Maternal & Child Nursing (Baccalaureate)

CREDIT HOURS
8

LEVEL
UPPER
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Before You Choose
This UExcel Exam

Uses for the Examination

- Excelsior College, the test developer, recommends granting eight (8) semester hours of upper-level undergraduate credit to students who receive a letter grade of C or higher on this examination. This recommendation is endorsed by the American Council on Education. Please note that the exam is not applicable toward a nursing degree at Excelsior College.

- Other colleges and universities also recognize this exam as a basis for granting credit or advanced standing.

- Individual institutions set their own policies for the amount of credit awarded and the minimum acceptable grade.

Exam-takers who have applied to Excelsior College should ask their academic advisor where this exam fits within their degree program.

Exam-takers not enrolled in an Excelsior College degree program should check with the institution from which they wish to receive credit to determine whether credit will be granted and/or to find out the minimum grade required for credit. Those who intend to enroll at Excelsior College should ask an admissions counselor where this exam fits within their intended degree program.

Examination Length and Scoring

The examination consists of approximately 160 questions, most of which are multiple choice; for samples of all the item types on this exam, see the sample items in the back of this guide. Some items are unscored, pretest items. The pretest items are embedded throughout the exam and are indistinguishable from the scored items. You will have three (3) hours to complete the examination. Your score will be reported as a letter grade.

UExcel Exam Resources

Excelsior College Bookstore

The Excelsior College Bookstore offers recommended textbooks and other resources to help you prepare for UExcel exams.

The bookstore is available online at: www.excelsior.edu/bookstore

UExcel Practice Exams

The official UExcel practice exams are highly recommended as part of your study plan. Once you register for your UExcel exam, you are eligible to purchase the corresponding practice exam, which can be taken using any computer with a supported Web browser. Each practice exam includes two forms that you may take within a 180-day period.
Excelsior College Library

Enrolled Excelsior College students can access millions of authoritative resources online through the Excelsior College Library. Created through our partnership with the Sheridan Libraries of The Johns Hopkins University, the library provides access to journal articles, books, websites, databases, reference services, and many other resources. Special library pages relate to the nursing degree exams and other selected exams. To access it, visit www.excelsior.edu/library (login is required).

Our library provides:

- 24/7 availability
- The world’s most current authoritative resources
- Help and support from staff librarians

Online Tutoring

Excelsior College offers online tutoring through SMARTTHINKING™ to connect with tutors who have been trained in a variety of academic subjects. To access SMARTTHINKING, go to www.excelsior.edu/smarthinking. Once there, you may download a copy of the SMARTTHINKING Student Handbook as a PDF.

MyExcelsior Community

MyExcelsior Community enables Excelsior College students and alumni to interact with their peers online. As members, students can participate in real-time chat groups, join online study groups, buy and sell used textbooks, and share Internet resources. Enrolled students have automatic access from their MyExcelsior page. Visit www.excelsior.edu/myexcelsiorcommunity.

Preparing for UExcel Exams

How Long Will It Take Me to Study?

A UExcel exam enables you to show that you’ve learned material comparable to one or more 15-week college-level courses. As an independent learner, you should study and review as much as you would for a college course. For a 3-credit course in a subject they don’t know, most students would be expected to study nine hours per week for 15 weeks, for a total of 135 hours.

Study Tips

Become an active user of the resource materials. Aim for understanding rather than memorization. The more active you are when you study, the more likely you will be to retain, understand, and apply the information.

The following techniques are generally considered to be “active learning”:

- **preview or survey** each chapter
- **highlight or underline text** you believe is important
- **write questions or comments** in the margins
- **practice re-stating content** in your own words
- **relate what you are reading** to the chapter title, section headings, and other organizing elements of the textbook
- **find ways to engage** your eyes, your ears, and your muscles, as well as your brain, in your studies
- **study with a partner or a small group** (if you are an enrolled student, search for partners on MyExcelsior Community)
- **prepare your review notes** as flashcards or create recordings that you can use while commuting or exercising

When you feel confident that you understand a content area, review what you have learned. Take a second look at the material to evaluate your understanding. If you have a study partner, the two of you can review by explaining the content to each other or writing test questions for each other to answer. Review questions from textbook chapters may be helpful for partner or individual study, as well.

Using UExcel Practice Exams

We recommend taking the first form of the practice exam when you begin studying, to see how much you already know. After taking the first practice exam, check your performance on each question and find out why your answer was right or wrong. This feedback will help you improve your knowledge of the subject and identify areas of weakness that you should address before taking the exam. Take the second form of the practice exam after you have finished studying. Analyze your results to identify the areas that you still need to review.
Although there is no guarantee, our research suggests that students who do well on the practice exams are more likely to pass the actual exam than those who do not do well (or do not take advantage of this opportunity).

**About Test Preparation Services**

Preparation for UExcel® exams and Excelsior College® Examinations, though based on independent study, is supported by Excelsior College with a comprehensive set of exam learning resources and services designed to help you succeed. These learning resources are prepared by Excelsior College so you can be assured that they are current and cover the content you are expected to master for the exams. These resources, and your desire to learn, are usually all that you will need to succeed.

There are test-preparation companies that will offer to help you study for our examinations. Some may imply a relationship with Excelsior College and/or make claims that their products and services are all that you need to prepare for our examinations.

Excelsior College is not affiliated with any test preparation firm and does not endorse the products or services of these companies. No test preparation vendor is authorized to provide admissions counseling or academic advising services, or to collect any payments, on behalf of Excelsior College. Excelsior College does not send authorized representatives to a student’s home nor does it review the materials provided by test preparation companies for content or compatibility with Excelsior College examinations.

To help you become a well-informed consumer, we suggest that before you make any purchase decision regarding study materials provided by organizations other than Excelsior College, you consider the points outlined on our website at [www.excelsior.edu/testprep](http://www.excelsior.edu/testprep).

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**Preparing for This Exam**

**Using the Content Outline**

Each content area in the outline includes (1) the recommended minimum hours of study to devote to that content area and (2) the most important sections of the recommended resources for that area. These annotations are not intended to be comprehensive. You may need to refer to other chapters in the recommended textbooks. *Chapter numbers and titles may differ in other editions.*

This content outline contains examples of the types of information you should study. Although these examples are numerous, do not assume that everything on the exam will come from these examples. Conversely, do not expect that every detail you study will appear on the exam. Any exam is only a broad sample of all the questions that could be asked about the subject matter.

**Using the Sample Questions and Rationales**

Each content guide provides sample questions to illustrate those typically found on the exam. These questions are intended to give you an idea of the level of knowledge expected and the way questions are typically phrased. The sample questions do not sample the entire content of the exam and are not intended to serve as an entire practice test.
Recommended Resources for the UExcel Exam in Maternal & Child Nursing (baccalaureate)

The study materials listed below are recommended by Excelsior College as the most appropriate resources to help you study for the examination. For information on ordering from the Excelsior College Bookstore, see page 1 of this guide. You may also find resource materials in college libraries. Public libraries may have some of the textbooks or may be able to obtain them through an interlibrary loan program.

You should allow sufficient time to obtain resources and to study before taking the exam.

Textbooks

These textbooks were used by the examination development committee to verify all questions on the exam. These study materials may be purchased from the Excelsior College Bookstore.

www.excelsior.edu/bookstore

The examination development committee recommends that you obtain both of the resources listed below:


This text covers theoretical and therapeutic interventions for the child within the context of normal growth and development and family interaction, as well as deviations from normal system functioning. The text provides broad coverage of individual, family, and community influences on health/illness states. Key terms are highlighted throughout the text. A study guide is available.

AND


This text covers theoretical and therapeutic nursing foundations in the care of the childbearing woman and her family. It provides broad coverage of family needs within the context of normal as well as abnormal adaptation. Critical thinking scenarios provide practice with decision-making criteria in commonly occurring practice situations. Key terms and points are highlighted throughout the text. A workbook that provides review exercises is available.

Reducing Textbook Costs

Many students know it is less expensive to buy a used textbook, and buying a previous edition is also an option. The Excelsior College bookstore includes a buyback feature and a used book marketplace, as well as the ability to rent digital versions of textbooks for as long as students need them. Students are encouraged to explore these and the many other opportunities available online to help defray textbook costs.
General Description of the Examination

The UExcel Maternal and Child Nursing examination is based on material typically taught in an two-semester upper-level sequence of courses in maternal and child nursing. The examination measures knowledge and understanding of health and illness as it pertains to maternal and child nursing and to the psychodynamics of family functioning, knowledge of the physical, emotional, and psychosocial concepts relevant to the health care of the childbearing and childrearing family, the ability to utilize the nursing process in the delivery of health care to the individual and family in a variety of settings, and the ability to apply principles of normal growth and development to nursing management.

Those beginning to study for this exam should be familiar with the concepts of nursing theory and anatomy and physiology.

Learning Outcomes

After you have successfully worked your way through the recommended study materials, you should be able to demonstrate the following learning outcomes:

1. Discuss the definition of family; the social, cultural, ethical, and legal aspects of childbearing and childrearing; and the biological aspects of reproduction, including fertility, infertility, and genetic risks.

2. Describe nursing management principles for normal pregnancy, including psychosocial and biophysical changes, anticipatory guidance needed, nutrition, assessment techniques, and the stages of labor and delivery.

3. Describe nursing management principles related to high-risk pregnancy and care of the high-risk neonate, including identification of risk, biophysical changes, anticipatory guidance needed, assessment techniques, and characteristics of high-risk conditions.

4. Describe nursing management principles related to the well child and family from infancy to adolescence, including growth and development, nutrition, health promotion, common health problems, and anticipatory guidance needed by parents.

5. Describe nursing management principles related to ill children from infancy to adolescence who are experiencing major health problems characteristic of their age group.

6. Identify and manage responses of the family and the ill infant or child to major health problems.
Content Outline

The content outline describes the various areas of the test, similar to the way a syllabus outlines a course. To fully prepare requires self-direction and discipline. Study involves careful reading, reflection, and systematic review.

The major content areas on the Maternal & Child Nursing (baccalaureate) examination, the percent of the examination devoted, and the hours to devote to each content area are listed below.

<table>
<thead>
<tr>
<th>Content Area</th>
<th>Percent of the Examination</th>
<th>Hours of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Nursing Management of the Childbearing Family and the</td>
<td>10%</td>
<td>36</td>
</tr>
<tr>
<td>Childrearing Family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>II. Nursing Management of Normal Pregnancy</td>
<td>25%</td>
<td>90</td>
</tr>
<tr>
<td>III. Nursing Management of the Family with a High-Risk Pregnancy</td>
<td>20%</td>
<td>72</td>
</tr>
<tr>
<td>and the Family with a High-Risk Neonate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV. Nursing Management of the Well Child and Family</td>
<td>20%</td>
<td>72</td>
</tr>
<tr>
<td>V. Nursing Management of the Ill Child and Family</td>
<td>25%</td>
<td>90</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

Nursing Process

The nursing process dimension indicates the stage of the nursing process to which the content of the item is predominantly related. Items are classified as relating to Assessment, Analysis, Planning, Implementation, or Evaluation.

The approximate percentage of items related to each stage is listed above. For the purposes of this examination, the stages of the nursing process are defined as follows:

A. **Assessment** is the process of gathering and organizing data in relation to the client/patient's health status.

B. **Analysis** is the process of synthesizing data to identify the client/patient's actual or potential health problem (nursing diagnosis).

C. **Planning** is the process of determining the expected outcomes (goals) and formulating specific strategies to achieve the expected outcomes.

D. **Implementation** is the process of initiating and completing nursing actions/interventions designed to move the client/patient toward expected outcomes related to health promotion, health maintenance, and health restoration.

E. **Evaluation** is the process of assessing the client/patient's response to nursing care, including progress toward the expected outcome.

Content Area Details

In the outline below, illustrative examples are included in each content area. The content of this examination is not limited to these examples only.

The Davidson (2012) text will be your primary resource for content areas I, II, and III, with Hockenberry (2011) Unit III: Family-Centered Care of the Newborn for the Postpartal Period sections of areas II and III. For Areas IV and V, you will use primarily the Hockenberry text. In content areas IV and V, a health problem listed as an example for a particular age group may also be applicable in other age groups.
I. Nursing Management of the Childbearing Family and the Childrearing Family

10 PERCENT OF EXAM  |  36 HOURS OF STUDY

A. The family (for example: changing family roles and lifestyles, single-parent families, alternative families)

B. Social and cultural aspects (for example: delayed childbearing, family at the poverty level, sexuality, specific ethnocultural beliefs, adolescent pregnancy)

C. Ethical and legal considerations (for example: artificial insemination, surrogate parent, abortion, in vitro fertilization, sterilization, Pregnant Patient's Bill of Rights, Bill of Rights for Children and Teens, United Nations Declaration)

D. Biological aspects of human reproduction (for example: reproductive anatomy and physiology, conception, contraception, embryology, fetology)

E. Fertility and infertility (for example: crisis intervention for couples who are infertile, diagnostic testing and treatment, effect of pharmacokinetics on fertility)

F. Prepregnancy counseling (for example: chromosomal and multifactorial abnormalities, identification of families at risk)

II. Nursing Management of Normal Pregnancy

25 PERCENT OF EXAM  |  90 HOURS OF STUDY

A. Nursing management during the antepartal period

1. Psychosocial changes of pregnancy (for example: individual and family response to pregnancy, developmental tasks of the expectant family, sexuality during pregnancy, body image and self-concept changes, role changes, fantasies and fears about the unborn child, concerns about labor)

2. Biophysical changes of pregnancy (for example: signs and symptoms of pregnancy, physiological changes, minor discomforts, warning signs of pregnancy complications, pharmacokinetics)

3. Anticipatory guidance (for example: childbirth education classes; birthing alternatives; parenting classes; changing family structure; use of community resources; education about smoking, alcohol use, medications, substance abuse, teratogens)

4. Nutritional needs of pregnancy (for example: recommended daily nutritional requirements, vitamin and mineral supplements, nutritional risk factors, sociocultural influences on diet)

5. Assessment of maternal and fetal well-being (for example: ultrasonography; alpha-fetoprotein testing; Leopold's maneuvers; laboratory studies such as toxoplasmosis, rubella, cytomegalovirus, herpes virus [TORCH]; enzyme-linked immunosorbent assay [ELISA] testing; alcohol and drug screening; screening for gestational diabetes; Pap smear; blood type, hematocrit, and hemoglobin; urinalysis)

B. Nursing management during the intrapartal period

1. First stage (for example: database assessment, factors affecting onset, contractions, vital signs, mechanism of labor, medications, external and internal fetal monitoring, supportive care, IV therapy, fluid intake, induction of labor, epidurals, use of prostaglandins)
2. Second stage (for example: pushing techniques, vaginal or cesarean birth, vaginal birth after cesarean [VBAC], episiotomy, medications, anesthesia, emotional response, supportive care, Apgar scoring, immediate gross assessment and physical care of neonate)

3. Third stage (for example: placental expulsion, parent-infant interaction, medications, initial breast-feeding)

4. Fourth stage (for example: assessment of mother, including fundus, vital signs, lochia, voiding, fluid status, possible lacerations, episiotomy, cesarean site, emotional response; medications)

C. Nursing management during the postpartal period

1. Psychosocial changes (for example: attachment process, unmet expectations, parenting, changing family systems and roles, postpartum depression)

2. Biophysical changes (for example: hormonal changes; changes in fundus, lochia, breasts, bladder, bowel, perineum, extremities, nutritional status; need for medications; postoperative care)

3. Anticipatory guidance for self-care at home (for example: body image changes, rest and activity level, fatigue, physical changes, personal hygiene, need for follow-up care, sexual activity, contraception, sterilization, integration of new family member, breast-feeding, nutrition during lactation, formula feeding, comfort measures)

D. Nursing management of the normal neonate and family

1. Biophysical changes (for example: body system adaptations; transitional assessment [periods of reactivity]; complete physical assessment, including neurological status and gestational age; Brazelton Neonatal Behavioral Assessment Scale; screening tests)

2. Anticipatory guidance (for example: handling; positioning; bathing; cord care; circumcision care; education about normal conditions and appearance of the newborn, including skin variations, reflexes, and sleep patterns; breast-feeding; formula feeding; concerns about infant feeding; elimination patterns; parent-infant attachment)

III. Nursing Management of the Family with a High-Risk Pregnancy and the Family with a High-Risk Neonate

A. The family with a high-risk pregnancy

1. Antepartal period
   a. Identification of the client at risk (for example: age, parity, multiple gestation, nutritional status, economic status, health status, environmental hazards, family violence)
   b. Assessment of fetal well-being (for example: amniocentesis, alpha-fetoprotein testing, chorionic villi sampling, nonstress testing, oxytocin challenge testing, contraction stress testing, ultrasonography, biophysical profile, maternal assessment of fetal activity)
   c. High-risk conditions (for example: hemorrhagic conditions of early and late pregnancy; incompetent cervix; ABO incompatibility; Rh isoimmunization; pregnancy-induced hypertension [PIH]; cardiac conditions, diabetes mellitus, hyperemesis gravidarum; toxoplasmosis, rubella, cytomegalovirus, herpes virus [TORCH]; chlamydia; HIV; acquired immunodeficiency syndrome [AIDS]; substance abuse; trauma)

2. Intrapartal period
a. Assessment of fetal well-being (for example: fetal distress, external monitoring, internal monitoring, fetal pH testing)

b. High-risk conditions (for example: dystocia, hemorrhage, hypertension, premature rupture of membranes, preterm labor, prolapsed cord, multiple birth, infection, hydramnios, ruptured uterus, fetal malpresentation)

3. Postpartal period

a. High-risk conditions (for example: hemorrhage; hypertension; infection; preexisting health problems; emotional problems, including grief and bereavement; uterine atony; uterine inversion; disseminated intravascular coagulation [DIC]; hemolysis, elevated liver enzymes, and low platelet count [HELLP] syndrome)

b. Anticipatory guidance (for example: breast-feeding of the high-risk neonate, use of community resources, implications of high-risk status for future pregnancies)

B. The family with a high-risk neonate

1. Biophysical changes (for example: complete physical assessment, including neurological status and gestational age; maladaptive body system responses; screening and diagnostic tests; effect of maternal conditions)

2. High-risk conditions (for example: very low birth weight [VLBW], intrauterine growth retardation [IUGR], preterm, postterm, HIV, maternal substance abuse, hypoglycemia, thermoregulation, sepsis, respiratory distress syndrome [RDS], apnea, necrotizing enterocolitis [NEC], bronchopulmonary dysplasia, retinopathy of prematurity, hyperbilirubinemia)

3. Anticipatory guidance (for example: orientation to neonatal intensive care unit, care and feeding of the high-risk infant, vulnerable child syndrome, passive skin-to-skin contact [kangaroo care], promotion of parent-infant attachment, use of community resources)

IV. Nursing Management of the Well Child and Family

| 20 PERCENT OF EXAM | 72 HOURS OF STUDY |

A. The infant

1. Growth and development (for example: physical, cognitive, psychosocial)

2. Nutritional needs (for example: recommended daily allowances, introduction of solid foods, weaning, sociocultural influences on diet)

3. Health promotion (for example: developmental screening, vision and hearing screening, immunizations, fluoride supplements, iron supplements)

4. Common health problems (for example: colic, fever, diarrhea, food intolerances, eczema, gastroesophageal reflux, apnea)

5. Anticipatory guidance for parents (for example: teething, sleeping patterns, sensory stimulation, speech development, prevention of nursing caries, safety, prevention of shaken baby syndrome, selection of day care)

B. The toddler

1. Growth and development (for example: physical, cognitive, psychosocial, moral, social)

2. Nutritional needs (for example: recommended daily allowances, physiologic anorexia, self-feeding, serving size, finger foods)

3. Health promotion (for example: screening for lead levels and anemias, vision and hearing screening, dental care, developmental screening, immunizations)
4. Common health problems (for example: anemia, upper respiratory infections, ear infections, parasitic infections, poisonings)

5. Anticipatory guidance for parents (for example: play, discipline and limit setting, temper tantrums, toilet training, speech development, safety, prevention of child abuse)

C. The preschooler
1. Growth and development (for example: physical, cognitive, psychosocial, moral, social)
2. Nutritional needs (for example: recommended daily allowances, ritualistic food behaviors)
3. Health promotion (for example: vision and hearing screening, developmental screening, immunizations)
4. Common health problems (for example: communicable diseases, tonsillitis [tonsillectomy, adenoidectomy], speech problems, strabismus)
5. Anticipatory guidance for parents and child (for example: play, sibling rivalry, masturbation, safety, child maltreatment, implication of day care for child)

D. The school-age child
1. Growth and development (for example: physical, cognitive, psychosocial, moral, social, self-esteem)
2. Nutritional needs (for example: recommended daily allowances, nutritional habits)
3. Health promotion (for example: vision and hearing screening, dental care, scoliosis screening, breast self-examination [BSE] or testicular self-examination [TSE], immunizations)
4. Common health problems (for example: acne, obesity, male and female reproductive system alterations)
5. Anticipatory guidance for parents and child (for example: peer and family relationships; risk-taking behaviors; substance abuse; sex education, including sexually transmitted diseases [STDs], contraceptive measures, AIDS awareness; motor vehicle safety)

E. The adolescent
1. Growth and development (for example: physical, cognitive, psychosocial, moral, social, self-esteem)
2. Nutritional needs (for example: recommended daily allowances; eating habits, including snacking and irregular mealtimes; peer influences)
3. Health promotion (for example: vision and hearing screening, dental care, scoliosis screening, breast self-examination [BSE] or testicular self-examination [TSE], immunizations)
4. Common health problems (for example: acne, obesity, male and female reproductive system alterations)
5. Anticipatory guidance for parents and child (for example: peer and family relationships; risk-taking behaviors; substance abuse; sex education, including sexually transmitted diseases [STDs], contraceptive measures, AIDS awareness; motor vehicle safety)
V. Nursing Management of the Ill Child and Family

25 PERCENT OF EXAM | 90 HOURS OF STUDY

THIS AREA FOCUSES ON NURSING RESPONSIBILITIES RELATED TO PAIN MANAGEMENT, THERAPEUTIC PLAY, MEDICATION ADMINISTRATION, FLUID AND ELECTROLYTE BALANCE, SAFETY, REACTION TO HOSPITALIZATION AND ILLNESS, LEGAL AND ETHICAL ISSUES, PREPARATION FOR HOME CARE, AND SCHOOLING.

A. The infant
1. Major health problems (for example: cleft lip, cleft palate, pyloric stenosis, esophageal atresia, gastroenteritis, bronchiolitis, developmental dysplasia of the hip, clubfoot, Hirschsprung's disease, hydrocephalus, myelodysplasias, genetic disorders, congenital heart disease, nonorganic failure to thrive, HIV, AIDS, sepsis)
2. Family and infant’s response to health problems (for example: coping mechanisms, coping with sudden infant death syndrome [SIDS], caring for the technology-dependent infant, attachment disorders)

B. The toddler
1. Major health problems (for example: foreign body aspiration; sickle cell disease; nephrotic syndrome; cystic fibrosis; cerebral palsy; meningitis; accidents, such as burns and poisoning; croup; seizures; Kawasaki disease; lead poisoning; celiac disease; autism; abuse)
2. Family and child’s response to health problems (for example: chronic illness, fears of bodily injury and harm)

C. The preschooler
1. Major health problems (for example: hearing and vision problems, acute glomerulonephritis, neoplastic disease, pneumonia, Wilms’ tumor, developmental delays, child with special needs, epiglottitis, acute appendicitis)
2. Family and child’s response to health problems (for example: reaction to developmental delays or terminal illness, magical thinking)

D. The school-age child
1. Major health problems (for example: diabetes mellitus, hemophilia, epilepsy, asthma, acute rheumatic fever, multiple trauma, learning disabilities, attention-deficit hyperactivity disorder, Reye’s syndrome, Lyme disease, child with special needs, juvenile rheumatoid arthritis)
2. Family and child’s response to health problems (for example: coping mechanisms, self-care)

E. The adolescent
1. Major health problems (for example: suicide; sexually transmitted diseases; pelvic inflammatory disease [PID]; papilloma; scoliosis; sports injuries; Osgood-Schlatter disease; mononucleosis; hepatitis; substance abuse; eating disorders; pregnancy; immunological disorders, including lupus; osteosarcomas; ulcerative colitis; Guillain-Barré syndrome)
2. Family and child’s response to health problems (for example: coping mechanisms, self-care)
Section Three

Sample Questions

The sample questions give you an idea of the level of knowledge expected in the exam and how questions are typically phrased. They are not representative of the entire content of the exam and are not intended to serve as a practice test.

Rationales for the questions can be found on pages 16–19 of this guide. In that section, the correct answer is identified and each answer is explained. The number in parentheses at the beginning of each rationale refers to the corresponding section of the content outline. For any questions you answer incorrectly, return to that section of the content outline for further study.

1. Which client statement is typical of a member in a newly formed blended family?
   1) “My relationships with family members are about the same.”
   2) “I’ve had to develop new ways of functioning in my new family.”
   3) “Few additional decisions have been necessary with the new family structure.”
   4) “Having more family members has decreased my stress.”

2. A client who is expecting her first baby asks the nurse to explain why there is fluid surrounding the baby during pregnancy. Which client statement indicates understanding of the nurse’s teaching related to the purposes of amniotic fluid?
   The fluid
   1) ensures a safe delivery.
   2) keeps the baby’s lungs open.
   3) provides a cushion to protect the baby.
   4) helps keep the baby’s heartbeat regular.

3. Which instruction should be included in a teaching plan regarding preconception health measures?
   1) The couple should maintain their current lifestyle and daily activities.
   2) The woman should use appetite suppressants to achieve an ideal weight for her body build and height.
   3) The couple should plan genetic counseling if they are over the age of 25.
   4) The couple should determine if they are exposed to any environmental hazards in their work or community.

4. A client at 16 weeks gestation has gained 12 pounds during the pregnancy. The client says that she is too fat. Which is the most appropriate nursing intervention?
   1) Explain that the fetus will require most of the client’s caloric intake.
   2) Refer the client to a nutritionist for information on low-calorie foods.
   3) Assess the client’s knowledge of weight gain and nutrition in pregnancy.
   4) Provide the client with pamphlets on weight control in pregnancy.
5. A pregnant client is making her first antepartum visit. Which assessment approach will provide the nurse with the most useful information about the client’s nutrition?
   1) Request the client to bring a one-week dietary account with her to the next visit.
   2) Have the client complete a nutritional questionnaire during the visit.
   3) Discuss the client’s diet in the past 24 hours and typical dietary patterns.
   4) Ask the client to describe her family’s nutritional patterns.

6. A new mother who is breast-feeding is diagnosed with nonpurulent mastitis. Which instruction should the nurse give to the mother concerning breast-feeding?
   1) Continue to breast-feed if the discomfort is tolerable.
   2) Stop breast-feeding at once because of the risk of cross-infection.
   3) Only give the baby milk that has been mechanically expressed.
   4) Allow the baby to nurse longer because the increased vessel dilatation facilitates healing.

7. A client in the second stage of labor says that her water has broken. Which action should the nurse implement first?
   1) Perform a Nitrazine paper test.
   2) Assess the fetal heart rate.
   3) Change the wet bed linens.
   4) Chart the assessment data.

8. In assessing a term neonate immediately after birth, the nurse finds that the anterior fontanelle is soft and pulsates with each heartbeat. Which action should the nurse take?
   1) Observe the fontanelle for color changes.
   2) Consult with the physician immediately.
   3) Check for signs of increased intracranial pressure.
   4) Do nothing since this is a normal finding.

9. What should the nurse teach new parents about caring for the umbilical cord?
   1) Call the health care provider when the cord falls off.
   2) Cover the cord area snugly with the diaper.
   3) Wipe the cord area with alcohol two or three times a day.
   4) Give tub baths to ensure adequate cleansing of the cord area.

10. A nonstress test is performed to assess fetal well-being in a pregnant client. Which test result would indicate a healthy fetus?
    1) one or two fetal movements in an hour
    2) acceleration of the fetal heart rate when the fetus moves
    3) deceleration of the fetal heart rate when the uterus contracts
    4) no variability in the fetal heart rate during uterine contractions

11. A gravida 5, para 4 client at 34 weeks of gestation comes to the emergency department with painless vaginal bleeding. Why is a vaginal examination contraindicated for this client?
    1) tear a low-lying placenta.
    2) stimulate Braxton Hicks contractions.
    3) introduce an infection into the birth canal.
    4) cause premature rupture of the membranes.

12. A multipara in labor is receiving oxytocin (Pitocin) IV. She is 4 cm dilated and the baby is at station –2. External fetal heart and uterine contraction monitors are being used. The nurse notes several variable decelerations on the strip. What is the appropriate nursing intervention?
    1) Administer IV analgesia.
    2) Ambulate the client.
    3) Change the client’s position.
    4) Increase the Pitocin infusion.
13. Which finding should the nurse expect when assessing a neonate who is large for gestational age?
   1) birth weight at the 90th percentile
   2) Epstein’s pearls
   3) head circumference at the 75th percentile
   4) skin desquamation

14. The nurse is providing anticipatory guidance about engorgement to a new mother who is breast-feeding. The nurse should include which instruction?
   1) Restrict maternal fluid intake.
   2) Obtain medical intervention since an infection may have occurred.
   3) Breast-feed less frequently during the time the breasts are engorged.
   4) Express some milk prior to breast-feeding to facilitate the baby’s ability to latch on.

15. The nurse is planning to teach new mothers in a well-baby clinic about immunizations for their infants. Which information is most important for the nurse to include?
   1) the reason for spacing the immunizations over time
   2) the controversies concerning risks and benefits of immunizations
   3) the necessity of adhering to a schedule for immunizations during the first five years of life
   4) the legal requirement that all school-age children be immunized

16. Which behavioral manifestation in an eight-month-old infant should lead the nurse to suspect bilateral acute otitis media?
   1) rolling the head from side to side
   2) scratching the cheeks
   3) feeding voraciously
   4) sucking on the fingers

17. Which suggestion by the nurse would be most helpful to parents who complain about their four-year-old child’s ritualistic food behavior?
   1) Avoid unfamiliar foods.
   2) Eliminate between-meal snacks.
   3) Involve the child in the preparation of food.
   4) Promote mealtimes as a social activity.

18. The parents of a child who has chickenpox ask when their child can return to school. The nurse’s reply should be based on which information?
   Communicability ends when
   1) the first lesion appears.
   2) the fever subsides.
   3) all the lesions have disappeared.
   4) all the lesions have crusted.

19. The chances that an adolescent with obesity will adhere to a weight reduction diet will most likely be increased if the nurse does which of the following?
   The nurse
   1) models good eating habits for the adolescent.
   2) discusses ways to incorporate favorite foods into the adolescent’s meals.
   3) refers the adolescent for nutrition counseling.
   4) reviews the food pyramid and healthy eating habits with the adolescent.

20. The nurse teaches the parents of an infant with congestive heart failure the correct procedure for administering digoxin. Which client statement indicates that the nurse’s teaching was effective?
   1) “If we miss a dose, we’ll give the next dose as soon as possible.”
   2) “If the baby vomits after taking digoxin, we’ll give a second dose.”
   3) “If the baby doesn’t like the digoxin, we’ll mix it in his bottle.”
   4) “We’ll plan to give the digoxin one hour before or two hours after meals.”
21. Which diagnostic sign should the nurse expect to find in a toddler at the beginning of the acute phase of Kawasaki disease?
   1) abrupt onset of high fever that responds to antibiotics
   2) oropharyngeal reddening or “strawberry” tongue
   3) a vesicular systemic rash, accentuated in the perineum
   4) increased irritability and inconsolableness

22. A child who has lead poisoning is undergoing chelation therapy. Which nursing intervention is of primary importance?
   1) Record intake and output accurately.
   2) Locally apply warm soaks to the injection sites.
   3) Apply a local anesthetic prior to administering injections.
   4) Monitor vital signs every eight hours.

23. In the initial assessment of a child with glomerulonephritis, the nurse should expect which findings?
   1) hematuria and petechiae
   2) hypertension and proteinuria
   3) flank pain and fever
   4) oliguria and glycosuria

24. The nurse is evaluating the response of a child with asthma to asthma therapy. Which signs will appear first if the child’s condition is improving?
   1) increased abdominal skin turgor and shallow respirations
   2) increased blood flow to the nail beds and lips
   3) decreased pulse and blood pressure
   4) decreased rhonchi and wheezes

25. Which behavior places an adolescent at risk for Osgood-Schlatter disease?
   1) repetitive jumping
   2) substance abuse
   3) sexual activity
   4) automobile driving
Rationales

1. (IA)
   1) Relationships change in a blended family. They do not stay the same.
   *2) Forming a blended family challenges members to develop new ways of functioning.
   3) Members of a blended family have many additional decisions to make to meet the needs of all members.
   4) Stress in members of a blended family increases with the intermingling of their values and goals.

2. (ID)
   1) Although amniotic fluid provides protective qualities, it does not ensure a safe delivery.
   2) Although amniotic fluid aids in lung development, it does not keep the lungs open.
   *3) Amniotic fluid provides a protective cushion for the fetus.
   4) Amniotic fluid does not regulate fetal heart rate.

3. (IF)
   1) This is not correct because it assumes that the couple’s current lifestyle is a healthy one.
   2) The woman’s ideal weight should be maintained by a combination of a balanced diet and exercise and not by the use of appetite suppressants.
   3) Genetic planning is not recommended for the couple until age 35.
   *4) Identification of environmental hazards is an important consideration for the couple in the preconceptual period.

4. (IIA)
   1) Additional calories are required for both the mother and the fetus.
   2) Dieting is not recommended during pregnancy.
   *3) Assessment of the client’s knowledge is always a priority before teaching can be implemented.
   4) Weight control is not recommended during pregnancy.

5. (IIA)
   1) Although a one-week dietary account offers a great deal of information, it does not reveal dietary patterns.
   2) A questionnaire does not reveal dietary patterns.
   *3) Discussing a 24-hour recall and typical dietary patterns will yield a general dietary history that the nurse can use to make recommendations.
   4) A family’s nutritional patterns do not necessarily reflect the individual member’s dietary patterns.

6. (IIB)
   *1) Breast-feeding can be continued; it is not contraindicated in the case of non-purulent mastitis if the discomfort is tolerable.
   2) It is not necessary to stop breast-feeding.
   3) See 2).
   4) Recommending that the mother allow the baby to nurse longer is not necessary.
7. (IIB)
1) Confirmation of amniotic fluid by a Nitrazine test is not a priority.
*2) Assessment of fetal heart rate is the priority after rupture of the membranes due to the possibility of prolapse of the umbilical cord.
3) Changing the bed linen is a comfort measure and is not a priority.
4) Although charting the event is important, it does not take priority over assessment of the fetal heart rate.

8. (IID)
1) See 4).
2) See 4).
3) See 4).
*4) No action is needed since a soft pulsating fontanelle is a normal finding.

9. (IID)
1) It is not necessary to notify the health care provider when the umbilical cord falls off.
2) It is not necessary to cover the cord as leaving the umbilical area open to the air aids in drying.
*3) Cleansing the cord with alcohol aids in drying and serves as an antiseptic.
4) Tub baths are contraindicated until the umbilical cord has fallen off.

10. (IIIA)
1) Fetal movements, alone, are not indicative of a healthy fetus.
*2) Acceleration of the fetal heart rate associated with fetal movement is a sign of fetal well-being.
3) Deceleration of the fetal heart rate during uterine contractions is not a reassuring sign.
4) No variability of the fetal heart rate is not a reassuring sign.

11. (IIIA)
*1) A vaginal exam could tear the placenta and cause further bleeding and fetal distress.
2) Stimulation may cause additional bleeding; however, this is not the primary reason.
3) Since the question does not indicate that the membranes have ruptured, the client is not at risk for infection.
4) Although premature rupture of the membranes is a risk, tearing of the placenta poses the greatest risk.

12. (IIIA)
1) IV analgesia will not alleviate variable decelerations.
2) Ambulation has not been shown to alleviate variable decelerations.
*3) Changing the client's position is the appropriate intervention to relieve variable decelerations.
4) Increasing the Pitocin infusion will stimulate the contraction pattern, but will not alleviate the variable decelerations.

13. (IIIB)
*1) Large-for-gestational-age neonates have birth weights at or above the 90th percentile.
2) Epstein’s pearls are a common variation found in neonates of varied gestational age and weight.
3) Head circumference at the 75th percentile is not associated with large-for-gestational-age neonates.
4) Skin desquamation is not a finding associated with large-for-gestational-age neonates.
14. (III C)
1) Restricting fluids does not prevent engorgement.
2) Medical intervention is not necessary since engorgement is a normal phenomena.
3) Breast-feeding should be done more frequently when the breasts are engorged.
*4) With engorgement, manual expression of a small amount of milk will facilitate the baby's ability to latch on.

15. (IVA)
1) Explaining why immunizations are spaced over time is not the most important information for the nurse to provide.
2) Explaining the controversies concerning risks and benefits is not the most important information for the nurse to provide.
*3) Explaining that it is critical to obtain immunizations on a regularly scheduled basis is the most important information for the nurse to provide.
4) Explaining that legal requirements for immunizing children must be met is not the most important information for the nurse to provide.

16. (IVB)
*1) Rolling the head from side to side is a clinical manifestation of otitis media.
2) Scratching the cheeks is not a clinical manifestation of otitis media.
3) Infants with otitis media generally have a loss of appetite and feed poorly.
4) Sucking the fingers is not a clinical manifestation of otitis media.

17. (IVC)
1) Avoiding unfamiliar foods does not address the ritualistic food behavior.
2) Nutritionally balanced snacks should be part of the diet for a four year old.
*3) Involving the child in food preparation will meet the child's need for control and will promote the child's interest in trying new foods.
4) Children are not ready to view mealtime as a social activity until they are five years old.

18. (IVD)
1) Communicability is greatest when the first lesions appear.
2) The amount of time that a fever is present varies and does not affect communicability.
3) Communicability ends long before all the lesions have disappeared.
*4) Communicability ends when all the lesions have crusted.

19. (IVE)
1) Role modeling by the nurse is not the most effective method since adolescents tend to eat with their peers.
*2) Incorporating healthy dietary habits into the adolescent's current eating habits is the most effective long-term intervention.
3) Nutritional counseling is not meaningful to many adolescents.
4) The food pyramid is not meaningful to many adolescents.
20. (VA)

1) Whether or not to give the missed dose of digoxin depends on how much time has elapsed. The next dose should be given at the regular time.

2) If the baby vomits after taking the drug, it is difficult to determine the amount of drug that was absorbed. It is not correct to give another dose.

3) Mixing digoxin with food is not recommended, since the amount of the drug taken may vary with the formula intake.

4) Administering digoxin before or after meals assures accurate assessment of drug intake.

21. (VB)

1) The clinical symptoms of Kawasaki disease do not respond to antibiotics.

2) Oropharyngeal redness or “strawberry” tongue is a classic sign of Kawasaki disease.

3) A perineal rash is not associated with Kawasaki disease.

4) Irritability is not associated with Kawasaki disease.

22. (VB)

1) Chelation therapy is potentially nephrotoxic; adequate intake and output are necessary for lead excretion.

2) Warm soaks are of little comfort for the painful injection.

3) A local anesthetic should be mixed with the chelation therapy.

4) Vital signs should be monitored more frequently than every eight hours to assess for dehydration.

23. (VC)

1) Petechiae are not common in glomerulonephritis.

2) Hypertension and proteinuria are classic signs of glomerulonephritis.

3) Flank pain and fever are not found in the initial assessment of a child with glomerulonephritis.

4) Glycosuria is not associated with glomerulonephritis.

24. (VD)

1) Skin turgor is unrelated to an improving condition in a child with asthma. Shallow respirations would indicate impaired respiration.

2) Increased blood flow to the nail beds and lips is not an initial sign of improvement in a child with asthma.

3) Pulse and blood pressure are not indicators of an improving condition in a child with asthma.

4) Decreased rhonchi and wheezes indicate relaxation of the bronchioles and improved aeration and, therefore, indicate that the child’s condition is improving.

25. (VE)

1) Repetitive jumping causes pressure and inflammation on the ligaments and joints in the legs, placing the client at risk for Osgood-Schlatter disease.

2) Substance abuse is not associated with the onset of Osgood-Schlatter disease.

3) Sexual activity is not associated with the onset of Osgood-Schlatter disease.

4) Automobile driving does not place undue stress on the ligaments and joints of the lower extremities.

*correct answer
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