

Nursing AMCB-CM

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Question: 1

A neonate, 2 days after birth, develops a generalized rash with erythematous papules, vesicles, and some pustules everywhere but on the palms and soles of feet. What is the most likely diagnosis?

- A. Erythema toxicum
- B. Neonatal pustular melanosis
- C. Cutis marmorata
- D. Epidermolysis bullosa

Answer: A

Explanation:

Erythema toxicum is a skin eruption of erythematous papules, vesicles, and sometimes pustules. Erythema toxicum is essentially benign and occurs in more than 50% of newborns. It is a generalized rash everywhere except the palms and soles of the feet, usually occurring 2-3 days after birth. Neonatal pustular melanosis is a benign rash (vesicles and macules) but not associated with erythema. Cutis marmorata is a disorder in which the infant's skin mottles or marbles when exposed to cold, because the superficial blood vessels dilate and contract at the same time. Epidermolysis bullosa (EB) comprises genetic blistering disorders in which friction or trauma to the skin causes blisters to form.

Question: 2

During delivery, shoulder dystocia is evident. The midwife's initial action should be to

- A. apply suprapubic pressure externally over the wedged shoulder.
- B. pull the posterior arm out of the birth canal.
- C. lift and hyperflex the woman's thighs (McRoberts maneuver).
- D. manually rotate the infants head and upper body.

Answer: C

Explanation:

Special precautions are indicated during delivery with shoulder dystocia. If meconium is noted, then the infants nose and mouth should be suctioned before the infants shoulders are delivered. There are four steps used to facilitate delivery. Do the McRoberts maneuver, in which the thighs are lifted and hyperflexed to elevate the pubic bone. Apply suprapubic pressure externally over the wedged shoulder while traction is continued. Manually rotate the infants head and upper body while continuing suprapubic pressure. Finally, pull the posterior arm out of the birth canal, flex the elbow, and deliver the forearm over the chest wall.

Question: 3

Ultrasound examination shows a woman has a partial placenta previa with the placenta to the margin of the cervical opening. The mid-wife should

- A. do a vaginal examination with a speculum.
- B. do a digital vaginal examination.
- C. do a follow-up exam in 2 weeks.
- D. refer to specialist.

Answer: D

Explanation:

The midwife should refer the woman to a specialist. Placenta previa occurs when the placenta implants over or near the internal cervical os. Implantation may be complete (covering the entire opening), partial, or marginal (to the edge of the cervical opening). Women with placenta previa have increased incidences of hemorrhage in the third trimester. Symptoms include painless bleeding after the 20th week of gestation. Diagnosis is per ultrasound. Vaginal examination with digit or speculum should be avoided. The condition may correct itself as the uterus expands, but bed rest may be needed. Emergency C-section is done for uncontrolled bleeding.

Question: 4

A neonate who was exposed to maternal herpes simplex virus (HSV). How should the neonate be treated?

- A. No treatment will be effective.
- B. Administer IV acyclovir.
- C. Administer topical acyclovir.
- D. Administer IV immunoglobulin.

Answer: B

Explanation:

Intravenous acyclovir is given to infants exposed to herpes virus. Most vertical transmissions occur when the neonate travels through a colonized birth canal. The transmission rate from women with a primary HSV infection is approximately 50%, while the transmission rate is 1-2% if the infection is a recurrence of HSV. Signs of a neonatal infection with HSV include the following: Skin, eye, and mucous membrane may blister at 10-12 days of life. Disseminated disease may spread to multiple organs, leading to pneumonitis, hepatitis, and intravascular coagulation. Encephalitis may be the only presentation, with signs of lethargy, irritability, poor feeding, and seizures.

Question: 5

When conducting a scalp stimulation test during labor, what is a normal fetal response?

- A. Increased heart rate by 5 bpm for 5 seconds
- B. Increased heart rate by 15 bpm for 15 seconds
- C. Decreased heart rate by 5 bpm for 5 seconds
- D. Decreased heart rate by 15 bpm for 15 seconds

Answer: B

Explanation:

The scalp stimulation test (SST) is a noninvasive method of assessing fetal status (as opposed to fetal scalp blood testing). If the fetus is not under distress, then a normal response is an increase in heart rate by 15 bpm for at least 15 seconds. Reactivity is associated with well-being of the fetus, but failure to react does not provide definitive evidence of compromise and must be confirmed by other measures. SST is conducted by applying firm pressure with the examining finger on the fetal scalp.

Question: 6

The fundal height is usually at the umbilicus at

- A. 16 weeks of gestation.
- B. 18 weeks of gestation.
- C. 20 weeks of gestation.
- D. 22 weeks of gestation.

Answer: C

Explanation:

The uterine fundus (curvature at the top) can be palpated above the symphysis pubis by about 10 to 12 weeks' gestation, and fundal height can be used to estimate duration of gestation and growth of the fetus. Starting at about 16 weeks' gestation and lasting until week 36, the fundal height (from top of symphysis pubis to top of fundus, measured in centimeters) usually conforms with the weeks of gestation, so 18 cm is consistent with 18 weeks' gestation in a pregnancy with a normal single fetus. At 20 weeks (20 cm), the fundus is usually at the umbilicus.

Question: 7

During labor, a woman's partner grasps the woman's upper arm tightly and rotates the skin outward, creating a burning sensation, during contractions. This is an example of

- A. abuse.
- B. touch relaxation.
- C. progressive relaxation.
- D. dissociation relaxation.

Answer: D

Explanation:

Dissociation relaxation teaches the mother to tighten just one set of voluntary muscles and relax the rest (neuromuscular dissociation) to prepare her to relax all voluntary muscles during uterine contractions. This technique uses discomfort to help the mother dissociate from the pain. For example, the partner may grasp the upper arms and rotate the skin outward to create a burning sensation. Then, the woman relaxes other muscles in a sequence of contracting, holding, and relaxing. The usual sequence is right arm, left arm, right leg, left leg, both arms, both legs, right arm and leg. and finally left arm and leg.

Question: 8

When assessing a woman's psychosocial changes during pregnancy, the midwife should expect a woman in the first trimester to be especially concerned about

- A. changing body image.
- B. miscarriage.
- C. sexual relations.
- D. congenital defects.

Answer: B

Explanation:

The first trimester can be considered a time of psychosocial crisis. The woman can experience a period of stress and anxiety, which can have a profound impact on her relationship with her partner or husband. Fears of miscarriage are not unusual. The midwife should provide factual information and reassurance. These concerns by the mother can be minimized by her partners involvement in the pregnancy, such as by accompanying her to Lamaze classes and prenatal visits.

Question: 9

When counseling a pregnant woman in the second trimester about nutrition, the midwife should generally advise the woman carrying a singleton to increase caloric intake by

- A. 300 kilocalories a day.
- B. 400 kilocalories a day.
- C. 600 kilocalories a day.
- D. 800 kilocalories a day.

Answer: A

Explanation:

Energy needs of the mother usually remain stable during the first trimester but an added 300 kilocalories a day are needed during the second and third trimester for a singleton and 600 kilocalories a

day for twins. Generally, a pregnant woman requires about 60 g of protein daily and 4 to 5 cups of milk (or equivalent). Diet should include 2 to 4 servings of fruit and 3 to 5 servings of vegetables. Simple carbohydrates (sugar, flour) should be limited and replaced by whole grains, which are high in B vitamins. Fat should constitute about 30% of total caloric intake.

Question: 10

When assessing fetal position, which designated landmark is used for breech presentations?

- A. Occiput
- B. Mentum
- C. Acromion process
- D. Sacrum

Answer: D

Explanation:

The designated landmark for breech presentations is the sacrum (S), for vertex presentations the occiput (O), for face presentations the mentum (M), and for shoulder presentations the acromion process (A). Fetal position is determined by the relationship of the presenting fetal part (designated landmark) to the maternal pelvis. When describing position, three different notations are required:

- Right or left (R or L) side of maternal pelvis
- Landmark designation (S, O, M, or A)
- Position of landmark in relation to pelvis: anterior (A), posterior (P) or transverse (T)

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