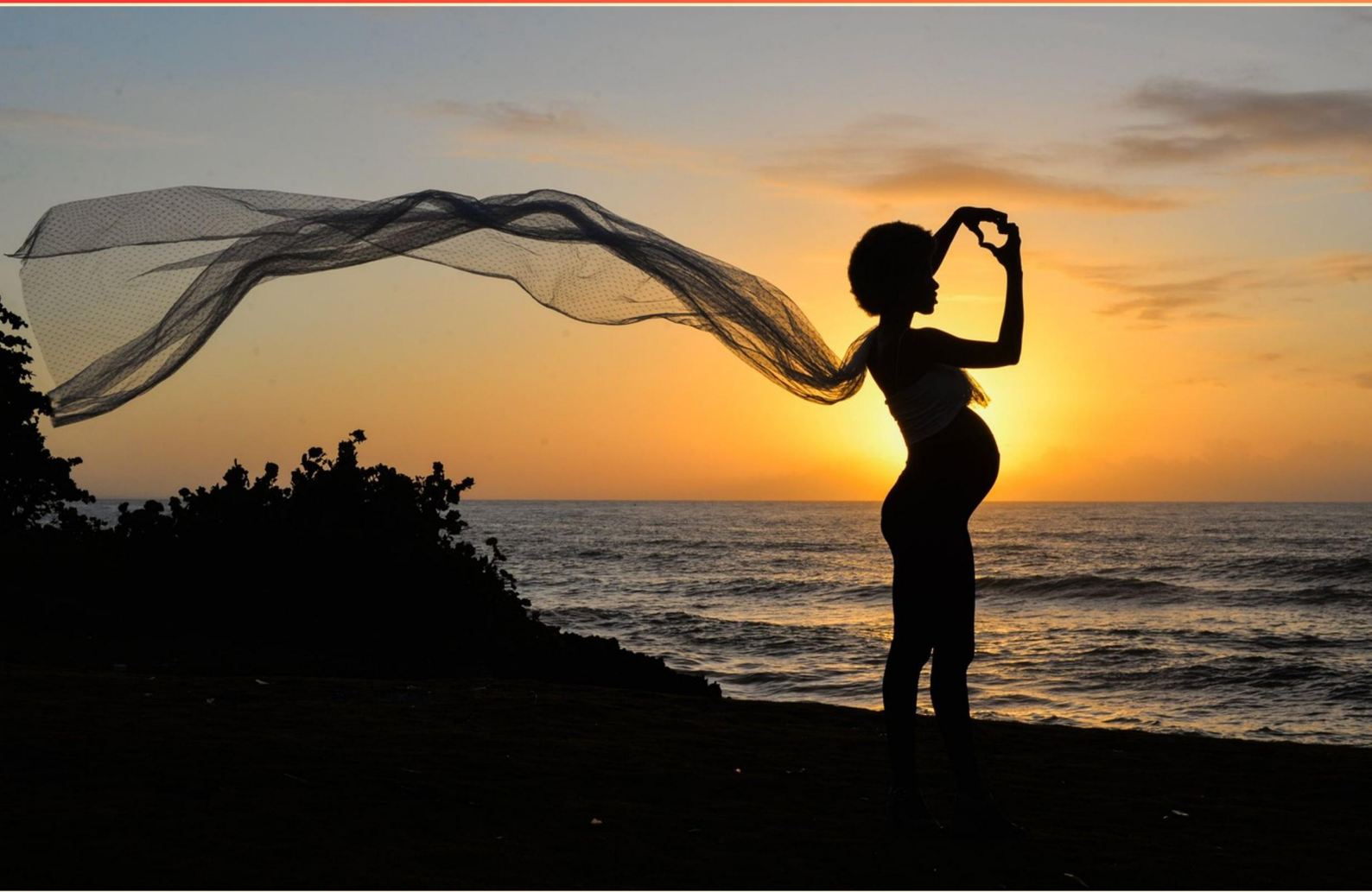


CJE MATERNITY 1 PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
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. Which of the following are symptoms of eclampsia?**
 - A. High blood pressure, headaches, blurry vision, and convulsions
 - B. Nausea, vomiting, and fever
 - C. Rash, joint pain, and difficulty breathing
 - D. Frequent urination, fatigue, and back pain
- 2. What type of management is recommended for gestational hypertension?**
 - A. Only lifestyle changes
 - B. Prophylaxis low-dose aspirin
 - C. Surgical intervention
 - D. Bed rest only
- 3. What is the term used for a fetus or infant who is larger than expected for their age and gender?**
 - A. Small for Gestational Age (SGA)
 - B. Normal for Gestational Age (NGA)
 - C. Large for Gestational Age (LGA)
 - D. Hypotrophic
- 4. Which of the following is a sign of magnesium toxicity?**
 - A. Absent deep tendon reflexes
 - B. Stable heart rhythm
 - C. Increased urine output
 - D. Sharp headache
- 5. What is one of the first assessments performed on a newborn baby shortly after birth?**
 - A. Apgar score
 - B. Newborn screening
 - C. Physical examination
 - D. Weight measurement

- 6. With an Apgar score, which of the following are infants checked for?**
- A. Heart and respiratory rates, muscle tone, reflexes, and color
 - B. Gestational age, weight, and length
 - C. Skin condition and head circumference
 - D. Blood type and immunity levels
- 7. If a mother is diagnosed with a transverse baby at 34 weeks, what could potentially happen?**
- A. Normal delivery is guaranteed
 - B. She may need to stay in the hospital
 - C. The baby will turn automatically
 - D. She will be advised to travel
- 8. What position should a mother be placed in to alleviate variable decelerations of fetal heart rate?**
- A. Supine position
 - B. Right side lying
 - C. Kneeling position
 - D. Left side lying
- 9. In Apgar scoring, what does a score of 2 for respirations represent?**
- A. Absent breathing
 - B. Slow and irregular breathing
 - C. Vigorous cry
 - D. Minimal breathing effort
- 10. What is a common sign that a fetus is in distress?**
- A. Increased fetal heart rate
 - B. Decreased movement and heart rate variability
 - C. Normal fetal activity
 - D. Excessive movement

Answers

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

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Explanations

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1. Which of the following are symptoms of eclampsia?

- A. High blood pressure, headaches, blurry vision, and convulsions
- B. Nausea, vomiting, and fever
- C. Rash, joint pain, and difficulty breathing
- D. Frequent urination, fatigue, and back pain

Eclampsia is a severe condition that can occur during pregnancy, often as a complication of preeclampsia, and it is characterized by the onset of seizures in a woman with preeclampsia. The symptoms listed in the correct answer encompass the primary indicators typically associated with eclampsia. High blood pressure is one of the hallmark signs of both preeclampsia and eclampsia. This condition often leads to significant increases in blood pressure that can become life-threatening. Headaches and blurry vision are also common complaints associated with high blood pressure in pregnant women. These neurological symptoms can indicate that the body is reacting severely to increased pressure on the blood vessels in the brain. The most crucial symptom of eclampsia, however, is the occurrence of convulsions or seizures, which are sudden disruptions in brain function that can have serious implications for both the mother and the baby. The other choices list symptoms that can be associated with various other conditions but do not reflect the specific manifestations of eclampsia. For instance, nausea, vomiting, and fever might suggest gastroenteritis or another infectious process rather than a direct connection to eclampsia. Similarly, a rash and joint pain are more commonly linked with

2. What type of management is recommended for gestational hypertension?

- A. Only lifestyle changes
- B. Prophylaxis low-dose aspirin
- C. Surgical intervention
- D. Bed rest only

For gestational hypertension, the recommended management includes prophylactic low-dose aspirin, particularly for women at high risk of developing preeclampsia. This approach helps to reduce the risk of progression to more severe hypertensive disorders during pregnancy, which can lead to complications for both the mother and the fetus. The use of low-dose aspirin is supported by evidence indicating its effectiveness in lowering blood pressure and preventing adverse outcomes associated with hypertensive disorders in pregnant women. It is particularly beneficial when started in the first trimester and continued throughout pregnancy for those individuals who have a higher risk due to factors such as a history of hypertension, obesity, or pregnancy-related complications in previous pregnancies. In contrast, the other management options listed are not recommended as stand-alone treatments for gestational hypertension. While lifestyle changes can be beneficial for overall health, they are not sufficient on their own for managing gestational hypertension. Surgical interventions are typically not indicated for this condition unless severe complications arise. Similarly, bed rest is no longer considered an effective or necessary treatment for gestational hypertension and may have its own risks and downsides. Thus, prophylactic low-dose aspirin stands out as the best choice based on current guidelines and research.

3. What is the term used for a fetus or infant who is larger than expected for their age and gender?

- A. Small for Gestational Age (SGA)
- B. Normal for Gestational Age (NGA)
- C. Large for Gestational Age (LGA)**
- D. Hypotrophic

The term utilized for a fetus or infant who is larger than expected for their age and gender is "Large for Gestational Age" (LGA). This classification indicates that the infant's weight is significantly above the average for their gestational age, often defined as being above the 90th percentile for size. Recognizing LGA is important in clinical practice, as it can be associated with various maternal and fetal health considerations, such as gestational diabetes or potential delivery complications. Monitoring growth patterns and understanding these classifications help healthcare providers manage prenatal care effectively and prepare for potential challenges during birth.

4. Which of the following is a sign of magnesium toxicity?

- A. Absent deep tendon reflexes**
- B. Stable heart rhythm
- C. Increased urine output
- D. Sharp headache

The presence of absent deep tendon reflexes is a known sign of magnesium toxicity. Magnesium plays a critical role in neuromuscular function, and elevated levels can disrupt normal neurological responses. When magnesium becomes toxic in the body, it acts as a central nervous system depressant, which can lead to a reduction or absence of reflexes as the signals between nerves and muscles become impaired. This is a serious condition that can indicate that magnesium levels have reached a point where they could cause harm to the patient, necessitating immediate medical attention to prevent further complications. In contrast, other options like having a stable heart rhythm, increased urine output, or a sharp headache do not effectively indicate magnesium toxicity. A stable heart rhythm typically suggests that magnesium levels are within a normal range since magnesium is crucial for cardiovascular health. Additionally, increased urine output may suggest that the kidneys are functioning properly and are able to excrete excess magnesium, indicating that there is not a toxicity issue. A sharp headache is a vague symptom that could be related to various conditions and is not specific to magnesium levels in the body. Therefore, absent deep tendon reflexes is the most appropriate indicator of magnesium toxicity.

5. What is one of the first assessments performed on a newborn baby shortly after birth?

- A. Apgar score**
- B. Newborn screening
- C. Physical examination
- D. Weight measurement

The Apgar score is one of the first assessments conducted on a newborn immediately after birth. This score evaluates the infant's physical condition and helps determine the need for any immediate medical intervention. It is assessed at one minute and again at five minutes after birth, evaluating five criteria: heart rate, respiratory effort, muscle tone, reflex response, and skin color. Each of these criteria is scored from 0 to 2, leading to a total score ranging from 0 to 10. Performing the Apgar score shortly after birth is essential for gauging how well the newborn is acclimating to life outside the womb and identifying any potential health issues that may require intervention right away. This timely assessment is crucial in ensuring that appropriate care is rendered to support the newborn's transition to the external environment. While the other assessments such as newborn screening, physical examination, and weight measurement are important and typically performed soon after birth, they usually take place after the initial Apgar score is determined, making the Apgar assessment foundational for immediate postnatal care.

6. With an Apgar score, which of the following are infants checked for?

- A. Heart and respiratory rates, muscle tone, reflexes, and color**
- B. Gestational age, weight, and length
- C. Skin condition and head circumference
- D. Blood type and immunity levels

The Apgar score is a quick assessment method used to evaluate the health of newborns immediately after birth. It focuses on five criteria that indicate the infant's physiological status and overall well-being. These criteria include heart rate, respiratory effort, muscle tone, reflex response, and skin color. Each of these components provides essential information about the infant's ability to adapt to the external environment after delivery. For example, heart and respiratory rates assess how well the baby is breathing and circulating blood, muscle tone gives insight into the infant's central nervous system function, reflexes indicate neurological activity, and color helps identify any potential hypoxia or circulation issues. This systematic approach helps healthcare providers determine if the newborn requires immediate medical attention or further monitoring, making option A the accurate choice regarding the elements of the Apgar score. The other options focus on aspects such as gestational age, physical measurements, or blood type, which are not part of the immediate Apgar assessment.

7. If a mother is diagnosed with a transverse baby at 34 weeks, what could potentially happen?

- A. Normal delivery is guaranteed
- B. She may need to stay in the hospital**
- C. The baby will turn automatically
- D. She will be advised to travel

A diagnosis of a transverse baby at 34 weeks indicates that the baby is lying sideways in the uterus, which can complicate delivery. In this situation, the mother may need to stay in the hospital for monitoring and possible intervention. This is because a transverse position often prevents a vaginal delivery and may necessitate a cesarean section if the baby does not turn to a head-down position closer to the due date. While there is a chance that the baby could turn into a more favorable position as the pregnancy progresses, this is not guaranteed, so the option suggesting that the baby will turn automatically does not accurately reflect the situation. Normal delivery is also not assured when the baby is in a transverse position, so that option is misleading. Traveling is generally not advisable for pregnant women in the later stages, particularly when there are complications like a transverse presentation, as it can pose risks to both the mother and baby, including the potential need for immediate medical care. Therefore, the most appropriate course of action in this case involves close monitoring, which may necessitate hospitalization.

8. What position should a mother be placed in to alleviate variable decelerations of fetal heart rate?

- A. Supine position
- B. Right side lying
- C. Kneeling position
- D. Left side lying**

Placing a mother in the left side-lying position is the recommended approach to alleviate variable decelerations in fetal heart rate. This position enhances uteroplacental blood flow and helps to prevent compression of the umbilical cord, which can occur in other positions. When the fetus experiences variable decelerations, it often indicates that there is a transient decrease in oxygen delivery due to cord compression. By positioning the mother on her left side, the pressure is relieved from the umbilical cord and the blood vessels, promoting better oxygenation and circulation for the fetus. The left side-lying position is particularly effective because it takes advantage of gravity to facilitate better maternal-fetal circulation. This can result in an improvement in fetal heart rate patterns, as the fetus is provided with more consistent access to oxygen-rich blood. In addition, this position also minimizes the risk of supine hypotensive syndrome, which can occur when a mother lies flat on her back, causing compression of the inferior vena cava. Overall, choosing the left side-lying position in cases of variable decelerations is based on physiological principles that support optimal uterine and placental perfusion, ultimately benefiting the fetus.

9. In Apgar scoring, what does a score of 2 for respirations represent?

- A. Absent breathing
- B. Slow and irregular breathing
- C. Vigorous cry**
- D. Minimal breathing effort

In Apgar scoring, a score of 2 for respirations indicates that the newborn exhibits a vigorous cry. This is a positive sign reflecting effective respiratory effort immediately after birth. A vigorous cry demonstrates that the infant is breathing well and has good lung function, which is crucial for ensuring adequate oxygenation. The scoring system allocates points from 0 to 2 based on the specific criteria established for each category, with 0 indicating inadequate performance and 2 representing normal or optimal performance. Thus, receiving a score of 2 in the respiration category reflects that the baby is not only breathing but is doing so effectively, which is a critical aspect of the overall well-being of the newborn.

10. What is a common sign that a fetus is in distress?

- A. Increased fetal heart rate
- B. Decreased movement and heart rate variability**
- C. Normal fetal activity
- D. Excessive movement

Decreased movement and heart rate variability is a common sign that a fetus may be in distress. When a fetus is under stress, the expected patterns of movement and heart rate can change. Specifically, reduced fetal movements may indicate that the fetus is not receiving adequate oxygen or is experiencing other adverse conditions, leading to a more inhibited state. In addition, heart rate variability, which refers to the fluctuations in the heart rate that reflect the autonomic nervous system's activity, tends to decrease when the fetus is under distress. This decrease can signal inadequate fetal well-being and may warrant further assessment or intervention. In contrast, increased fetal heart rate might suggest a response to stress or other factors, but it does not necessarily indicate distress on its own. Normal fetal activity indicates a healthy, active fetus, while excessive movement can sometimes be misinterpreted; it may signify normal variation or a response to certain stimuli rather than distress. Understanding these signs is critical for healthcare providers in monitoring fetal well-being during pregnancy.

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!

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