requires comprehensive nursing care to support her recovery after giving birth. As her nurse, it is essential to prioritize interventions that promote optimal well-being and prevent complications during this critical time.

Nursing Knowledge: Understanding postpartum physiologic changes, promoting early ambulation, preventing complications, patient education on recovery

Application: This question requires the test-taker to apply their knowledge of postpartum care and prioritize nursing actions to promote optimal recovery and well-being for the patient. By selecting the most appropriate intervention, the nurse can ensure Mrs. Abad's postpartum recovery is well-supported.

Pathophysiology: During the postpartum period, the body undergoes various physiologic changes, including involution of the uterus, changes in hormone levels, and adjustments in cardiovascular and respiratory systems to return to pre-pregnancy state.

Signs & Symptoms: Signs and symptoms of postpartum physiologic changes may include uterine contractions, lochia discharge, breast engorgement, and changes in emotional well-being.

Nursing Actions: Encourage early ambulation, provide pain management, educate on self-care, support breastfeeding, monitor for complications

Nursing Assessment: Nursing assessment during the postpartum period involves monitoring vital signs, assessing uterine involution, evaluating lochia characteristics,



supporting breastfeeding, and addressing emotional well-being.

Nursing Diagnosis: Risk for impaired mobility related to postpartum recovery

Medical Diagnosis: Postpartum recovery and adjustment

Medical Treatment: Supportive care, pain management, monitoring for complications

