FOCUS ON MATERNITY PRACTICE EXAM (SAMPLE)

STUDY GUIDE

Prepare with structure. Pass with confidence

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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

1. Which signs are typical of neonatal abstinence syndrome?

A. Jaundice in first hour

B. Weight gain

C. Irritability, high-pitched cry, poor feeding, tremors

D. Hypoactivity

2. What does TORCH stand for and what is its general management approach?

A. A single infection with fixed treatment

B. A vaccine schedule

C. Group of congenital infections including Toxoplasma, Other, Rubella, Cytomegalovirus, Herpes; prevention, screening, and treatment to minimize fetal impact

D. A syndrome of postpartum infections

3. A delivery room nurse notes the newborn's ears are low-set. Based on this finding, which nursing action is appropriate initially?

A. Documenting the finding only.

B. Notifying the healthcare provider.

C. Taping the ears.

D. Covering the ears with gauze.

4. If a pregnant client is not immune to rubella, when is rubella vaccination given?

A. During pregnancy

B. Vaccination should be avoided during pregnancy

C. Vaccination should occur before pregnancy

D. Vaccination after childbirth

5. A postpartum client asks when she may safely resume sexual activity. Which timeframe is commonly considered safe if there is no discomfort?

A. In 2 to 4 weeks

B. In 6 weeks

C. Immediately after delivery

D. In 3 months

6. Which presentation best describes placental abruption signs?

A. Chronic mild back pain

B. Painless vaginal bleeding

C. Gradual onset abdominal pain

D. Sudden onset abdominal pain with or without vaginal bleeding

7. Which statement best defines a reactive nonstress test?

A. Two or more fetal heart rate accelerations of at least 15 bpm lasting at least 15 seconds, associated with fetal movement, within a 20-minute period

B. Two accelerations lasting at least 30 seconds within a 5-minute period

C. No accelerations during 20 minutes

D. Fetal heart rate baseline above 170 bpm

8. How is gestational diabetes screened and what are typical maternal glucose targets for management?

A. Two-step approach with a 50 g screen followed by a diagnostic 100 g test; one-step approach with a 75 g OGTT is also used.

B. Screened at 12–16 weeks; targets fasting <70 mg/dL, 1-hour <120 mg/dL, 2-hour <110 mg/dL.

C. Screened only postpartum.

D. Screened at birth with random glucose check.

9. If deep tendon reflexes are 3+ or 4+ in pregnancy, what action is appropriate?

A. Document as normal.

B. Administer a sedative.

C. Notify the health care provider.

D. Apply pressure to the reflex.

10. What is the purpose of eye prophylaxis in the newborn?

A. To prevent gonococcal ophthalmia and other neonatal eye infections

B. To prevent neonatal conjunctivitis due to viral infection

C. To enhance tear production

D. To detect cataracts in newborn

Answers

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

Explanations

1. Which signs are typical of neonatal abstinence syndrome?

A. Jaundice in first hour

B. Weight gain

C. Irritability, high-pitched cry, poor feeding, tremors

D. Hypoactivity

Neonatal abstinence syndrome reflects withdrawal after in utero exposure to opioids or other substances, so the infant shows CNS hyperarousal and autonomic instability. The most characteristic cluster includes irritability with a high-pitched cry, tremors, and poor feeding. These signs come from heightened CNS activity and difficulty coordinating feeding, which are hallmark features of withdrawal in newborns. Jaundice in the first hour isn't typical of NAS; it's more often due to other conditions like hemolysis or physiologic jaundice. Weight gain isn't a withdrawal symptom either—NAS usually leads to poor feeding and sometimes weight loss or slowed gain, rather than the opposite. Hypoactivity would not fit NAS, which tends to involve increased irritability and activity rather than lethargy.

2. What does TORCH stand for and what is its general management approach?

A. A single infection with fixed treatment

B. A vaccine schedule

C. Group of congenital infections including Toxoplasma, Other, Rubella, Cytomegalovirus, Herpes; prevention, screening, and treatment to minimize fetal impact

D. A syndrome of postpartum infections

TORCH refers to a group of congenital infections that can affect a fetus or newborn, not a single disease. The acronym stands for Toxoplasma gondii, Other (including infections such as syphilis, varicella-zoster, parvovirus B19), Rubella, Cytomegalovirus, and Herpes simplex virus. Because these infections can cross the placenta and cause fetal harm, the general management is focused on prevention, screening, and treatment to minimize fetal impact. This includes preventive measures (preconception vaccination where applicable, avoiding exposure to certain pathogens), targeted prenatal screening or serology to detect maternal infection, and appropriate treatment or perinatal planning to reduce risk to the fetus (such as antiviral therapy in certain infections and delivery planning for genital herpes).

3. A delivery room nurse notes the newborn's ears are low-set. Based on this finding, which nursing action is appropriate initially?

A. Documenting the finding only.

B. Notifying the healthcare provider.

C. Taping the ears.

D. Covering the ears with gauze.

Low-set ears in a newborn can signal possible congenital anomalies that require prompt evaluation. The appropriate initial step is to notify the healthcare provider so they can assess for associated conditions and order any needed tests or referrals. The nurse should document the finding accurately, including its location and any related observations, but should not attempt to alter or cover the ears. Taping or covering the ears is not appropriate and could hide important signs or cause harm.

4. If a pregnant client is not immune to rubella, when is rubella vaccination given?

A. During pregnancy

B. Vaccination should be avoided during pregnancy

C. Vaccination should occur before pregnancy

D. Vaccination after childbirth

Rubella vaccine is a live attenuated vaccine and is not given during pregnancy because it could pose a risk to the developing fetus. The safest way to protect future pregnancies is to vaccinate after delivery. If a woman is not immune and is planning another pregnancy, vaccination should occur before conception to provide immunity beforehand. In the current pregnancy context, the appropriate action is to wait until after childbirth to vaccinate.

5. A postpartum client asks when she may safely resume sexual activity. Which timeframe is commonly considered safe if there is no discomfort?

A. In 2 to 4 weeks

B. In 6 weeks

C. Immediately after delivery

D. In 3 months

After birth, healing of the vaginal tissues, cervix, and perineum guides when sexual activity can safely resume. The key idea is to wait until healing is complete enough and discomfort or bleeding is minimal, so intercourse won't cause pain or disrupt recovery. If there is no pain, no ongoing heavy bleeding, and no signs of infection, many clinicians consider resuming sexual activity around the two- to four-week mark. This window reflects typical healing progress and allows couples to reestablish intimacy without delaying recovery longer than necessary. Of course, individual healing varies. If there was an episiotomy or perineal tear, if lochia persists, or if discomfort, pain with intercourse, fever, or foul discharge occurs, waiting longer is prudent. Vaginal dryness from breastfeeding can make intercourse uncomfortable, so lubrication and gentle pacing can help, provided healing is adequate.

6. Which presentation best describes placental abruption signs?

A. Chronic mild back pain

B. Painless vaginal bleeding

C. Gradual onset abdominal pain

D. Sudden onset abdominal pain with or without vaginal bleeding

Placental abruption occurs when the placenta separates from the uterine wall abruptly, causing sudden, often severe abdominal pain with uterine tenderness. Bleeding may be present or concealed within the uterus, reflecting the premature separation. This sharp, painful onset distinguishes it from placenta previa, which typically presents with painless vaginal bleeding, and from conditions with gradual onset abdominal pain. So the description of sudden onset abdominal pain with or without vaginal bleeding best fits placental abruption.

7. Which statement best defines a reactive nonstress test?

A. Two or more fetal heart rate accelerations of at least 15 bpm lasting at least 15 seconds, associated with fetal movement, within a 20-minute period

B. Two accelerations lasting at least 30 seconds within a 5-minute period

C. No accelerations during 20 minutes

D. Fetal heart rate baseline above 170 bpm

The key idea is how a nonstress test uses fetal heart rate accelerations to judge fetal well-being. A reactive nonstress test is defined by having at least two accelerations in the fetal heart rate within a 20-minute window. Each acceleration is a rise above the baseline of at least 15 beats per minute and lasts for at least 15 seconds, and these accelerations are typically tied to fetal movement. Seeing this pattern suggests the fetus has a healthy autonomic response and adequate oxygenation. If these criteria aren't met—no accelerations within 20 minutes—the test is considered nonreactive and may lead to further testing. Baseline tachycardia or prolonged absence of accelerations would not indicate a reactive result.

8. How is gestational diabetes screened and what are typical maternal glucose targets for management?

A. Two-step approach with a 50 g screen followed by a diagnostic 100 g test; one-step approach with a 75 g OGTT is also used.

B. Screened at 12–16 weeks; targets fasting <70 mg/dL, 1-hour <120 mg/dL, 2-hour <110 mg/dL.

C. Screened only postpartum.

D. Screened at birth with random glucose check.

Gestational diabetes screening relies on catching elevated maternal glucose early enough to manage it and protect both mother and baby. In practice, some guidelines recommend screening for diabetes risk in the first trimester to identify preexisting diabetes, and then continued screening later in pregnancy to catch gestational diabetes if it develops. The targets for management are about keeping maternal glucose in a near-normal range, both fasting and after meals, to minimize risks like fetal overgrowth and neonatal hypoglycemia. The values shown—fasting under 70 mg/dL, 1-hour post-meal under 120 mg/dL, and 2-hour post-meal under 110 mg/dL—illustrate this goal of tight, but safe, glucose control across the day. While exact numbers can vary slightly by guideline, the idea is to screen early for preexisting diabetes and to maintain strict but safe glucose targets during pregnancy to improve outcomes.

9. If deep tendon reflexes are 3+ or 4+ in pregnancy, what action is appropriate?

A. Document as normal.

B. Administer a sedative.

C. Notify the health care provider.

D. Apply pressure to the reflex.

Hyperreflexia in pregnancy can be a warning sign of preeclampsia or progression toward eclampsia, so observing 3+ or 4+ deep tendon reflexes should prompt urgent clinical assessment. The appropriate action is to notify the health care provider so they can evaluate blood pressure, check for protein in the urine, and assess for symptoms like severe headaches, visual changes, or right upper quadrant pain. Sedatives would mask symptoms and aren't appropriate, and applying pressure to the reflex isn't a corrective measure. Documenting the findings as normal would miss a potential warning sign.

10. What is the purpose of eye prophylaxis in the newborn?

A. To prevent gonococcal ophthalmia and other neonatal eye infections

B. To prevent neonatal conjunctivitis due to viral infection

C. To enhance tear production

D. To detect cataracts in newborn

Eye prophylaxis for newborns is aimed at preventing gonococcal ophthalmia neonatorum and other neonatal eye infections that can threaten vision. During birth, bacteria such as Neisseria gonorrhoeae can be transmitted from the mother to the baby's eyes. Applying a broad-spectrum antibiotic to each eye soon after birth kills or inhibits these organisms before they invade the cornea, reducing the risk of severe infection and potential blindness. This is a preventive measure, not a treatment for existing infections. It does not prevent viral conjunctivitis, does not affect tear production, and does not detect cataracts, which are found through an eye examination rather than prophylaxis.

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://focusonmaternity.examzify.com

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