

# ANTEPARTUM AND INTRAPARTUM PERIOD OBSTETRICS (OB) SCC 4TH QUARTER PRACTICE TEST (SAMPLE)

STUDY GUIDE



## SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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

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- 1. Which finding is most consistent with the need to discontinue labor augmentation with oxytocin?**
  - A. Nonreassuring fetal heart tracing with tachysystole
  - B. Normal fetal heart tracing with adequate contractions
  - C. Light vaginal bleeding without fetal distress
  - D. Maternal resting heart rate above 100 bpm
- 2. After expelling a hydatidiform mole, which response best addresses the patient's question about when to try to become pregnant again?**
  - A. Wait at least 6 months.
  - B. Wait at least 1 year.
  - C. Wait at least 2 years.
  - D. There is no waiting period.
- 3. Initial client assessment shows BP 160/110 mm Hg, pulse 88, respirations 22, reflexes +3/+4 with 2 beat clonus, +3 protein in urine. Based on these findings, which complaints are most likely?**
  - A. Headache, blurred vision, and facial and extremity swelling
  - B. Numbness and tingling in hands
  - C. Severe abdominal pain
  - D. Chest pain
- 4. A client at 34 weeks with placenta previa is bleeding. The fetal heart sounds are normal and the client is not in labor. Which nursing intervention should the nurse perform?**
  - A. Monitor the amount of vaginal blood loss.
  - B. Prepare the client for immediate cesarean delivery.
  - C. Assist to ambulate to promote comfort.
  - D. Apply heat to the abdomen or perineum.
- 5. A 26-year-old primigravida at 34 weeks uses mineral oil for constipation. Which instruction is correct?**
  - A. Avoid mineral oil because it interferes with absorption of fat-soluble vitamins.
  - B. Continue using mineral oil as needed.
  - C. Use mineral oil only after meals.
  - D. Switch to mineral oil with vitamin supplements.

- 6. A client who is 15 weeks pregnant comes to the clinic for amniocentesis. The test can reveal the sex of the fetus.**
- A. Fetal lung maturity
  - B. Chromosomal defects
  - C. Sex of the fetus
  - D. Uterine fibroids
- 7. A client who is 15 weeks pregnant comes to the clinic for amniocentesis. Which of the following can amniocentesis determine?**
- A. Gestational age
  - B. Chromosomal defects
  - C. Sex of the fetus
  - D. Placental location
- 8. A nurse is performing a physical examination of a primigravid client who's 8 weeks pregnant. At this time, the nurse expects to assess:**
- A. Hegar's sign.
  - B. McDonald's sign.
  - C. Ballottement.
  - D. Chadwick sign.
- 9. What analgesia is commonly used for intrapartum pain management in many settings?**
- A. Local nerve block
  - B. General anesthesia
  - C. Oral analgesics
  - D. Epidural analgesia
- 10. In the scenario of third-trimester vaginal bleeding without abdominal pain, what is an appropriate initial assessment?**
- A. Immediate cesarean.
  - B. Assess the fetal heart rate.
  - C. Administer pain medication.
  - D. Perform pelvic exam.

## **Answers**

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

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## **Explanations**

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**1. Which finding is most consistent with the need to discontinue labor augmentation with oxytocin?**

- A. Nonreassuring fetal heart tracing with tachysystole**
- B. Normal fetal heart tracing with adequate contractions
- C. Light vaginal bleeding without fetal distress
- D. Maternal resting heart rate above 100 bpm

*When labor is being augmented with oxytocin, the danger signal is uterine tachysystole—too-frequent contractions that can cut off placental blood flow during each contraction. If this occurs together with a nonreassuring fetal heart tracing, the best move is to discontinue the oxytocin. Stopping the augmentation reduces contraction frequency and allows the fetus to recover from any contraction-induced hypoxia, improving uteroplacental perfusion. This step often precedes further measures like repositioning, IV fluids, and supplemental oxygen, and if contractions remain excessive, tocolysis may be considered to calm the uterus. Normal fetal tracing with adequate contractions does not indicate a problem and does not require stopping the augmentation. Light vaginal bleeding without fetal distress can occur for various reasons and isn't by itself a reason to halt oxytocin unless fetal status becomes compromised. Maternal resting heart rate above 100 bpm signals maternal tachycardia which, by itself, does not mandate stopping augmentation unless it's part of a larger clinical picture with fetal distress or uterine overactivity.*

**2. After expelling a hydatidiform mole, which response best addresses the patient's question about when to try to become pregnant again?**

- A. Wait at least 6 months.
- B. Wait at least 1 year.**
- C. Wait at least 2 years.
- D. There is no waiting period.

*After a molar pregnancy is evacuated, the priority is to prove that there is no persistent trophoblastic disease. That means carefully tracking the pregnancy hormone (hCG) levels until they fall to and stay at undetectable levels for a sustained period. Only after you've confirmed this stability should we consider trying to conceive again. Waiting at least a year gives time for complete resolution to be verified and reduces the chance that a hidden persistent mole or rising hCG could be mistaken for a new pregnancy. It also allows the uterus to recover after the evacuation so a future pregnancy can be monitored safely from the start. Shorter intervals, like six months, may not provide enough time to detect late persistence; longer intervals, such as two years, aren't usually necessary unless there are specific concerns. There is a definite waiting period recommended to balance safety and future fertility.*

3. Initial client assessment shows BP 160/110 mm Hg, pulse 88, respirations 22, reflexes +3/+4 with 2 beat clonus, +3 protein in urine. Based on these findings, which complaints are most likely?

A. Headache, blurred vision, and facial and extremity swelling

B. Numbness and tingling in hands

C. Severe abdominal pain

D. Chest pain

*High blood pressure in pregnancy with significant proteinuria and signs of CNS irritability points to severe preeclampsia. The headaches and visual disturbances arise from cerebral vasospasm and cerebral edema, while facial and extremity swelling reflect generalized edema from endothelial dysfunction. Together, these findings explain why headaches, blurred vision, and swelling are the most likely complaints. Numbness and tingling are not as characteristic of preeclampsia, though peripheral symptoms can occur in other conditions. Severe abdominal or chest pain can occur in pregnancy-related emergencies but do not fit the most immediate CNS and edema-clinical picture here.*

4. A client at 34 weeks with placenta previa is bleeding. The fetal heart sounds are normal and the client is not in labor. Which nursing intervention should the nurse perform?

A. Monitor the amount of vaginal blood loss.

B. Prepare the client for immediate cesarean delivery.

C. Assist to ambulate to promote comfort.

D. Apply heat to the abdomen or perineum.

*Placenta previa means the placenta is implanted over or near the cervical os, which makes vaginal delivery dangerous because bleeding can worsen if labor begins or the cervix dilates. Even with reassuring fetal heart tones, active bleeding from placenta previa at 34 weeks requires delivering the fetus via cesarean to control maternal hemorrhage and prevent placental separation during labor. Therefore preparing for immediate cesarean delivery is the most appropriate nursing action. In practice, the nurse should support this plan by coordinating with the obstetric team and ensuring readiness for surgery: establish two large-bore IV lines with fluids available, arrange for type and crossmatch and potential blood products, keep the patient NPO, continuously monitor maternal vital signs and bleeding, monitor the fetal status, and ensure rapid transfer to the operating room with appropriate consent and documentation.*

**5. A 26-year-old primigravida at 34 weeks uses mineral oil for constipation. Which instruction is correct?**

- A. Avoid mineral oil because it interferes with absorption of fat-soluble vitamins.**
- B. Continue using mineral oil as needed.
- C. Use mineral oil only after meals.
- D. Switch to mineral oil with vitamin supplements.

*Interfering with absorption of fat-soluble vitamins is the key issue here. Mineral oil acts as a laxative by coating the intestinal contents, which can hinder the absorption of vitamins A, D, E, and K. In pregnancy, maintaining adequate levels of these vitamins is important for both maternal health and fetal development, so using mineral oil can increase the risk of deficiencies. That's why the instruction is to avoid mineral oil during pregnancy. Continuing to use mineral oil isn't ideal because it doesn't resolve the absorption issue. Using it after meals or switching to a version with vitamin supplements wouldn't eliminate the problem, since the oil itself still binds fats and reduces vitamin uptake. Instead, opt for safer constipation management during pregnancy, such as increasing dietary fiber and fluids, staying active as tolerated, and using safer laxatives or stool softeners (for example, docusate or certain osmotic laxatives) under prenatal care guidance if needed.*

**6. A client who is 15 weeks pregnant comes to the clinic for amniocentesis. The test can reveal the sex of the fetus.**

- A. Fetal lung maturity
- B. Chromosomal defects
- C. Sex of the fetus**
- D. Uterine fibroids

*Amniocentesis provides a sample of fetal cells from the amniotic fluid that can be grown and analyzed for the fetal karyotype. By looking at the sex chromosomes, you can determine the sex of the fetus—presence of a Y chromosome indicates male, absence indicates female. This genetic analysis is a direct way to reveal fetal sex. Fetal lung maturity, which is assessed later in pregnancy, relies on markers in the amniotic fluid such as the L/S ratio and phosphatidylglycerol, not something determined at 15 weeks. Uterine fibroids are not evaluated through amniotic fluid analysis.*

**7. A client who is 15 weeks pregnant comes to the clinic for amniocentesis. Which of the following can amniocentesis determine?**

- A. Gestational age
- B. Chromosomal defects
- C. Sex of the fetus**
- D. Placental location

*Amniotic fluid contains fetal cells that can be cultured and analyzed to reveal the fetal karyotype. From this genetic material you can identify the sex chromosomes, so you can determine whether the fetus is XX or XY. That's why amniocentesis can tell the sex of the fetus, especially by this stage when there are enough fetal cells for accurate testing. By contrast, gestational age and placental location are typically assessed with ultrasound, not amniocentesis. Chromosomal defects can be detected with this test as well, but if you're choosing the single most direct outcome listed, identifying the sex is a straightforward result of analyzing the fetal chromosomes.*

**8. A nurse is performing a physical examination of a primigravid client who's 8 weeks pregnant. At this time, the nurse expects to assess:**

- A. Hegar's sign.**
- B. McDonald's sign.
- C. Ballottement.
- D. Chadwick sign.

*During early pregnancy, the uterus and cervix undergo changes driven by hormones that you can detect on physical exam. One hallmark is the softening of the lower uterine segment, where the uterus meets the cervix. This is known as Hegar sign. It reflects softening and increased distensibility of the isthmus and is typically detectable around six to twelve weeks, making it a classic finding around eight weeks gestation when performing a bimanual examination. Chadwick sign, a blue-violet discoloration of the cervix and vaginal tissue from increased vascularity, can also appear early, but it's a visual change rather than a palpated uterine change. Ballottement is a sign that appears later when the fetus can be moved within the uterus, usually in the second trimester. McDonald sign relates to the uterus flexing more easily against the cervix and is another early finding, but the best-documented exam finding at this stage is the softening of the lower uterine segment. So, at eight weeks, identifying a soft, compressible lower uterine segment confirms the expected early pregnancy change.*

**9. What analgesia is commonly used for intrapartum pain management in many settings?**

- A. Local nerve block
- B. General anesthesia
- C. Oral analgesics
- D. Epidural analgesia**

*Pain during labor comes from both the uterus and the tissues of the lower birth canal. Epidural analgesia uses a catheter placed in the epidural space to deliver a local anesthetic (often with an opioid) that blocks nerve signals from those regions. This provides strong, controllable, continuous pain relief throughout labor. Because the dose can be titrated and the catheter stays in place, the mother can remain awake and participate actively in pushing, while fetal exposure to medications is minimized compared with systemic drugs. It also offers the option to convert to surgical anesthesia if a cesarean becomes necessary, without needing general anesthesia. Local nerve blocks are limited to the perineal region and don't relieve the whole-labor pain. General anesthesia is mainly used for cesarean delivery and carries higher risks for the mother and fetus during labor. Oral analgesics can be used in some settings but generally provide less effective and less predictable relief for active labor. That combination of effectiveness, controllability, and versatility makes epidural analgesia the most common choice for intrapartum pain management in many settings.*

**10. In the scenario of third-trimester vaginal bleeding without abdominal pain, what is an appropriate initial assessment?**

- A. Immediate cesarean.
- B. Assess the fetal heart rate.**
- C. Administer pain medication.
- D. Perform pelvic exam.

*Assessing the fetal status right away is the priority. Checking the fetal heart rate gives immediate, crucial information about whether the fetus is tolerating the intrauterine environment and helps guide next steps. In late-pregnancy vaginal bleeding without pain, placenta previa is a key concern, so confirming fetal well-being first also avoids doing a pelvic exam that could worsen bleeding if the placenta is low-lying. A reassuring fetal heart tracing supports proceeding with ultrasound to locate the placenta and plan management; nonreassuring tracing or ongoing bleeding would escalate care toward delivery. Pain relief doesn't address the bleeding risk, and immediate cesarean is reserved for fetal distress or confirmed clinically significant placenta previa with bleeding, not as the initial step.*

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## 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://anteintrapartumobsc4thqtrt.examzify.com>

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

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