

# Advanced Life Support in Obstetrics (ALSO) Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

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**SAMPLE**

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# Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

**Remember:** successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

# How to Use This Guide

**This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:**

## **1. Start with a Diagnostic Review**

**Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.**

## **2. Study in Short, Focused Sessions**

**Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.**

## **3. Learn from the Explanations**

**After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.**

## **4. Track Your Progress**

**Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.**

## **5. Simulate the Real Exam**

**Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.**

## **6. Repeat and Review**

**Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.**

**There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!**

## Questions

- 1. What is the estimated fetal weight for each IV bag given during resuscitation?**
  - A. 1 pound**
  - B. 2 pounds**
  - C. 3 pounds**
  - D. 5 pounds**
- 2. Which complication may occur in a patient with preeclampsia before, during, or after delivery?**
  - A. Acute kidney injury**
  - B. Eclampsia**
  - C. Placental previa**
  - D. Gestational diabetes**
- 3. When should a physician consider emergency cesarean delivery?**
  - A. When fetal movement is noted**
  - B. In the presence of fetal distress, uterine rupture, or severe maternal condition**
  - C. Only during scheduled deliveries**
  - D. When the patient requests it**
- 4. Which drug can be used as a tocolytic to delay labor by up to 48 hours?**
  - A. Magnesium sulfate**
  - B. Nifedipine**
  - C. Indomethacin**
  - D. Terbutaline**
- 5. What can be a consequence of not managing gestational diabetes effectively?**
  - A. Increased maternal energy levels**
  - B. Low birth weight for the neonate**
  - C. Complications for both mother and child**
  - D. Shorter labor duration**

- 6. What symptoms indicate possible chorioamnionitis in a pregnant patient?**
- A. Hypertension and severe headache**
  - B. Fever, tachycardia, and uterine tenderness**
  - C. Nausea and vomiting**
  - D. Increased fetal heart rate**
- 7. What is a recommended treatment for trophoblastic disease?**
- A. Surgical hysterectomy**
  - B. Emergency restraint**
  - C. Prompt evacuation of the uterus**
  - D. Radiation therapy**
- 8. What lab evaluations are recommended for monitoring in preeclampsia?**
- A. CBC and urinalysis**
  - B. Blood glucose and coagulation panel**
  - C. Ast/ALTs and uric acid**
  - D. A and C**
- 9. What is the initial management of a postpartum hemorrhage?**
- A. Uterine massage and administration of uterotonics**
  - B. Immediate surgical intervention**
  - C. Fluid resuscitation only**
  - D. Observation and monitoring**
- 10. What is the percentage of clinically recognized pregnancies that experience miscarriages?**
- A. 5%**
  - B. 10%**
  - C. 15%**
  - D. 20%**



## **Answers**

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1. B
2. B
3. B
4. B
5. C
6. B
7. C
8. D
9. A
10. C

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## **Explanations**

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**1. What is the estimated fetal weight for each IV bag given during resuscitation?**

- A. 1 pound
- B. 2 pounds**
- C. 3 pounds
- D. 5 pounds

The estimated fetal weight for each IV bag given during resuscitation is approximately 2 pounds. This estimation is based on the understanding that intravenous fluids contribute to the overall fluid volume that the placenta can tolerate during resuscitation scenarios. When resuscitating a pregnant patient, particularly in cases of hemorrhage or shock, understanding the fluid volume and its potential impact on the fetus is crucial for managing both maternal and fetal well-being. Each IV bag (typically containing about 1000 mL of fluid) can be estimated to provide around 2 pounds of fetal weight gain, which is a useful guideline for clinicians during resuscitation efforts. This information helps healthcare providers anticipate the needs and responses of both the mother and the fetus in critical situations.

**2. Which complication may occur in a patient with preeclampsia before, during, or after delivery?**

- A. Acute kidney injury
- B. Eclampsia**
- C. Placental previa
- D. Gestational diabetes

In patients with preeclampsia, eclampsia is the most serious potential complication that can occur before, during, or after delivery. Eclampsia is characterized by the onset of seizures in a woman with preeclampsia, making it a critical condition that requires immediate medical attention. The pathophysiological mechanism of eclampsia is believed to be related to vascular endothelial dysfunction, resulting in increased blood pressure, which can lead to cerebral edema and ultimately seizures. The risk of developing eclampsia escalates as preeclampsia progresses, particularly when blood pressure readings are high or there are other severe signs of the condition. Focusing on the timing, eclampsia can manifest prior to delivery if preeclampsia is particularly severe, during labor due to stress and changes in blood pressure, or postpartum as the body undergoes extensive physiological changes. Given the potential for sudden onset and severe consequences, addressing eclampsia is vital in the management of women with preeclampsia. While acute kidney injury is a serious concern in preeclampsia, its occurrence is more so a result of the condition rather than a direct complication like eclampsia, which is an escalation.

**3. When should a physician consider emergency cesarean delivery?**

- A. When fetal movement is noted
- B. In the presence of fetal distress, uterine rupture, or severe maternal condition**
- C. Only during scheduled deliveries
- D. When the patient requests it

Emergency cesarean delivery is indicated in situations where the health and safety of both the mother and the fetus are at significant risk. The presence of fetal distress—such as insufficient oxygen supply leading to signs of fetal compromise—demands swift action to prevent injury or death. Similarly, a uterine rupture can pose an immediate threat to maternal and fetal well-being, necessitating quick surgical intervention. Additionally, severe maternal conditions, like a significant hemorrhage or severe hypertension, also warrant an emergency cesarean to avoid further complications. In contrast, fetal movement is a normal occurrence and does not indicate an emergency situation. Scheduled deliveries lack the immediate urgency that necessitates an emergency procedure. While a patient's request should be considered in an ongoing clinical context, the decision for an emergency cesarean must be based on medical necessity rather than personal desire. Therefore, the correct choice highlights the critical conditions that clearly necessitate the urgent intervention of an emergency cesarean delivery.

**4. Which drug can be used as a tocolytic to delay labor by up to 48 hours?**

- A. Magnesium sulfate
- B. Nifedipine**
- C. Indomethacin
- D. Terbutaline

Nifedipine is recognized as an effective tocolytic agent used to delay preterm labor for up to 48 hours. It is a calcium channel blocker that works by relaxing the smooth muscle of the uterus, thereby decreasing uterine contractions. This ability to prolong pregnancy for a short duration can be crucial, especially in situations where interventions such as administering corticosteroids to accelerate fetal lung maturity are needed before delivery. Magnesium sulfate, while it has tocolytic properties, is primarily used for neuroprotection of the fetus in cases of imminent preterm birth, making it less effective as a sole tocolytic compared to nifedipine. Indomethacin is another tocolytic, but its use is typically limited due to potential risks to the fetus, especially concerning oligohydramnios or premature closure of the ductus arteriosus. Terbutaline can also delay labor, but it is less favored due to more significant side effects and a limit on the duration of its use. Overall, nifedipine stands out among these options for its efficacy and safety profile in extending pregnancy when immediate intervention is needed.

**5. What can be a consequence of not managing gestational diabetes effectively?**

- A. Increased maternal energy levels**
- B. Low birth weight for the neonate**
- C. Complications for both mother and child**
- D. Shorter labor duration**

Managing gestational diabetes effectively is crucial for the health of both the mother and the neonate. When gestational diabetes is not properly controlled, it can lead to several serious complications. One significant consequence is an increased risk of complications for both the mother and the child. For the mother, unmanaged gestational diabetes can lead to conditions such as hypertension, preeclampsia, and a higher likelihood of requiring a cesarean section due to excessive fetal growth. For the infant, complications can include macrosomia (large birth weight), which increases the risk of delivery complications and may lead to low blood sugar levels (hypoglycemia) after birth. Additionally, there is an increased risk of the child developing obesity and type 2 diabetes later in life. Given these potential issues, it is evident that effective management of gestational diabetes is essential to reduce risks and ensure the health and safety of both the mother and the child.

**6. What symptoms indicate possible chorioamnionitis in a pregnant patient?**

- A. Hypertension and severe headache**
- B. Fever, tachycardia, and uterine tenderness**
- C. Nausea and vomiting**
- D. Increased fetal heart rate**

Chorioamnionitis is an infection of the amniotic fluid and membranes surrounding the fetus, often associated with preterm labor or prolonged rupture of membranes. The symptoms indicative of chorioamnionitis are typically related to both maternal and fetal response to infection. Fever, tachycardia, and uterine tenderness are classic signs that suggest the presence of infection in the pregnant patient. Fever indicates a systemic response to infection, while tachycardia reflects increased heart rate which can be a response to both maternal and fetal distress. Uterine tenderness suggests inflammation in the uterus, which further corroborates the diagnosis of chorioamnionitis. Other options present symptoms that do not specifically correlate with chorioamnionitis. Hypertension and severe headache can suggest conditions like preeclampsia, while nausea and vomiting are more general symptoms that can arise from a variety of conditions not directly related to chorioamnionitis. An increased fetal heart rate might indicate fetal stress, but it lacks the specificity of the classic triad associated with chorioamnionitis. Overall, the presence of fever, tachycardia, and uterine tenderness provides a clearer indication of this serious condition.

**7. What is a recommended treatment for trophoblastic disease?**

- A. Surgical hysterectomy**
- B. Emergency restraint**
- C. Prompt evacuation of the uterus**
- D. Radiation therapy**

The recommended treatment for trophoblastic disease, particularly in the context of gestational trophoblastic neoplasia (like complete or partial mole), involves prompt evacuation of the uterus. This is crucial because trophoblastic disease can lead to complications such as hemorrhage and it may also have the potential to progress to more serious conditions. The evacuation is typically performed through curettage, which is a procedure used to remove abnormal tissue from the uterus. By intervening quickly to clear the uterine contents, practitioners aim to reduce the risk of complications and allow for comprehensive monitoring of the patient's human chorionic gonadotropin (hCG) levels in subsequent follow-ups. If the pathologic examination confirms the diagnosis of trophoblastic disease, managing hCG levels can help track if any further treatment, such as chemotherapy, might be necessary. In contrast, surgical hysterectomy is usually reserved for cases where there is a need to remove the uterus due to severe or persistent disease after less invasive options have been considered. Emergency restraint does not apply in this context of treating trophoblastic disease, as it is not a relevant medical intervention here. Radiation therapy is not a standard first-line treatment for trophoblastic disease either, as it is more associated with

**8. What lab evaluations are recommended for monitoring in preeclampsia?**

- A. CBC and urinalysis**
- B. Blood glucose and coagulation panel**
- C. Ast/ALTs and uric acid**
- D. A and C**

In the context of monitoring preeclampsia, certain lab evaluations are critical for assessing the mother's and fetus's health. A complete blood count (CBC) is essential for evaluating hemoglobin levels, platelet counts, and signs of hemolysis, which can indicate worsening disease. Urinalysis is also vital, as it helps in detecting proteinuria, which is a diagnostic criterion for preeclampsia. Additionally, measuring liver enzymes such as AST (aspartate aminotransferase) and ALT (alanine aminotransferase) is important because elevated liver enzymes can signal liver dysfunction, which can occur in severe cases. Uric acid levels may also be monitored since they can rise in preeclampsia, reflecting the underlying pathophysiology of the condition. The combination of these assessments allows for comprehensive monitoring of the progression of preeclampsia. The pairing of CBC and urinalysis provides key insights into maternal wellbeing, while AST/ALT and uric acid levels further clarify any potential liver involvement and metabolic stress. Thus, selecting both sets of lab tests gives a fuller picture of the patient's condition in the context of preeclampsia.

**9. What is the initial management of a postpartum hemorrhage?**

- A. Uterine massage and administration of uterotonics**
- B. Immediate surgical intervention**
- C. Fluid resuscitation only**
- D. Observation and monitoring**

The management of postpartum hemorrhage focuses on quickly restoring uterine tone and controlling bleeding. The initial steps often include uterine massage and the administration of uterotonics. Uterine massage helps stimulate uterine contraction, which can reduce bleeding by compressing blood vessels. Uterotonics, such as oxytocin, are medications that promote contractions of the uterus, further aiding in the prevention and treatment of hemorrhage. Prompt action in these areas is critical as it addresses the most common and manageable cause of postpartum hemorrhage, which is uterine atony. While immediate surgical intervention may be necessary in certain severe cases or if there is a retained placenta, it is not the initial management step for most instances of postpartum hemorrhage. Fluid resuscitation is important but typically follows as supportive care after controlling the hemorrhage. Monitoring may also be part of the overall management strategy, but it is not sufficient as an initial response; immediate action to control bleeding is paramount.

**10. What is the percentage of clinically recognized pregnancies that experience miscarriages?**

- A. 5%**
- B. 10%**
- C. 15%**
- D. 20%**

The statistic indicating that approximately 15% of clinically recognized pregnancies result in miscarriage is well-supported by research in obstetrics. Clinically recognized pregnancies can be defined as those pregnancies that have been confirmed via ultrasound or by measuring hCG levels. Miscarriage, or spontaneous abortion, typically occurs in the first trimester and is influenced by various factors, including chromosomal abnormalities, maternal health, and environmental factors. The 15% figure is often cited in medical literature as representing the average risk of miscarriage for women who know they are pregnant. Understanding this statistic is crucial for healthcare providers, as it helps frame expectations for patients who may be anxious about their pregnancies. It also underscores the importance of prenatal care and early monitoring to address any potential complications that could lead to a miscarriage. Other percentages typically mentioned in differing contexts relate to all pregnancies, including those that are not clinically recognized (which can raise overall miscarriage rates), but in the context of clinically confirmed pregnancies, 15% reflects the consensus in medical research.



## Next Steps

**Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.**

**As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.**

**If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at [hello@examzify.com](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://alsobstetrics.examzify.com>**

**We wish you the very best on your exam journey. You've got this!**