

# ATI Maternity Practice Test (Sample)

## Study Guide



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

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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. During a routine prenatal visit, which finding should the nurse report to the provider for a client at 20 weeks of gestation?**
  - A. Fundal height**
  - B. Weight gain of 2 pounds**
  - C. Heart rate of 120 bpm**
  - D. Lower abdominal discomfort**
- 2. What is the main focus of care immediately following a vaginal birth?**
  - A. Monitoring infant's vitals**
  - B. Assessing the mother for hemorrhage**
  - C. Providing newborn with the first bath**
  - D. Discharging the mother**
- 3. What should a nurse do for a newborn after injury to the arm?**
  - A. Immobilize the arm across the abdomen**
  - B. Secure padding in the newborn's fist**
  - C. Reinforce limiting physical handling for 2 weeks**
  - D. Monitor the extremity for edema**
- 4. What statement indicates that a postpartum client understands how to care for their newborn's umbilical cord?**
  - A. "I will report any drainage from my baby's umbilical cord"**
  - B. "I will clean the cord with alcohol daily"**
  - C. "I can remove the cord stump if it gets loose"**
  - D. "I should cover the cord with a bandage"**
- 5. Which finding should a nurse report during the prenatal examination of a client at 36 weeks of gestation?**
  - A. Elevated heart rate**
  - B. Blurred vision**
  - C. Absence of fetal movement**
  - D. Increased weight gain**

**6. In a client receiving betamethasone during preterm labor, which route of administration should the nurse use?**

- A. Intravenous**
- B. Subcutaneous**
- C. Intramuscular**
- D. Oral**

**7. What finding in a newborn whose mother had gestational diabetes should be reported?**

- A. Hypoglycemia**
- B. Hyperactivity**
- C. Excessive weight**
- D. Jaundice**

**8. What is the primary goal of using tocolytics during labor?**

- A. To enhance fetal movement**
- B. To induce contractions**
- C. To prevent premature birth**
- D. To increase maternal blood pressure**

**9. What screening test is performed at 24-28 weeks to check for gestational diabetes?**

- A. Fasting blood glucose test**
- B. Oral glucose tolerance test (OGTT)**
- C. Hemoglobin A1c test**
- D. Blood pressure screening**

**10. What is the usual nursing expectation after administering magnesium sulfate for preeclampsia?**

- A. Monitor for signs of reduced urine output**
- B. Increase activity levels**
- C. Encourage increased fluid intake**
- D. Discharge immediately from the hospital**

## **Answers**

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

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## **Explanations**

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**1. During a routine prenatal visit, which finding should the nurse report to the provider for a client at 20 weeks of gestation?**

- A. Fundal height**
- B. Weight gain of 2 pounds**
- C. Heart rate of 120 bpm**
- D. Lower abdominal discomfort**

At 20 weeks of gestation, the expectation for fundal height is that it should correspond approximately to the number of weeks of pregnancy, typically measuring around 18-22 centimeters. Any significant deviation from this range can indicate potential issues such as inadequate fetal growth, multiples, or other complications. Reporting the fundal height is crucial because it is a key indicator of fetal development and well-being. The healthcare provider can make necessary assessments or interventions if the fundal height measurement is outside the normal range. In contrast, weight gain of 2 pounds may be within acceptable limits for a woman who is in the second trimester, as the recommended weight gain during this period varies based on pre-pregnancy weight. A heart rate of 120 bpm is considered normal for a fetus at this stage. Lower abdominal discomfort can occur for many reasons during pregnancy, but unless it is severe or accompanied by other concerning symptoms, it may not necessarily require urgent reporting.

**2. What is the main focus of care immediately following a vaginal birth?**

- A. Monitoring infant's vitals**
- B. Assessing the mother for hemorrhage**
- C. Providing newborn with the first bath**
- D. Discharging the mother**

The main focus of care immediately following a vaginal birth is assessing the mother for hemorrhage. This is critical because postpartum hemorrhage is one of the leading causes of maternal morbidity and mortality. After delivery, healthcare providers prioritize monitoring the mother's vital signs, the condition of the uterus, and any vaginal bleeding. Prompt identification and management of bleeding can significantly impact the mother's health and recovery. While monitoring the infant's vitals is essential, especially in the first few hours after birth, the mother's safety and stabilization take precedence. Providing the newborn with the first bath and planning for discharge are important but typically occur after the initial maternal assessments have confirmed that she is stable and at low risk for complications. Thus, assessing the mother for potential hemorrhage is the primary focus during this critical period to ensure her well-being.

**3. What should a nurse do for a newborn after injury to the arm?**

- A. Immobilize the arm across the abdomen**
- B. Secure padding in the newborn's fist**
- C. Reinforce limiting physical handling for 2 weeks**
- D. Monitor the extremity for edema**

Immobilizing the arm across the abdomen is crucial for a newborn who has sustained an injury. This action helps to stabilize the injured area, minimizing movement to prevent further injury or distress. In newborns, whose bones and soft tissues are still developing and are fragile, immobilization is key to allowing healing while also providing comfort and reducing pain. Additionally, keeping the arm close to the body allows for easier monitoring of any changes in condition and can help the caregiver or healthcare provider respond quickly if any complications arise. While other options may contribute to the overall care of the newborn, immediate immobilization of the injured limb is the priority to ensure the injury does not worsen.

**4. What statement indicates that a postpartum client understands how to care for their newborn's umbilical cord?**

- A. "I will report any drainage from my baby's umbilical cord"**
- B. "I will clean the cord with alcohol daily"**
- C. "I can remove the cord stump if it gets loose"**
- D. "I should cover the cord with a bandage"**

The statement indicating that a postpartum client understands how to care for their newborn's umbilical cord is the one that highlights the importance of monitoring the umbilical cord for signs of infection. When a parent acknowledges the need to report any drainage from the baby's umbilical cord, it shows an understanding of potential complications that may arise, such as an infection. Typically, a healthy umbilical cord stump will dry out and eventually fall off on its own, and monitoring for excessive drainage or unusual changes is crucial to ensure the baby's health. Recognizing the signs of infection or abnormality and knowing when to seek help is a critical aspect of newborn care. In contrast, the other statements do not reflect optimal care practices. For example, cleaning the cord with alcohol is no longer recommended as it can irritate the skin and delay healing. Removing the cord stump prematurely can lead to additional complications and should always be left to heal naturally. Covering the cord with a bandage is also unnecessary and can trap moisture, which may lead to infection.

**5. Which finding should a nurse report during the prenatal examination of a client at 36 weeks of gestation?**

- A. Elevated heart rate**
- B. Blurred vision**
- C. Absence of fetal movement**
- D. Increased weight gain**

During a prenatal examination at 36 weeks of gestation, blurred vision is a significant finding that warrants reporting. This symptom can be indicative of complications such as gestational hypertension or preeclampsia, which pose risks to both the mother and the fetus. Blurred vision may signal increased blood pressure or changes in vascular health, emphasizing the need for further evaluation and monitoring by a healthcare provider. Timely reporting of this symptom allows for appropriate diagnostic measures and interventions to be taken, ensuring the well-being of both the mother and the developing fetus. Monitoring for other potential signs of complications is essential during this late stage of pregnancy, making the recognition of blurred vision particularly critical.

**6. In a client receiving betamethasone during preterm labor, which route of administration should the nurse use?**

- A. Intravenous**
- B. Subcutaneous**
- C. Intramuscular**
- D. Oral**

Betamethasone is a corticosteroid commonly administered to accelerate fetal lung maturity in cases of preterm labor. The preferred route of administration for betamethasone in this context is intramuscular. This route allows for the effective delivery of the medication directly into the muscle, where it can be absorbed into the bloodstream at a rate sufficient to achieve the desired therapeutic effects, particularly in stimulating the production of surfactant in the fetal lung. Intramuscular administration is particularly important when considering the urgency and the goals of treatment in preterm labor situations. It allows for a rapid onset of action necessary for the short time frame during which a pregnant patient may be at risk for delivering prematurely. Corticosteroids like betamethasone are often given as a series of injections to maximize the benefits for fetal lung development. Other routes, such as intravenous or subcutaneous, may not provide the same combination of speed and efficacy for this specific clinical indication. Oral administration is not typically used for steroid administration in acute settings like preterm labor because it would take longer to achieve effective serum concentrations due to the drug's absorption characteristics and the time required for the gastrointestinal tract. Thus, intramuscular is the most effective and reliable route for administering betam

**7. What finding in a newborn whose mother had gestational diabetes should be reported?**

- A. Hypoglycemia**
- B. Hyperactivity**
- C. Excessive weight**
- D. Jaundice**

Hypoglycemia in a newborn whose mother had gestational diabetes is a finding that requires immediate reporting and intervention. This is because infants born to mothers with diabetes are at an increased risk for developing hypoglycemia due to the high levels of glucose they received in utero. After birth, the newborn's insulin levels may remain elevated while the maternal supply of glucose is rapidly removed, leading to a drop in blood sugar levels. Early identification and appropriate management of hypoglycemia is critical to prevent potential neurological damage and ensure optimal health outcomes for the newborn. Monitoring for signs of hypoglycemia, such as irritability, lethargy, or feeding difficulties, is essential in this population. Reporting this finding allows for timely assessment and treatment, ensuring the newborn receives the necessary care. Other findings, such as hyperactivity, excessive weight, and jaundice, while they may warrant attention, are not as urgent as the need to address hypoglycemia. Hyperactivity can have various causes and may not necessarily indicate an immediate health risk. Excessive weight could be a result of macrosomia related to maternal diabetes, but it may not require immediate reporting unless it becomes a concern. Jaundice is also common in newborns and can be monitored unless it reaches a concerning

**8. What is the primary goal of using tocolytics during labor?**

- A. To enhance fetal movement**
- B. To induce contractions**
- C. To prevent premature birth**
- D. To increase maternal blood pressure**

The primary goal of using tocolytics during labor is to prevent premature birth. Tocolytics are medications that relax the uterus and inhibit contractions, which can help delay the onset of labor in cases where it might occur too early, typically before 37 weeks of gestation. This delay is crucial as it allows for additional time for fetal development, particularly the maturation of the lungs and other vital organs, which can significantly improve outcomes for the newborn. In situations where premature labor is identified or anticipated, administering tocolytics can provide a critical window for medical interventions, such as the use of corticosteroids to promote fetal lung maturity or arranging for transfer to a facility equipped to handle preterm births. The other options do not align with the primary function of tocolytics. Enhancing fetal movement is unrelated to the use of these medications, and inducing contractions is the opposite of what tocolytics aim to achieve. Increasing maternal blood pressure is not a goal of tocolytics; in fact, many tocolytics can affect maternal hemodynamics by lowering blood pressure. Thus, the use of tocolytics specifically targets the prevention of premature labor to improve the overall health of both the mother and the baby.

**9. What screening test is performed at 24-28 weeks to check for gestational diabetes?**

- A. Fasting blood glucose test**
- B. Oral glucose tolerance test (OGTT)**
- C. Hemoglobin A1c test**
- D. Blood pressure screening**

The correct choice for the screening test performed at 24-28 weeks to check for gestational diabetes is the oral glucose tolerance test (OGTT). This test is specifically designed to assess how well a pregnant woman metabolizes glucose, which is crucial for identifying gestational diabetes. During the test, the patient consumes a glucose solution, and blood samples are taken at intervals afterward to measure how the body processes the sugar. It's important to conduct this screening between 24 and 28 weeks of pregnancy because it helps identify women who may have developed insulin resistance and glucose intolerance as a result of hormonal changes during pregnancy. Early detection is vital for managing the condition effectively and ensuring the health of both the mother and the baby. While the fasting blood glucose test is useful for diagnosing diabetes outside of pregnancy, it is not the preferred method for screening for gestational diabetes at this specific time. The hemoglobin A1c test measures average blood glucose levels over a longer period and is more relevant for the overall management of diabetes rather than for pregnancy-specific screening. Blood pressure screening, although important in prenatal care to assess conditions like preeclampsia, does not evaluate glucose metabolism and thus is not applicable for diagnosing gestational diabetes.

**10. What is the usual nursing expectation after administering magnesium sulfate for preeclampsia?**

- A. Monitor for signs of reduced urine output**
- B. Increase activity levels**
- C. Encourage increased fluid intake**
- D. Discharge immediately from the hospital**

Monitoring for signs of reduced urine output is a crucial nursing expectation after administering magnesium sulfate for preeclampsia because magnesium sulfate can affect renal function. This medication can lead to muscle relaxation, including that of the urinary tract, and potentially decrease urine output. It is essential for nurses to monitor fluid balance and renal status closely to detect any adverse effects and to ensure that the treatment remains safe and effective for the patient. The other choices do not align with the critical care needed following the administration of magnesium sulfate. Increasing activity levels may not be advisable for a patient in a state of preeclampsia due to the risk of complications and the need for careful monitoring. Encouraging increased fluid intake can be inappropriate, especially if the patient is showing signs of reduced urine output or has restrictions on fluid intake. Discharging a patient immediately from the hospital after administering magnesium sulfate would negate the necessary monitoring and evaluation needed to assess the patient's response to the medication and overall condition.

# 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://atimaternity.examzify.com>**

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

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