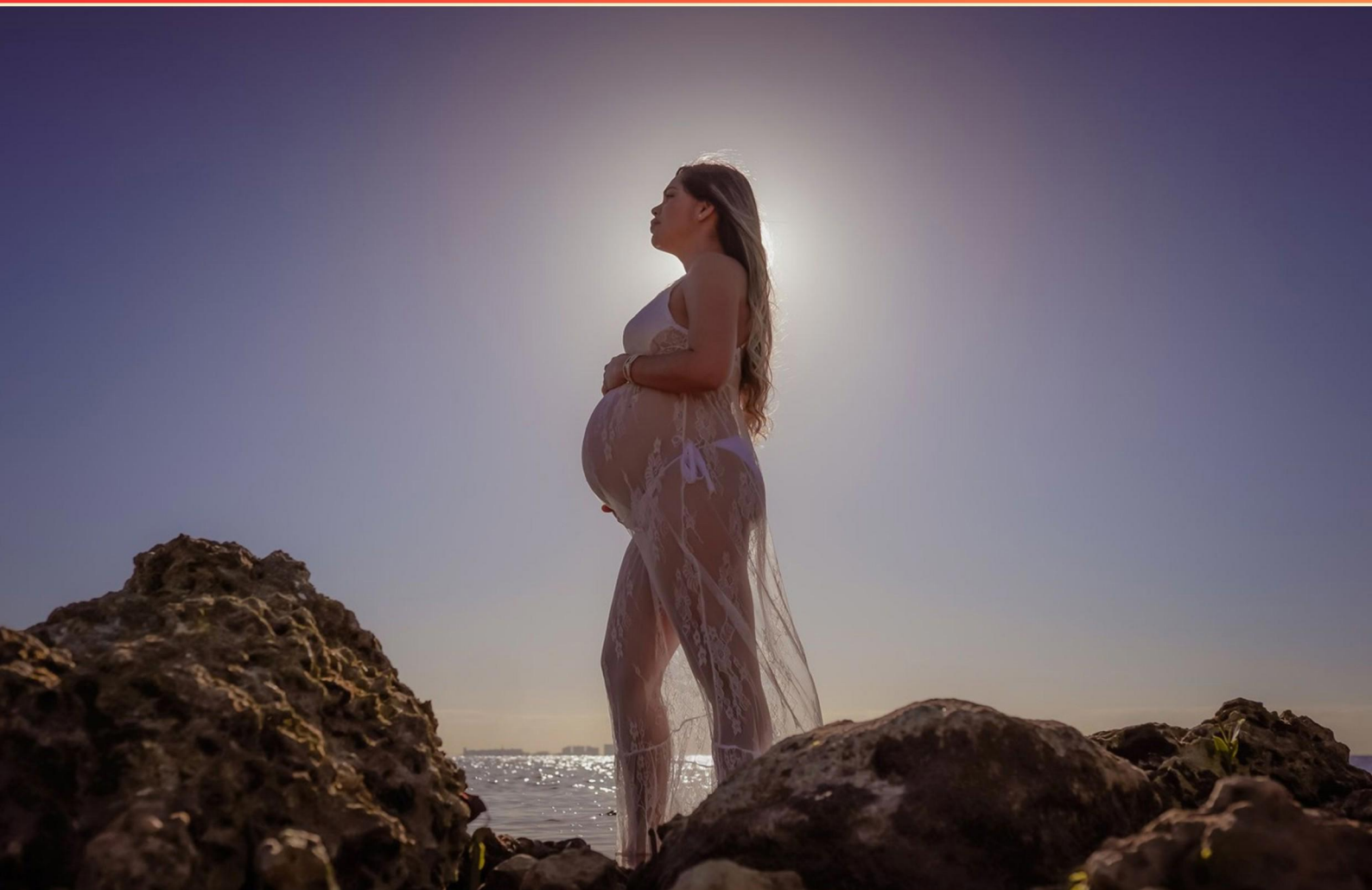


FOCUS ON MATERNITY PRACTICE EXAM (SAMPLE)

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. Why is magnesium sulfate used in preeclampsia and what are signs of toxicity?**
 - A. To prevent seizures; toxicity signs include absent or diminished deep tendon reflexes, respirations <12/min, urine output <30 mL/hr, altered consciousness; treatment is calcium gluconate.
 - B. To decrease blood pressure
 - C. To promote placental separation
 - D. To accelerate fetal lung maturity
- 2. When measuring blood pressure in a pregnant client, how should the patient be positioned?**
 - A. Sitting with arm supported at heart level
 - B. Lying supine with arm at heart level
 - C. Prone with arm extended
 - D. Standing with arm at side
- 3. In a laboring client with hypertonic uterine dysfunction, what is the priority nursing intervention?**
 - A. Providing pain relief
 - B. Administer oxytocin augmentation
 - C. Encourage ambulation every 30 minutes
 - D. Perform amniotomy
- 4. In an emergency cesarean delivery, which action should the nurse take first?**
 - A. Obtain a complete blood count
 - B. Monitor contractions and fetal heart rate
 - C. Report the time of last oral intake to the health care provider
 - D. Administer acetaminophen
- 5. What is considered normal fetal heart rate variability?**
 - A. Minimal variability
 - B. Moderate variability (6–25 bpm)
 - C. Marked variability (>25 bpm)
 - D. Absent variability

- 6. An anterior fontanel measuring 4 cm and bulging at rest requires what action?**
- A. Document as normal
 - B. Observe for changes
 - C. Provide reassurance
 - D. Notify the health care provider
- 7. Why is dating ultrasound preferred early in pregnancy over relying on the last menstrual period?**
- A. Provides accurate gestational age when LMP is uncertain or cycles are irregular
 - B. Is cheaper than relying on LMP
 - C. Replaces need for physical examination
 - D. Predicts fetal sex earlier
- 8. Newborn assessment shows edematous labia and a white mucous vaginal discharge in a full-term female. What action should the nurse take?**
- A. Document the findings
 - B. Start topical antibiotics
 - C. Reassure the family and discharge
 - D. Schedule a follow-up appointment
- 9. After performing an amniotomy, what is the first assessment the nurse should perform?**
- A. Determine fetal heart rate for at least 1 full minute
 - B. Note the fluid color
 - C. Take maternal temperature
 - D. Replace underpads
- 10. Which statement is NOT a routine component of management for preterm labor between 24 and 34 weeks?**
- A. Administer antenatal corticosteroids
 - B. Administer magnesium sulfate for neuroprotection
 - C. Use tocolysis to delay delivery
 - D. Immediate cesarean delivery at detection of preterm labor

Answers

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

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Explanations

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1. Why is magnesium sulfate used in preeclampsia and what are signs of toxicity?

- A. To prevent seizures; toxicity signs include absent or diminished deep tendon reflexes, respirations <12/min, urine output <30 mL/hr, altered consciousness; treatment is calcium gluconate.**
- B. To decrease blood pressure
- C. To promote placental separation
- D. To accelerate fetal lung maturity

Magnesium sulfate in preeclampsia is used to prevent seizures by raising the brain's seizure threshold and dampening neuromuscular excitability, acting as a central nervous system depressant to reduce the risk of progression to eclampsia. It may also cause mild vasodilation that can help with uteroplacental blood flow, but the primary purpose is seizure prophylaxis. Toxicity signs reflect excessive CNS and neuromuscular suppression. Early warning is loss or depression of deep tendon reflexes; as toxicity worsens, respirations may slow to fewer than about 12 breaths per minute, urine output may drop below 30 mL per hour, and the patient can become drowsy, confused, or have altered consciousness. If toxicity is suspected, stop the infusion and administer calcium gluconate as the antidote. Other options don't fit the main purpose of magnesium sulfate. It isn't given primarily to lower blood pressure, promote placental separation, or accelerate fetal lung maturity (the latter is achieved with antenatal corticosteroids).

2. When measuring blood pressure in a pregnant client, how should the patient be positioned?

- A. Sitting with arm supported at heart level**
- B. Lying supine with arm at heart level
- C. Prone with arm extended
- D. Standing with arm at side

Accurate blood pressure measurement requires the cuff to be at the level of the heart and the patient in a position that doesn't alter venous return or the reading. In pregnancy, especially later on, lying flat on the back can compress the inferior vena cava under the uterus, reducing venous return and producing unreliable, often lower readings. Sitting with the back supported, feet uncrossed and flat, and with the arm supported at heart level keeps the cuff aligned with the heart and minimizes positional distortions. The arm at heart level ensures the pressure read by the cuff reflects the true arterial pressure transmitted to the heart. Standing or lying in other positions can introduce variability or complications and are not as reliable for routine BP measurement in pregnancy.

3. In a laboring client with hypertonic uterine dysfunction, what is the priority nursing intervention?

- A. Providing pain relief**
- B. Administer oxytocin augmentation
- C. Encourage ambulation every 30 minutes
- D. Perform amniotomy

Hypertonic uterine dysfunction involves painful, frequent contractions that don't effectively dilate the cervix, with the uterus staying overly tense and poorly coordinated. The priority nursing intervention is to relieve pain and induce relaxation because pain and anxiety raise sympathetic activity, increasing catecholamines that keep the uterus in a high-tone state. Providing analgesia (and sometimes mild sedation) helps reduce uterine tone, lowers oxygen demand, and improves placental blood flow, which can help fetal status and allow labor to progress. Augmenting with oxytocin would worsen the hypertonicity and isn't appropriate. Ambulation isn't the focus in this situation and may not relieve the underlying issue, and performing an amniotomy won't address the excessive tone or improve perfusion.

4. In an emergency cesarean delivery, which action should the nurse take first?

- A. Obtain a complete blood count
- B. Monitor contractions and fetal heart rate
- C. Report the time of last oral intake to the health care provider**
- D. Administer acetaminophen

In an emergent cesarean, the most time-sensitive factor for safety is how recently the patient has eaten because it directly changes the anesthesia plan and the risk of aspiration. The nurse should promptly communicate the time of the last oral intake to the health care provider so the team can choose the appropriate anesthesia approach and prepare for rapid sequence induction if needed. This upfront information helps prevent aspiration and keeps the operation moving quickly. Other tasks like drawing a CBC, monitoring fetal status, or giving analgesics may be important, but they do not influence the immediate risk to safety as directly as knowing whether the patient has recently eaten.

5. What is considered normal fetal heart rate variability?

- A. Minimal variability
- B. Moderate variability (6–25 bpm)**
- C. Marked variability (>25 bpm)
- D. Absent variability

Normal fetal heart rate variability shows the baby's heart rate fluctuating beat to beat as the autonomic nervous system modulates the rate in response to oxygenation and activity. When these fluctuations fall within about 6 to 25 beats per minute, it indicates a healthy, well-oxygenated fetus with good neural control of the heart. This moderate variability is the reassuring pattern clinicians look for because it shows the fetus has reserve and can respond to stress. Very little fluctuation, or minimal variability (0–5 bpm), can occur with fetal sleep or immaturity, but if it persists it may signal reduced oxygenation or central nervous system depression and prompts closer monitoring. Absence of variability means no fluctuations around the baseline, which is concerning and can be associated with fetal hypoxia, acidosis, or CNS suppression, requiring urgent assessment and potential intervention. Marked variability (over 25 bpm) is not typically considered normal in routine monitoring; it can occur in certain conditions but is not the expected reassuring pattern. So the best description of normal variability is moderate, about 6–25 bpm.

6. An anterior fontanel measuring 4 cm and bulging at rest requires what action?

- A. Document as normal
- B. Observe for changes
- C. Provide reassurance
- D. Notify the health care provider**

An anterior fontanel that is 4 cm and bulging at rest indicates a potential serious intracranial process. Normally, the fontanel should be soft and flat when the infant is calm, with a size around 2–3 cm (up to about 4 cm in some babies). A fontanel that is large and bulging while the infant is at rest suggests increased intracranial pressure or a CNS issue such as meningitis, hydrocephalus, or intracranial hemorrhage. Because this can worsen quickly, it requires prompt evaluation by a health care provider to identify the cause and begin appropriate treatment. Documenting it as normal, merely observing, or offering reassurance would miss an important warning sign.

7. Why is dating ultrasound preferred early in pregnancy over relying on the last menstrual period?

- A. Provides accurate gestational age when LMP is uncertain or cycles are irregular**
- B. Is cheaper than relying on LMP
- C. Replaces need for physical examination
- D. Predicts fetal sex earlier

Dating ultrasound provides an accurate estimate of gestational age when the last menstrual period is uncertain or when cycles are irregular. In early pregnancy, measuring the crown–rump length correlates closely with true embryonic age, giving a reliable gestational age within a few days. This is preferable to LMP dating because many women have recall errors or cycle lengths that vary, so assuming a standard 28-day cycle and ovulation on day 14 can lead to significant errors. Ultrasound dating uses a direct developmental marker rather than calendar calculations, making it the best choice for establishing age early on. It's not primarily about cost, it doesn't replace a physical exam, and it doesn't predict fetal sex earlier.

8. Newborn assessment shows edematous labia and a white mucous vaginal discharge in a full-term female. What action should the nurse take?

- A. Document the findings**
- B. Start topical antibiotics
- C. Reassure the family and discharge
- D. Schedule a follow-up appointment

Newborn female genital changes like edematous labia and a white vaginal discharge are common and usually harmless. They result from maternal hormones and their withdrawal after birth, and the discharge typically resolves on its own within days to a couple of weeks. The best action is to document the finding, confirming it as a normal variation and establishing a baseline. This also guides future monitoring—seek care if signs of infection or abnormal symptoms appear, such as fever, foul-smelling discharge, increasing redness or swelling, or if the discharge lasts much longer than a few weeks. No treatment is needed now, and parental reassurance should accompany the documentation.

9. After performing an amniotomy, what is the first assessment the nurse should perform?

- A. Determine fetal heart rate for at least 1 full minute**
- B. Note the fluid color
- C. Take maternal temperature
- D. Replace underpads

The first thing to assess after an amniotomy is the fetal heart rate for at least one full minute. Establishing a baseline and monitoring for any signs of distress right away is critical because rupture of membranes can reveal the fetus to changing oxygenation and cord dynamics during labor. By listening to the fetal heart rate for a full minute, you can evaluate baseline rate, variability, and presence of accelerations or decelerations that indicate how well the fetus is tolerating labor. After confirming fetal status, you can then note the amniotic fluid color, check the maternal temperature, and address comfort needs, but those steps aren't the immediate priority when you're ensuring fetal well-being right after membrane rupture.

10. Which statement is NOT a routine component of management for preterm labor between 24 and 34 weeks?

- A. Administer antenatal corticosteroids
- B. Administer magnesium sulfate for neuroprotection
- C. Use tocolysis to delay delivery
- D. Immediate cesarean delivery at detection of preterm labor**

The approach to preterm labor between 24 and 34 weeks centers on improving neonatal outcomes by delaying delivery when possible and optimizing fetal well-being. Administering antenatal corticosteroids helps the fetus develop mature lungs, reducing respiratory distress after birth. Magnesium sulfate is given for neuroprotection to lower the risk of cerebral palsy in very preterm infants. Tocolysis may be used to pause contractions for a short period, typically to complete a course of steroids and arrange appropriate care, unless there are contraindications such as fetal distress, infection, or placenta previa. Immediate cesarean delivery at detection of preterm labor is not routine; cesarean is reserved for obstetric indications (not simply because labor is preterm), since rushing to surgery generally increases risks without improving outcomes in the absence of specific problems.

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!

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