

AWHONN PERINATAL ORIENTATION AND EDUCATION PROGRAM (POEP) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

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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. At which gestational age does maternal cardiac output peak?**
 - A. 15-20 weeks gestation
 - B. 20-25 weeks gestation
 - C. 25-30 weeks gestation
 - D. 30-35 weeks gestation
- 2. What is a key aspect of antiretroviral treatment for HIV in pregnancy?**
 - A. It is optional and not routinely recommended.
 - B. It is essential for reducing perinatal transmission risk.
 - C. It can only be started after delivery.
 - D. It is only effective in the third trimester.
- 3. Which condition is characterized by significant bleeding and a risk of shock during pregnancy?**
 - A. Placenta previa
 - B. Placental abruption
 - C. Ectopic pregnancy
 - D. Gestational hypertension
- 4. Which factor is most important in managing a mother after a stillbirth?**
 - A. Minimize contact with healthcare providers
 - B. Focus on maternal physical recovery only
 - C. Support emotional healing and memory making
 - D. Encourage forgetfulness about the event
- 5. What is the drug of choice to reverse the effects of anticoagulant therapy?**
 - A. Calcium gluconate via slow IV push
 - B. Low-molecular-weight heparin via slow IV push
 - C. Narcan via slow IV push
 - D. Protamine sulfate via slow IV push
- 6. What condition might increase the risk of postpartum hemorrhage?**
 - A. Low blood pressure
 - B. Multiple gestation
 - C. Hydration issues
 - D. Advanced maternal age

- 7. What condition may Mrs. Jordan likely be experiencing if she arrives with continuous abdominal pain and minimal fetal heart pattern variability?**
- A. Placenta previa
 - B. Placental abruption
 - C. Ectopic pregnancy
 - D. Gestational hypertension
- 8. When is limited diagnostic evaluation and antibiotic therapy indicated for a newborn with GBS?**
- A. Antibiotic prophylaxis was given less than 1 hour prior to birth
 - B. Maternal antibiotic therapy was initiated for maternal chorioamnionitis
 - C. Neonate was born at less than 37 weeks gestation
 - D. Rupture of membranes occurred 18 hours prior to birth
- 9. Which infection is not included in the traditional TORCH classification?**
- A. Toxoplasmosis
 - B. Chlamydia
 - C. Rubella
 - D. Herpes simplex virus
- 10. Which of the following is NOT a complication of obesity during pregnancy?**
- A. Preeclampsia
 - B. Gestational diabetes
 - C. Urinary tract infections
 - D. Increased likelihood of cesarean delivery

Answers

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

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Explanations

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1. At which gestational age does maternal cardiac output peak?

- A. 15-20 weeks gestation
- B. 20-25 weeks gestation
- C. 25-30 weeks gestation**
- D. 30-35 weeks gestation

Maternal cardiac output is crucial during pregnancy as it increases to meet the demands of both the mother and growing fetus. The peak of maternal cardiac output typically occurs around 25 to 30 weeks of gestation. This timing aligns with the significant growth and metabolic demands of the developing fetus, which requires extra blood flow to ensure adequate oxygen and nutrient delivery. By this stage, the mother's body has adapted to hormonal changes and blood volume expansion, allowing for optimal cardiovascular performance. The increase in cardiac output is primarily due to increased heart rate and stroke volume, facilitating the necessary adjustments in the maternal circulation.

2. What is a key aspect of antiretroviral treatment for HIV in pregnancy?

- A. It is optional and not routinely recommended.
- B. It is essential for reducing perinatal transmission risk.**
- C. It can only be started after delivery.
- D. It is only effective in the third trimester.

The key aspect of antiretroviral treatment for HIV in pregnancy is that it is essential for reducing perinatal transmission risk. Research has shown that when pregnant individuals with HIV receive antiretroviral therapy, the viral load can be significantly reduced, substantially lowering the chance of transmitting the virus to the baby during pregnancy, labor, or breastfeeding. The effectiveness of antiretroviral treatment begins early in pregnancy and continues to have protective benefits as the pregnancy progresses. Starting the treatment as early as possible is critical in ensuring not only the health of the mother but also the well-being of the fetus. The overall goal is to maintain an undetectable viral load throughout pregnancy to promote the best outcomes for both the parent and child. In contrast, the other options do not reflect the current understanding and recommendations surrounding HIV treatment in pregnancy. For example, antiretroviral treatment is not optional; it is strongly advised for those living with HIV to minimize transmission risks. Additionally, starting treatment only after delivery or considering its effectiveness limited to the third trimester does not align with established medical guidelines, which emphasize the importance of ongoing treatment throughout the entire pregnancy.

3. Which condition is characterized by significant bleeding and a risk of shock during pregnancy?

- A. Placenta previa
- B. Placental abruption**
- C. Ectopic pregnancy
- D. Gestational hypertension

Placental abruption is characterized by the premature separation of the placenta from the uterine wall, which can lead to significant bleeding and poses a serious risk of shock during pregnancy. This condition typically manifests with sudden abdominal pain and may involve vaginal bleeding, which can range from mild to severe. Depending on the extent of the separation and the amount of bleeding, it can compromise the mother's hemodynamic stability. In cases of placental abruption, there is a direct impact on the mother and fetus due to the disruption of blood flow and oxygen transfer, making it a critical situation that requires immediate medical intervention. The potential for hemorrhage can quickly elevate the risk of shock, which makes timely recognition and treatment essential to ensure the safety of both the mother and fetus. The other conditions listed also present risks during pregnancy, but to varying extents and in different ways. For instance, while placenta previa involves bleeding, it usually does not result in as abrupt or severe a risk of shock as placental abruption. Ectopic pregnancy can cause bleeding; however, it typically leads to different complications primarily related to the site of implantation. Gestational hypertension, on the other hand, is primarily characterized by high blood pressure and does not directly involve significant bleeding or an

4. Which factor is most important in managing a mother after a stillbirth?

- A. Minimize contact with healthcare providers
- B. Focus on maternal physical recovery only
- C. Support emotional healing and memory making**
- D. Encourage forgetfulness about the event

Supporting emotional healing and memory making is crucial after a stillbirth because the loss of a child is an incredibly traumatic experience that can have long-lasting emotional effects on a mother. The grieving process is unique for each individual, and it is essential to acknowledge the mother's feelings, provide a safe space for her to express her grief, and encourage her to create memories of her child, which can be an essential part of the healing journey. Such support can include offering opportunities to hold the baby, taking photographs, or creating mementos. Facilitating connections with support groups or counseling can also be beneficial in helping the mother cope with her loss. These supportive actions contribute significantly to emotional recovery, allowing the mother to process her feelings, find ways to honor her child, and eventually integrate the experience into her life story. Approaches focused solely on physical recovery or minimizing interaction are inadequate because they ignore the profound emotional impact of the loss. Encouraging forgetfulness would be detrimental, as it may prevent the mother from processing her grief and finding closure. Therefore, the focus on emotional healing and memory-making is the most vital aspect of management following a stillbirth.

5. What is the drug of choice to reverse the effects of anticoagulant therapy?

- A. Calcium gluconate via slow IV push
- B. Low-molecular-weight heparin via slow IV push
- C. Narcan via slow IV push
- D. Protamine sulfate via slow IV push**

Protamine sulfate is the drug of choice to reverse the effects of anticoagulant therapy, specifically when dealing with heparin overdose or uncontrolled bleeding due to heparin. It acts as an antidote by binding to heparin and neutralizing its anticoagulant effects. When administered intravenously, it can rapidly reduce the effect of heparin, making it crucial in emergency situations where a patient may require rapid coagulation. In contrast, while calcium gluconate is important for addressing hypocalcemia and can be used in certain scenarios such as managing potassium levels or in some cardiac conditions, it does not serve to reverse the effects of anticoagulants. Low-molecular-weight heparin, on the other hand, is a type of anticoagulant and therefore cannot be used to reverse anticoagulation. Narcan (naloxone) is an opioid antagonist that is used to reverse the effects of opioid overdose, and it is not related to anticoagulation management. Thus, protamine sulfate stands out as the most effective and appropriate choice for reversing anticoagulation effects in the context described.

6. What condition might increase the risk of postpartum hemorrhage?

- A. Low blood pressure
- B. Multiple gestation**
- C. Hydration issues
- D. Advanced maternal age

Multiple gestation is a significant factor that can increase the risk of postpartum hemorrhage due to several physiological changes and complications associated with carrying more than one fetus. When a woman is pregnant with multiples, the uterus becomes larger and overstretched, which can lead to issues with uterine tone and contraction strength after delivery. Following the birth of the babies, if the uterus does not contract effectively, it can fail to clamp down on the blood vessels where the placenta was attached, leading to excessive bleeding. Additionally, there tends to be a higher likelihood of retained placental fragments in cases of multiple gestation, which can also contribute to postpartum hemorrhage. While low blood pressure, hydration issues, and advanced maternal age can all have implications for maternal health, they do not have the same direct relationship with the mechanics of postpartum hemorrhage as multiple gestation does.

7. What condition may Mrs. Jordan likely be experiencing if she arrives with continuous abdominal pain and minimal fetal heart pattern variability?

- A. Placenta previa
- B. Placental abruption**
- C. Ectopic pregnancy
- D. Gestational hypertension

Mrs. Jordan's presentation of continuous abdominal pain coupled with minimal fetal heart pattern variability is strongly indicative of placental abruption. In placental abruption, the placenta partially or completely separates from the uterine wall before delivery, which can lead to significant bleeding and uterine contractions. The separation interrupts blood flow to the fetus, resulting in a decrease in variability of the fetal heart rate, which is a sign of fetal distress. The presence of continuous abdominal pain aligns with the acute and severe pain often reported by those experiencing placental abruption, as the condition can cause rapid and intense discomfort. Minimal variability in fetal heart patterns is concerning and often suggests that the fetus may be experiencing stress, possibly due to compromised blood supply resulting from the abruption. In contrast, conditions like placenta previa typically present with painless vaginal bleeding, while ectopic pregnancies usually involve unilateral pelvic pain and may be accompanied by spotting or bleeding, but not continuous abdominal pain indicative of a placental issue. Gestational hypertension might cause some discomfort, but it does not characteristically present with specific abdominal pain or changes in fetal heart rate patterns in the same acute manner as placental abruption does. Thus, the combination of symptoms described aligns most closely with the diagnosis of placental abruption.

8. When is limited diagnostic evaluation and antibiotic therapy indicated for a newborn with GBS?

- A. Antibiotic prophylaxis was given less than 1 hour prior to birth
- B. Maternal antibiotic therapy was initiated for maternal chorioamnionitis**
- C. Neonate was born at less than 37 weeks gestation
- D. Rupture of membranes occurred 18 hours prior to birth

Limited diagnostic evaluation and antibiotic therapy for a newborn with Group B Streptococcus (GBS) is indicated when maternal antibiotic therapy was initiated for maternal chorioamnionitis. This is critical because chorioamnionitis, an infection of the fetal membranes, increases the risk of neonatal sepsis due to GBS. The presence of maternal infection necessitates closer observation and management of the newborn, as the risk of transmission and subsequent infection in the neonate is heightened. In this scenario, the initiation of antibiotics in the mother serves to mitigate these risks, but it also highlights the need for the newborn to be evaluated for signs of infection. Guidelines often recommend that newborns whose mothers are treated for chorioamnionitis be monitored and may receive antibiotics even if they are otherwise stable, as they are at an increased risk for developing early-onset sepsis. The choice of other scenarios, such as antibiotic prophylaxis being given shortly before birth, being born prematurely, or prolonged rupture of membranes, may indicate a need for observation; however, they do not necessarily require the active initiation of antibiotic therapy unless accompanied by signs of infection or other risk factors. Therefore, option B aligns with clinical guidelines that prioritize the safety and health of the newborn in the context

9. Which infection is not included in the traditional TORCH classification?

- A. Toxoplasmosis
- B. Chlamydia**
- C. Rubella
- D. Herpes simplex virus

The traditional TORCH classification is a group of infections that can be transmitted from the mother to the fetus during pregnancy, which may lead to significant consequences for the developing baby. The acronym stands for Toxoplasmosis, Other, Rubella, Cytomegalovirus (CMV), and Herpes simplex virus (HSV), with each infection listed having the potential for serious pregnancy complications. Chlamydia, while it can have an impact on pregnancy and neonatal health, is not part of the TORCH complex. The infections traditionally classified under TORCH specifically highlight those that are well-documented in their effects on congenital conditions and perinatal morbidity and mortality. Toxoplasmosis, Rubella, and Herpes simplex virus are well-known components of the TORCH group. These infections are associated with specific teratogenic effects, meaning they can cause developmental abnormalities in the fetus if a mother becomes infected during pregnancy. Recognizing that Chlamydia, although significant in terms of maternal and neonatal health, does not fall within the traditional TORCH classification helps to clarify the framework used by healthcare professionals in assessing risks associated with infections during pregnancy.

10. Which of the following is NOT a complication of obesity during pregnancy?

- A. Preeclampsia
- B. Gestational diabetes
- C. Urinary tract infections**
- D. Increased likelihood of cesarean delivery

Urinary tract infections (UTIs) are not commonly considered a direct complication of obesity during pregnancy, unlike the other options listed. While obesity can contribute to various health issues, including metabolic and vascular complications, it does not have a direct, established causal relationship with the incidence of UTIs during pregnancy. Preeclampsia, gestational diabetes, and an increased likelihood of cesarean delivery are significantly associated with obesity. Preeclampsia relates to the increased risk of hypertension and organ dysfunction during pregnancy, which is more prevalent in obese individuals. Gestational diabetes arises from the body's inability to effectively use insulin during pregnancy, and this risk is markedly higher in obese women due to insulin resistance mechanisms. Additionally, larger body size can complicate labor and delivery, often leading to an increased likelihood of cesarean sections in obese pregnant individuals. Understanding the specific risks associated with obesity during pregnancy is crucial for effective management and care planning for both the mother and the fetus.

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.

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

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

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