

CJE Maternity 1 Practice Exam (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. What are some adverse effects associated with oxytocin use?**
 - A. Uterine Tachysystole**
 - B. Increased contractions**
 - C. Fetal hypoxia**
 - D. Risk for uterine rupture**

- 2. What characteristic should a nurse expect the stool of a preterm newborn with necrotizing enterocolitis to look like?**
 - A. Clear and watery**
 - B. Brown and formed**
 - C. Bloody or green (bile)**
 - D. Dark and tarry**

- 3. When should a nurse assess for respiratory depression after administering anesthesia?**
 - A. Immediately before surgery**
 - B. After the epidural or spinal analgesia**
 - C. During routine prenatal visits**
 - D. Only if the mother expresses concerns**

- 4. Which symptoms might indicate the need for further assessment after an epidural?**
 - A. Increased mobility**
 - B. Numbness and weakness in lower extremities**
 - C. Improved pain management**
 - D. Heightened alertness**

- 5. True or False: The use of antihypertensives is recommended during pregnancy for severe blood pressure elevations.**
 - A. True**
 - B. False**
 - C. Only in the third trimester**
 - D. Only in the second trimester**

- 6. True or False: FHR patterns can be classified as either reassuring or non-reassuring.**
- A. True**
 - B. False**
 - C. Partially true**
 - D. None of the above**
- 7. What condition occurs when blood pressure is significantly lower than normal?**
- A. Hypertension**
 - B. Hypotension**
 - C. Hyperglycemia**
 - D. Hypoxia**
- 8. Which of the following are considered worsening manifestations of preeclampsia?**
- A. Severe headache, increased fetal movement, hypertension**
 - B. Proteinuria, transient headache, edema**
 - C. Low fetal heart rate, hypotension, nausea**
 - D. None of the above**
- 9. Is it necessary to stop oxytocin if there is no relaxation between contractions or if late/prolonged decelerations occur?**
- A. True**
 - B. False**
 - C. Depends on the situation**
 - D. Only for early contractions**
- 10. In which scenario are captopril, enalapril, or quinapril to be considered for breastfeeding mothers?**
- A. When an ACE inhibitor is necessary**
 - B. Only in emergencies**
 - C. When experiencing hypertension**
 - D. None of the above**

Answers

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

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Explanations

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1. What are some adverse effects associated with oxytocin use?

- A. Uterine Tachysystole**
- B. Increased contractions**
- C. Fetal hypoxia**
- D. Risk for uterine rupture**

Oxytocin is a medication commonly used to induce or augment labor by stimulating uterine contractions. One of the notable adverse effects associated with its use is uterine tachysystole, which refers to excessive uterine activity characterized by more than five contractions in a 10-minute period. This is significant because it can lead to increased uterine pressure, which in turn can have detrimental effects on fetal oxygenation. Increased contractions are a primary effect of oxytocin; therefore, while this characteristic is indeed influential in labor management, it does not represent an adverse effect. Similarly, fetal hypoxia can occur due to insufficient oxygen supply during intense contractions but is more of a consequence of tachysystole than a direct result of oxytocin itself. The risk for uterine rupture is a serious concern but is associated with longstanding use or overdistension of the uterus, particularly in women with a previous cesarean section, rather than being a direct result of oxytocin administration alone. By understanding that uterine tachysystole is a specific adverse effect of oxytocin usage, it highlights the importance of careful monitoring during labor induction to balance the benefits of labor stimulation with the potential risks posed by excessive uterine activity.

2. What characteristic should a nurse expect the stool of a preterm newborn with necrotizing enterocolitis to look like?

- A. Clear and watery**
- B. Brown and formed**
- C. Bloody or green (bile)**
- D. Dark and tarry**

In the context of a preterm newborn diagnosed with necrotizing enterocolitis (NEC), the stool is expected to present as bloody or green, which is indicative of the condition's severity. NEC can lead to inflammation and damage of the intestinal lining, potentially causing areas of ischemia and necrosis. The presence of blood in the stool is a serious sign, suggesting that the intestines might be bleeding due to the damage caused by the disease. Furthermore, green stools can occur as bile accumulates in the intestines and is not properly absorbed or processed due to the necrotic processes at play. This is particularly important in a preterm infant, whose gastrointestinal system is already vulnerable and underdeveloped, making it more susceptible to such complications. The characteristics of the stool can provide critical insight into the gastrointestinal health of the newborn, and observing bloody or green stools can prompt immediate clinical intervention to assess the extent of NEC and manage the newborn's care appropriately.

3. When should a nurse assess for respiratory depression after administering anesthesia?

- A. Immediately before surgery**
- B. After the epidural or spinal analgesia**
- C. During routine prenatal visits**
- D. Only if the mother expresses concerns**

Assessing for respiratory depression after administering anesthesia, particularly after epidural or spinal analgesia, is crucial because these methods can significantly affect respiratory function. The anesthetics used can lead to diminished respiratory drive or adverse respiratory effects, especially if the doses are high or if the patient has existing respiratory issues. Following the administration of epidural or spinal analgesia, the nurse must monitor the patient closely, often within the first few minutes to hours, depending on the protocol and the specific medication used. This monitoring typically includes observing the patient's respiratory rate, depth of breathing, and overall level of consciousness to ensure that they are not experiencing any adverse effects from the anesthesia. Routine prenatal visits or assessments conducted immediately before surgery do not allow for the specific impact of the anesthetic to be evaluated. Monitoring only upon the mother's concerns would delay important and necessary checks for respiratory depression, which could lead to complications. Thus, it is essential to follow up after the administration of the anesthetic to ensure patient safety.

4. Which symptoms might indicate the need for further assessment after an epidural?

- A. Increased mobility**
- B. Numbness and weakness in lower extremities**
- C. Improved pain management**
- D. Heightened alertness**

The presence of numbness and weakness in the lower extremities following an epidural can indicate complications that require further assessment. Epidurals involve the administration of anesthetic agents that impact the nerves responsible for sensation and motor function. If a patient experiences significant numbness or weakness, it may suggest possible adverse effects such as nerve damage, incorrect placement of the catheter, or an unintended spread of anesthetic medication. Monitoring and assessing these symptoms are essential to ensure that there are no serious issues that could affect the patient's recovery or mobility. In contrast, increased mobility and improved pain management are often expected outcomes following an epidural and typically do not warrant further assessment. Heightened alertness is also not a concerning symptom in this context, as it suggests the patient is responding well post-procedure. Thus, the symptoms warranting further assessment after an epidural primarily revolve around loss of function or increased risks of complications, making numbness and weakness the key indicators for further investigation.

5. True or False: The use of antihypertensives is recommended during pregnancy for severe blood pressure elevations.

A. True

B. False

C. Only in the third trimester

D. Only in the second trimester

Using antihypertensives during pregnancy is indeed recommended for managing severe blood pressure elevations. Severe hypertension in pregnancy, particularly when it reaches levels that can compromise maternal or fetal health, necessitates intervention to reduce the risks of complications such as stroke, placental abruption, and adverse fetal outcomes. Effective management of maternal blood pressure is crucial for ensuring both maternal and fetal well-being. The decision to start antihypertensive therapy often depends on the specific circumstances, including the severity of the hypertension and gestational age. Medications that are classified as safe to use during pregnancy—such as methyldopa, labetalol, and certain calcium channel blockers—are commonly employed. The general consensus in obstetric practice is that controlling elevated blood pressures can significantly decrease associated risks, making antihypertensives an important aspect of care in these cases.

6. True or False: FHR patterns can be classified as either reassuring or non-reassuring.

A. True

B. False

C. Partially true

D. None of the above

Fetal heart rate (FHR) patterns indeed can be classified as reassuring or non-reassuring, making the statement true. Reassuring patterns typically indicate that the fetus is well-oxygenated and not experiencing distress, while non-reassuring patterns may suggest potential issues related to oxygen supply or fetal compromise. In clinical practice, healthcare providers monitor these patterns to assess fetal well-being during labor. Recognizing whether a pattern is reassuring or non-reassuring is crucial for making timely decisions regarding intervention or management, such as adjusting maternal positioning, providing oxygen, or preparing for potential cesarean delivery. Understanding these classifications helps ensure that appropriate actions are taken to safeguard the health of both the mother and the fetus.

7. What condition occurs when blood pressure is significantly lower than normal?

- A. Hypertension**
- B. Hypotension**
- C. Hyperglycemia**
- D. Hypoxia**

When blood pressure is significantly lower than normal, the condition that occurs is known as hypotension. This state is characterized by a reading generally considered to be below 90/60 mmHg. Hypotension can lead to inadequate blood flow to organs, potentially resulting in symptoms such as dizziness, fainting, and fatigue due to decreased oxygen and nutrient delivery to tissues. Understanding hypotension is crucial in settings like maternity care, as hypotension can occur during pregnancy due to various physiological changes, including increased blood volume and hormonal influences. Monitoring blood pressure is essential in these contexts to ensure both maternal and fetal well-being. The other options represent different conditions unrelated to low blood pressure. For instance, hypertension refers to elevated blood pressure, hyperglycemia indicates high blood sugar levels, and hypoxia refers to inadequate oxygen availability in the tissues. These conditions do not relate to blood pressure measurements and thus are not relevant when discussing low blood pressure specifically.

8. Which of the following are considered worsening manifestations of preeclampsia?

- A. Severe headache, increased fetal movement, hypertension**
- B. Proteinuria, transient headache, edema**
- C. Low fetal heart rate, hypotension, nausea**
- D. None of the above**

Severe manifestations of preeclampsia play a significant role in assessing the health of both the mother and fetus. Among the options presented, the grouping that includes proteinuria, transient headache, and edema is recognized as indicative of worsening preeclampsia. Proteinuria indicates that there is a significant degree of kidney compromise, a common complication associated with preeclampsia. The presence of protein in the urine is considered one of the diagnostic criteria for preeclampsia and can signal worsening renal function. A transient headache, while sometimes seen in normal pregnancy, can also be interpreted as a warning sign in the context of preeclampsia, especially if it's persistent or severe. Edema is also common in pregnancy but can be a sign of vascular dysregulation in the context of preeclampsia. In contrast, other options do not reflect worsening conditions effectively. Severe headaches are concerning but must be assessed in the context of other symptoms. Increased fetal movement isn't typically considered a sign of worsening preeclampsia, as it can vary during pregnancy and may reflect fetal well-being. Low fetal heart rate and hypotension might indicate fetal distress but are not specified indicators of preeclampsia. Thus, the

9. Is it necessary to stop oxytocin if there is no relaxation between contractions or if late/prolonged decelerations occur?

- A. True**
- B. False**
- C. Depends on the situation**
- D. Only for early contractions**

The correct answer indicates that it is necessary to stop oxytocin if there is no relaxation between contractions or if late or prolonged decelerations are observed. This practice is critical for ensuring the safety of both the mother and the fetus during labor. Oxytocin is a hormone commonly used to induce or augment labor by stimulating uterine contractions. However, continuous monitoring of the fetal heart rate and uterine contractions is crucial during this process. If there is insufficient relaxation between contractions, known as uterine hyperstimulation, it could compromise oxygen supply to the fetus. Similarly, late or prolonged decelerations in the fetal heart rate often signal that the fetus is experiencing stress, potentially due to inadequate blood flow or oxygen during contractions. In these scenarios, it is essential to reevaluate the intervention and halt the administration of oxytocin to prevent further distress to the fetus and allow time for the uterine tone to return to baseline. This proactive approach to managing the dosage of oxytocin exemplifies the nursing responsibility to safeguard both maternal and fetal well-being during labor. Other perspectives may include considerations where variation in the response of the mother or fetus could lead to different actions, but the fundamental principle remains that immediate cessation of oxytocin is warranted to manage

10. In which scenario are captopril, enalapril, or quinapril to be considered for breastfeeding mothers?

- A. When an ACE inhibitor is necessary**
- B. Only in emergencies**
- C. When experiencing hypertension**
- D. None of the above**

Captopril, enalapril, and quinapril are classified as ACE inhibitors, commonly used to manage conditions like hypertension and heart failure. For breastfeeding mothers, the consideration of using these medications hinges largely on the necessity of treating the underlying condition—such as hypertension—while also factoring in the safety and effects on the infant. When an ACE inhibitor is necessary, it implies that the mother's health condition requires medication management to prevent complications that could arise from untreated hypertension. Research indicates that small amounts of these medications can pass into breast milk, but studies have shown they are generally considered safe for use during lactation as they do not significantly affect the infant when used in appropriate doses. Thus, the priority is to ensure the mother's health while also maintaining the well-being of the breastfeeding infant. In scenarios where ACE inhibitors are deemed necessary, clinicians often weigh the benefits against potential risks, ensuring that both the mother and the infant remain healthy. This emphasizes the need for a thoughtful approach when deciding to use such medications, highlighting the importance of targeted treatment for hypertension in postpartum women as well as maintaining lactation.

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:

<https://cjematernity1.examzify.com>

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