

Evolve Antepartum Practice Test (Sample)

Study Guide



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SAMPLE

Questions

- 1. When planning care for an obese pregnant client, which need should the nurse anticipate?**
 - A. Routine administration of subcutaneous heparin may be prescribed.**
 - B. Increased intake of processed foods.**
 - C. No special considerations are necessary.**
 - D. Immediate delivery is required to ensure safety.**
- 2. When are most women likely to feel fetal movement for the first time?**
 - A. 10 to 12 weeks**
 - B. 14 to 16 weeks**
 - C. 16 to 20 weeks**
 - D. 20 to 24 weeks**
- 3. In clients with heart disease during pregnancy, what care measure can promote a healthy pregnancy?**
 - A. Encourage increased physical activity**
 - B. Restrict visitors who may have an active infection**
 - C. Provide a high-sodium diet**
 - D. Advise frequent travel**
- 4. Which fetal heart rate is considered concerning during the second trimester of pregnancy?**
 - A. 120 beats/minute**
 - B. 140 beats/minute**
 - C. 160 beats/minute**
 - D. 180 beats/minute**
- 5. Which statement about hemorrhoid treatment indicates a need for further teaching?**
 - A. "I plan to increase my fiber intake to reduce straining."**
 - B. "I should apply cold packs to the hemorrhoids to reduce swelling."**
 - C. "Applying heat packs will help the hemorrhoids to shrink."**
 - D. "Sitting in warm baths can provide relief from discomfort."**

- 6. At 32 weeks' gestation, the nurse expects the fundal height to measure how many centimeters?**
- A. 28 cm**
 - B. 30 cm**
 - C. 32 cm**
 - D. 34 cm**
- 7. Which beverage is most appropriate for a pregnant client to take with iron supplements to enhance absorption?**
- A. Milk**
 - B. Water**
 - C. Coffee**
 - D. Orange juice**
- 8. What is a common characteristic of Braxton Hicks contractions?**
- A. They are painful and frequent.**
 - B. They usually occur late in pregnancy.**
 - C. They serve as practice for the body.**
 - D. They indicate premature labor.**
- 9. What hormonal secretion causes breast changes during pregnancy?**
- A. Testosterone**
 - B. Estrogen and Progesterone**
 - C. Prolactin**
 - D. Oxytocin**
- 10. In the context of pregnancy, what fontanel closure is typically expected to occur in the second trimester?**
- A. Anterior fontanel closes by 6 months.**
 - B. Posterior fontanel closes at birth.**
 - C. Anterior fontanel closes at 2 years.**
 - D. Posterior fontanel closes between 6-8 weeks.**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. When planning care for an obese pregnant client, which need should the nurse anticipate?

A. Routine administration of subcutaneous heparin may be prescribed.

B. Increased intake of processed foods.

C. No special considerations are necessary.

D. Immediate delivery is required to ensure safety.

When caring for an obese pregnant client, it is important to anticipate specific needs related to their health and management of potential complications. The administration of subcutaneous heparin may be prescribed as an intervention due to the higher risk of thromboembolic events, such as deep vein thrombosis (DVT), which can be more prevalent in obese individuals. The increased body mass can lead to altered hemodynamics and reduced mobility, contributing to the risk of clot formation during pregnancy. In addition to ensuring the prevention of thromboembolism, careful monitoring and management of other associated risks for obese pregnant clients are essential. These may include monitoring for gestational diabetes, hypertensive disorders, and complications during labor and delivery, highlighting the need for a comprehensive care plan tailored to the individual's circumstances. Thus, the anticipation of routine administration of subcutaneous heparin aligns with the proactive approach to managing the health of the obese pregnant client.

2. When are most women likely to feel fetal movement for the first time?

A. 10 to 12 weeks

B. 14 to 16 weeks

C. 16 to 20 weeks

D. 20 to 24 weeks

Fetal movement, often referred to as "quickening," is typically first perceived by women during the second trimester of pregnancy. Most women begin to feel these movements between 16 to 20 weeks of gestation. This timing aligns with the development and growth of the fetus, where it becomes large enough and active enough for the mother to notice increased movement. By around 16 weeks, the fetus is generally of sufficient size, and its movements are becoming stronger and more coordinated. This is when first-time mothers may notice the gentle fluttering sensations. Subsequent pregnancies may result in earlier awareness of fetal movements because mothers are more familiar with the sensations associated with pregnancy. While some women may report feeling movements slightly earlier than 16 weeks, it's more commonly recognized as starting within this 16 to 20-week range. Therefore, the choice that corresponds to this timeframe is the most accurate.

3. In clients with heart disease during pregnancy, what care measure can promote a healthy pregnancy?

- A. Encourage increased physical activity**
- B. Restrict visitors who may have an active infection**
- C. Provide a high-sodium diet**
- D. Advise frequent travel**

Restricting visitors who may have an active infection is crucial for clients with heart disease during pregnancy because these individuals are often at a higher risk for complications. An active infection can put additional strain on the heart and the overall cardiovascular system, potentially leading to severe consequences for both the mother and the developing fetus. By minimizing the risk of infections, the healthcare provider can help ensure a stable environment that promotes the health of both the mother and the baby. This practice is essential because infections can trigger exacerbations of heart disease and can hinder the body's ability to cope with the physiological changes that occur during pregnancy, such as increased blood volume and cardiac output. Therefore, implementing measures that protect against infection directly contributes to a healthier pregnancy outcome for clients with pre-existing heart conditions.

4. Which fetal heart rate is considered concerning during the second trimester of pregnancy?

- A. 120 beats/minute**
- B. 140 beats/minute**
- C. 160 beats/minute**
- D. 180 beats/minute**

During the second trimester of pregnancy, a fetal heart rate that is persistently above 160 beats per minute, such as 180 beats per minute, is considered concerning. This elevated heart rate, known as fetal tachycardia, can signal potential issues such as fetal distress, maternal fever, or other underlying complications. Normal fetal heart rates typically range from about 120 to 160 beats per minute in the second trimester, so sustained rates significantly above this range are monitored closely as they may indicate the need for further evaluation or intervention. Recognizing and addressing abnormal fetal heart rates is crucial for ensuring the health and well-being of both the fetus and the mother.

5. Which statement about hemorrhoid treatment indicates a need for further teaching?

A. "I plan to increase my fiber intake to reduce straining."

B. "I should apply cold packs to the hemorrhoids to reduce swelling."

C. "Applying heat packs will help the hemorrhoids to shrink."

D. "Sitting in warm baths can provide relief from discomfort."

The statement regarding applying heat packs to help the hemorrhoids shrink indicates a need for further teaching because applying heat can actually exacerbate swelling rather than alleviate it. Hemorrhoids, which are swollen veins in the rectal area, benefit from treatments that aim to reduce inflammation and discomfort. Cold therapy is typically recommended because it constricts blood vessels and decreases swelling, while warm sitz baths can soothe the area and promote blood flow to aid in healing. In contrast, heat may lead to more inflammation and can increase blood flow to the already engorged hemorrhoids, potentially worsening the condition. Therefore, it's crucial to make clear that while warm baths can be beneficial in providing relief, heat packs are not a recommended treatment for shrinking hemorrhoids. This distinction is essential in providing effective care and comfort to individuals suffering from this condition.

6. At 32 weeks' gestation, the nurse expects the fundal height to measure how many centimeters?

A. 28 cm

B. 30 cm

C. 32 cm

D. 34 cm

At 32 weeks of gestation, the expected fundal height measurement is typically around 32 centimeters. Fundal height is an indicator of fetal growth and development, and as a general guideline, it can correlate with the number of weeks of gestation when measured in centimeters. This means that at 32 weeks, the fundal height should be approximately equal to the gestational age in weeks, which is why a measurement of 32 centimeters is anticipated. Various factors can influence fundal height, such as the position of the fetus, the amount of amniotic fluid, and maternal factors like obesity or uterine abnormalities. However, when considering a healthy pregnancy without significant complications, measuring the fundal height closely matching the gestational age is a normal finding. Thus, a fundal height of 32 centimeters aligns perfectly with the gestational period of 32 weeks, making it the correct choice.

7. Which beverage is most appropriate for a pregnant client to take with iron supplements to enhance absorption?

- A. Milk**
- B. Water**
- C. Coffee**
- D. Orange juice**

Choosing orange juice as the beverage to take with iron supplements is optimal due to its high vitamin C content. Vitamin C significantly enhances the absorption of non-heme iron, which is found in plant-based sources and is commonly used in supplements. The acidity of orange juice helps convert iron into a more absorbable form, facilitating better uptake in the digestive tract. In contrast, milk can inhibit iron absorption because it contains calcium, which competes with iron for absorption. Water offers hydration but does not provide any beneficial nutrients for enhancing iron absorption. Coffee contains tannins that can form complexes with iron, making it less effective in facilitating iron uptake. Therefore, orange juice stands out as the most suitable choice for pregnant clients taking iron supplements, promoting better iron levels crucial for both maternal and fetal health.

8. What is a common characteristic of Braxton Hicks contractions?

- A. They are painful and frequent.**
- B. They usually occur late in pregnancy.**
- C. They serve as practice for the body.**
- D. They indicate premature labor.**

Braxton Hicks contractions are often referred to as "practice contractions" and occur as the body prepares for labor. One of the defining features of these contractions is that they help tone the uterine muscles and can also stimulate the cervix to prepare for the process of childbirth. Even though these contractions may be uncomfortable, they are typically irregular, infrequent, and not associated with the onset of labor. Their primary function is to assist the body in getting ready for the actual experience of labor, without signaling imminent delivery. This characteristic distinguishes them from other types of contractions that are more indicative of true labor, which are usually painful and more regular in pattern.

9. What hormonal secretion causes breast changes during pregnancy?

A. Testosterone

B. Estrogen and Progesterone

C. Prolactin

D. Oxytocin

Breast changes during pregnancy are primarily driven by the hormonal secretions of estrogen and progesterone. These two hormones play crucial roles in preparing the body for lactation and supporting fetal development. Estrogen promotes the growth of breast tissue, including the development of the mammary ducts. It contributes to increased blood flow to the breasts and the overall enlargement and sensitivity that many women experience during pregnancy. Progesterone complements this process by stimulating the formation of glandular tissue and preparing the breasts for milk production. Together, these hormones cause not only the physical changes to the breasts, such as fullness and tenderness, but also initiate the complex process that prepares the body for breastfeeding after delivery. The significant hormonal shifts during pregnancy specifically highlight the essential roles of estrogen and progesterone in breast development and function.

10. In the context of pregnancy, what fontanel closure is typically expected to occur in the second trimester?

A. Anterior fontanel closes by 6 months.

B. Posterior fontanel closes at birth.

C. Anterior fontanel closes at 2 years.

D. Posterior fontanel closes between 6-8 weeks.

The closure of the posterior fontanel between 6 to 8 weeks is an important developmental milestone in infants. The posterior fontanel, which is the triangular space at the back of the baby's head, typically closes relatively early in an infant's life compared to the anterior fontanel. This early closure is significant as it indicates proper growth and development of the skull bones, allowing for the expansion and protection of the brain as the infant grows. Monitoring the closure of fontanels is crucial for healthcare providers because abnormal closure patterns can indicate various developmental issues. The posterior fontanel's timely closure is expected as the baby grows and as the pressure from the mother's pelvis during childbirth affects the shaping and molding of the skull. In contrast, the anterior fontanel remains open much longer, usually closing at about 18 months to 2 years, which is why options mentioning its closure at 6 months or 2 years do not accurately reflect typical physiological development. Additionally, while the posterior fontanel may close at or around birth, the more precise timeline of 6 to 8 weeks emphasizes the expected normal growth patterns during the early weeks of life.