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.

For more information on exam availability and actual testing information, see the Exam Registration and Information Guide.

Examination Length and Scoring

The exam consists of approximately 160 single-answer, multiple-choice questions; see the sample questions at the back of this guide. You will have three (3) hours to complete the exam. Your score will be reported as a letter grade. Questions are scored either correct (1) or incorrect (0). There is no partial credit. Each credit-bearing exam contains pretest questions, which are embedded throughout the exam. They are indistinguishable from the scored questions. It is to your advantage to do your best on all the questions. Pretest questions are being tried out for use in future versions of the exam.

The UExcel exams do not have a fixed grading scale such as A = 90–100%, B = 80–90%, and so forth, as you might have seen on some exams in college courses. Each UExcel test has a scale that is set by a faculty committee and is different for each exam. The process, called standard setting, is described in more detail in the Technical Handbook. Excelsior puts each exam through a standard setting because different test questions have different levels of difficulty. To explain further, getting 70% of the questions right on the exam when the questions are easy does not show the same level of proficiency as getting 70% of questions correct when the questions are hard. Every form of a test (a form contains the test questions) has its own specific grading scale tailored to the particular questions on each exam form.

Please also note that on each form, some of the questions count toward the score and some do not; the grading scale applies only to those questions that count toward the score. The area with percentage ratings on the second page of your score report is intended to help identify relative strengths and weaknesses and which content areas to emphasize, should you decide to
take the examination again. Your grade is based on both scored and pretest questions—pretest questions which are not scored. Therefore, the percentage ratings do not necessarily reflect the total percentage that counted toward your grade.

For the best view of the types of questions on this exam, see the sample questions in the back of this guide. Practice, practice, practice!

**Score Reporting**

For most of our examinations, based on performance, an examinee is awarded a letter grade of A, B, C, or F along with diagnostic information describing examinee performance in each of the major content areas in any given exam. A letter grade of D can be given, but credit is awarded for A, B, and C letter grades only. The letter grades reported to examinees indicate that their performance was equivalent to the performance of students who received the same letter grade in a comparable, on-campus course.

More specifically, the letter grade indicates the examinee’s proficiency relative to the learning outcomes specified in the exam content guide. Following are general descriptions of examinee performance at each level:

**Letter Grade Description**

**A** Highly Competent: Examinee’s performance demonstrates an advanced level of knowledge and skill, relative to the learning outcomes.

**B** Competent: Examinee’s performance demonstrates a good level of knowledge and skill, relative to the learning outcomes.

**C** Marginally Competent: Examinee’s performance demonstrates a satisfactory level of knowledge and skill relative to the learning outcomes.

**D** Not Competent (no credit recommended): Examinee’s performance demonstrates weak knowledge of the content and minimal skill relative to the learning outcomes.\(^\odot\)

**F** Fail (no credit recommended): Examinee’s performance demonstrates no knowledge of the content and no skill in the subject relative to the learning outcomes.

Credit is transcripted by Excelsior College for examinees who achieve letter grades of C or higher.

We encourage colleges and universities to use the Excelsior College letter grades of A, B, and C as acceptable standards for awarding credit.

See page 21 for a sample UExcel Grade Report for Examinations, at the back of this content guide.

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\(^\odot\) In general, two hour exams do not award a D letter grade.

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**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 (login required): [www.excelsior.edu/bookstore](http://www.excelsior.edu/bookstore)

**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](http://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/smartthinking](http://www.excelsior.edu/smartthinking). Once there, you may download a copy of the SMARTTHINKING Student Handbook as a PDF.
Preparing for UExcel Exams

Take Charge of Your Own Learning

At Excelsior College, independent, self-directed study supported by resources we help you find is not a new concept. We have always stressed to exam takers that they are acting as their own teacher, and that they should spend as much time studying for an exam as they would spend in a classroom and on homework for a corresponding college course in the same subject area.

Begin by studying the content outline contained in this content guide, at its most detailed level. You will see exactly which topics are covered, and where chapters on those topics can be found in the Recommended Resources. You will see exactly where you might need to augment your knowledge or change your approach.

The content outline, along with the Learning Outcomes for this exam and recommended textbooks, will serve as your primary resources.

How Long Will It Take Me to Study?

Study for a UExcel exam is comparable to an equivalent college-level course. As an independent learner, you should study and review as much as you would for the same subject in a campus-based college course. If you already have a background in the subject, you may be able to pass the exam successfully with fewer hours of study. It depends upon the learner as well as the subject, the number of credits (for example, a 6- or 8-credit exam will require more hours of study than a 3-credit exam), and the length of the exam. We strongly encourage you to create a long-term action, or study plan, so that you have a systematic approach to prepare for the exam. We’ve included guidelines for creating such a plan.

How Can I Create an Effective Long-Term Study Plan?

1. Determine the time you will require to complete your preparation for this exam. As a rule, you should plan to budget approximately 150 hours of study time for this exam. About 135 of those hours should be spent on studying the content alone. Aside from the content review, you should then factor in time to search for and use other resources, and to complete any projects and assignments in the study materials that will clarify your understanding of the topics in the content outline (that part in the content guide where the specific areas of study are spelled out). Spend more time on concepts and areas in which you feel you are weak. Totaled, this is approximately the amount of time you should expect to devote to a three-credit, campus-based course. The actual amount of time you require depends on many factors, and will be approximate. If your background is weak, you may need to set aside substantially more than 135–150 hours. If your background is strong, you may budget less time.

Take a few minutes to review the content outline to assess your familiarity with the content. Then, in the space below, write the number of hours you will allocate to complete preparing for the exam.

Hours Required =

2. Determine the time you will have available for study.

In self-study, you need structure, as well as motivation and persistence, and a methodical approach to preparation. There is no set class to keep you on task. You have to do that yourself. Construct a time-use chart to record your daily activities over a one-week period. The most accurate way to do this is to complete the chart on a daily basis to record the actual amount of time you spend eating, sleeping, commuting, working, watching television, caring for others and yourself, reading, and everything else in an adult’s life. However, if your schedule is regular, you might prefer to complete the chart in one sitting and, perhaps, by consulting your appointment book or planner.

After you have recorded your activities, you will be ready to schedule study periods around these activities or, perhaps, instead of some of them. In the space below, write the number of hours you will be able to set aside for study each week.

Hours Required =

3. Divide the first number by the second number.

This will give you the number of weeks you will need to set aside for independent study. For example, if you think you will require 170 hours of study and you have 10 hours available to study each week, divide 170 hours by 10 hours and you will get 17. This means
that you will need about 17 weeks to complete this course of study. However, you will also need to allow about a week for review and self-testing. Moreover, to be on the safe side, you should also add two weeks to allow for unforeseen obstacles and times when you know you will not be able to study (e.g., during family illnesses or holidays). So, in this case, you should allot a total of 18 to 19 weeks to complete your study.

4. Schedule your examination to coincide with the end of your study period.

For example, if you plan to allow 18 weeks for study, identify a suitable examination date and begin study at least 18 weeks before that date. (The date you begin study assumes that you will have received all of your study materials, particularly textbooks, by that time.)

5. Format a long-term study plan.

You will need to use a calendar, planner, or some other tool to format and track your long-term study plan. Choose a method that is convenient and one that keeps you aware of your study habits on a daily basis. Identify the days and exact hours of each day that you will reserve for study throughout your whole independent study period. Check to see that the total number of hours you designate for study on your long-term study plan adds up to the number of hours you have determined you will need to complete this course of study (Step 1).

6. Record in your long-term study plan the content you plan to cover during each study period.

Enter the session numbers, review, and examination preparation activities you will complete during each study period. While it is suggested that approximately 160–170 hours of study is required for this exam, each and every student may require different timelines based on their comfort with, and comprehension of, the material.

You now have a tentative personal long-term study plan. Keep in mind that you will have to adjust your study plan, perhaps several times, as you study. It is only by actually beginning to work systematically through the material, using the content outline, that you will be able to determine accurately how long you should allow for each unit.

What Learning Strategy Should I Use?

The following guidelines are intended to help you acquire the grounding in the knowledge and skills required for successful completion of this examination.

1. Approach learning with a positive attitude.

Most students are capable of learning subject content if they devote enough time and effort to the task. This devotion will give you a positive edge and a feeling of control.

2. Diligently complete the exact work you specified in your study plan.

Your study plan is being designed for the specific purpose of helping you achieve the learning outcomes for this exam.

3. Be an active learner.

You should actively engage in the learning process. Read critically, take notes, and continuously monitor your comprehension. Keep a written record of your progress, highlight content you find difficult to grasp, and seek assistance from someone in your learning community who can help you if you have difficulty understanding a concept.

4. Be patient: you may not understand everything immediately.

When encountering difficulty with new material, be patient with yourself and don’t give up. Understanding will come with time and further study. Sometimes you may need to take a break and come back to difficult material. This is especially true for any primary source material (original letters, documents, and so forth) that you may be asked to read. The content outline will guide you through the material and help you focus on key points. You will find that many concepts introduced in earlier sessions will be explained in more detail in later sessions.

5. Apply your learning to your daily life.

Use insights you gain from your study to better understand the world in which you live. Apply the learning whenever you can. Look for instances that support or contradict your reading on the subject.
6. Accommodate your preferred way of learning.

How do you learn best? Common ways to learn are reading, taking notes and making diagrams, and by listening to someone (on video or live). Others learn by doing. Do any of these descriptions apply to you? Or does your learning style vary with the learning situation? Decide what works for you and try to create a learning environment to accommodate your preferences.

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.

Study smart for your UExcel exam, and succeed with our Student Success Guide.

Using UExcel Practice Exams

The official UExcel practice exams are highly recommended as part of your study plan. They can be taken using any computer with a supported Web browser such as Google Chrome.

A practice exam package containing two forms is available for this exam, for $75. To register for the practice exam, visit www.excelsior.edu and log into your MyExcelsior account. Please note: You must be registered for the corresponding credit-bearing exam first, before you can register for the practice exam.

Practice exams are not graded. Rather, they are intended to help you make sure you understand the subject and give you a sense of what the questions will be like on the exam for credit. Ideally, you would check any questions you got wrong, look at the explanations, and go back to the textbook to reinforce your understanding. After taking both forms of the practice exam, you should feel confident in your answers and confident that you know the material listed in the content outline.

Practice exams are one of the most popular study resources. Practice exams are typically shorter than the credit-bearing exam. Since the questions are drawn from the same pool of questions that appear on the credit-bearing exam, what you will see when you sit for the graded exam will be roughly the same. Used as intended, these practice exams will enable you to:

- Review the types of questions you may encounter on the actual exam.
- Practice testing on a computer in a timed environment.
- Practice whenever and wherever it is convenient for you.
- Take two different forms of a practice exam within a 180-day period. (We highly recommend that you take the first form of the practice exam as a pretest, early in the study period. Use the results to identify areas to further study and carry out a plan. Then take the second form as a post-test and see how much you have improved.)

Although there is no guarantee, our research suggests that exam takers who do well on the practice exams are more likely to pass the actual exam than those who do not, or who do not take advantage of the opportunity. Note that since the practice exams are not graded (calibrated) the same way as the scores on the credit-bearing exam, it will be hard for you to
use the practice exams as a way to predict your score on the credit-bearing exam. The main purpose of the practice exams is for you to check your knowledge and to become comfortable with the types of questions you are likely to see in the actual, credit-bearing exam.

**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).

**Content Guides**

This content guide is the most important resource. It lists the outcomes, a detailed content outline of what is covered, and textbooks and other study resources. It also has sample questions and suggestions for how to study. Content guides are updated periodically to correspond with changes in particular examinations and in textbook editions. Test-takers can download any of the latest free UExcel content guides by visiting the individual exam page or from the list at [www.excelsior.edu/contentguides](http://www.excelsior.edu/contentguides).

**Prior Knowledge**

A familiarity with precalculus topics including algebra, trigonometry, and functions is assumed.

**Using the Content Outline**

Each content area in the content outline includes 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 among textbook 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.

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**Exam Preparation Strategies**

Each learner is different. However, all learners should read the content outline in the exam’s Content Guide and ensure that they have mastered the concepts. For someone with no prior knowledge of the subject, a rule of thumb is 135 hours of study for a three-credit exam—this number is just to give you an idea of the level of effort you will need, more or less.
Recommended Resources for the UExcel Exam in Maternal & Child Nursing (baccalaureate)

The resources listed below are recommended by the examination development committee for use preparing for this exam. Resources listed under “Exam Verification Resources” were used to verify all the questions on the exam. Please refer to the Content Outline to see which parts of the exam are covered by which of the Exam Verification Resources. Resources listed under “Supplemental Resources” provide additional material that may deepen or broaden your understanding of the subject, or that may provide an additional perspective. Textbook resources, both Exam Verification and Supplemental, are available for purchase at the Excelsior College Bookstore.

You should allow ample time to obtain resources and to study sufficiently before taking the exam, so plan appropriately and with care.

A word about textbook editions: Textbook editions listed in the UExcel content guides may not be the same as those listed in the bookstore. Textbook editions may not exactly match up in terms of table of contents and organization, depending upon the edition. However, our team of exam developers checks exam content against every new textbook edition to verify that all subject areas tested in the exam are still adequately available in the study materials. If needed, exam developers will list supplemental resources to ensure that all topics in the exam are still sufficiently covered. Public libraries may have the textbooks you need, or may be able to obtain them for you through interlibrary loan to reduce textbook costs. You may also consider financial aid, if you qualify, to further help defray the steep cost of textbooks. A section on OER has been included in this guide to help you locate additional resources to augment your study.

Exam Verification Resources


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.

Supplemental Resources

There are no Supplemental Resources for the Maternal Child Nursing exam. For additional information, please refer to available open educational resources (OER).

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.

A Word About Open Educational Resources

Open educational resources (OER) are educational materials available for study at no cost on the Web. Some OER are available for anyone to access any time. Others, such as Massive Open Online Courses (MOOCs), require sign-up and are only available during certain windows. Please note that some MOOC providers offer certificates of completion or other products or services for a fee. No MOOC or other OER...
is a complete substitute for the content guide and officially Recommended Resources listed here in this content guide. However, by definition, MOOCs are essentially free of charge and include access to a main body of learning materials that may help you in your learning.

Being an independent learner preparing for credit by exam, you may not need any of the fee-based options that are offered elsewhere online. But if you are looking for a coherent academic course for self-study, lectures on specific topics, or audio or visual materials that fit your learning style better than print materials alone, a MOOC or other type of OER may be your answer. Keep in mind that none of these OER were designed by Excelsior, nor are they guaranteed to match the exam content outlines completely. They are simply another tool available in your study kit.

We highly encourage using the Recommended Resources. In the content outline, you will see that the topics in the exam are referenced to specific portions of recommended textbooks. Using OER alone will not ensure you’ve completely covered the content in the exam, or it may not cover some topics in sufficient-enough depth without the use of the formal, recommended textbooks.

If the OER course you choose does not include a textbook for reference and you do not have significant practical theory-based experience in the field of study, use a college textbook to ensure adequate preparation for the exam, and use the exam’s content outline as a guide.

Combined with comparable college textbooks, OER provides you with a variety of choices in knowledge sources and learning experiences, to enhance your understanding of the subject matter.

**Choosing Open Educational Resources**

Most sites for university-based OER can be searched through www.ocwconsortium.org and/or www.oercommons.org.

Sites that specialize in Web courses designed by college professors under contract with the website sponsor, rather than in Web versions of existing college courses, include:

- www.education-portal.com
- www.opencourselibrary.org (abbreviated as OCL)

We have included specific courses that cover material for one or more UExcel® exams from the sites in the listings above. It’s worth checking these sites frequently to see if new courses have been added that may be more appropriate or may cover an exam topic not currently listed.

In addition, sites like Khan Academy (www.khanacademy.com) and iTunes U feature relatively brief lessons on very specific topics rather than full courses. Full courses are also available on iTunes U (http://www.apple.com/education/ipad/itunes-u/). We have chosen a few courses and collections for this listing.

**Other Online Resources**

This section of the OER Guide is provided to allow learners to independently search for resources.

**Open Online Textbooks**

- BookBoon
- Flatworld Knowledge
  - http://catalog.flatworldknowledge.com/#our-catalog

**College Readiness**

- Khan Academy
  - http://www.khanacademy.org/
- Hippocampus
  - http://www.hippocampus.org/
- Open Course Library

**Study Aids**

- Education Portal
  - http://education-portal.com/
- Khan Academy
  - http://www.khanacademy.org/
- Annenberg Learner
  - http://www.learner.org/
- OpenCourseWare
- OER Commons
  - http://www.oercommons.org/
- Open Course Library
  - http://www.opencourselibrary.org/
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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. Examine 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. (Aligns to GECC 5.1 and 6.1)
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. (Aligns to GECC 2.1)
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. (Aligns to GECC 2.1)
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. (Aligns to GECC 2.1)
5. Describe nursing management principles related to ill children from infancy to adolescence who are experiencing major health problems characteristic of their age group. (Aligns to GECC 2.1)
6. Identify and manage responses of the family and the ill infant or child to major health problems. (Aligns to GECC 2.1)

General Education Career Competencies Addressed in this Exam

GECC-2: Mathematical and Scientific Problem Solving: Apply scientific knowledge and reasoning to make evidence-based decisions.

GECC-5: Global Understanding: Explain how social, political, economic, or cultural forces shape relations between individuals and groups around the world.

GECC-6: Ethical Reasoning: Explain different ethical positions in relation to a problem or issue.
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 Childrearing Family</td>
<td>10%</td>
<td>36</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 and the Family with a High-Risk Neonate</td>
<td>20%</td>
<td>72</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>
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</tbody>
</table>

*Approximate: For those test-takers who know the topic well, less time may be needed to learn the subject matter. For those who are new to the subject matter, more time may be required for study.

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 text will be your primary resource for content areas I, II, and III, with Hockenberry 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.
NOTE: Occasionally, examples will be listed for a content topic to help clarify that topic. However, the content of the examination is not limited to the specific examples given.

I. Nursing Management of the Childbearing Family and the Childrearing Family

10 PERCENT OF EXAM

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

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

20 PERCENT OF EXAM

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

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

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 glucocerebrosidosis, 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)
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 21–24 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?
    A vaginal examination may
    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.

*correct answer
14. (IIIC)
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.

*correct answer
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.

*correct answer

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.
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Maternal & Child Nursing (baccalaureate) Exam

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