

HESI Maternity Case Study Practice Test (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. Which factor is listed as a contributor to the onset of labor?**
 - A. Decrease in estrogen**
 - B. Prostaglandin production in the myometrium**
 - C. Progesterone withdrawal**
 - D. Release of oxytocin by the pituitary**

- 2. A pregnant client with severe preeclampsia is started on IV magnesium sulfate and has a serum magnesium level of 15 mEq/L. Which manifestation is expected?**
 - A. Respiratory distress**
 - B. ECG changes**
 - C. Loss of reflexes**
 - D. Cardiac arrest**

- 3. What is the cardinal rule regarding medications and herbal remedies during pregnancy?**
 - A. All drugs cross placenta and may affect the fetus**
 - B. No medications cross placenta**
 - C. Herbal remedies are always safe**
 - D. Only hormones cross placenta**

- 4. Terbutaline tocolytic to treat preterm labor acts by stimulating which receptor to cause uterine relaxation?**
 - A. Alpha-1 Adrenergic Receptor**
 - B. Beta-2 Adrenergic Receptor**
 - C. Dopamine Receptor**
 - D. GABA Receptor**

- 5. Which activity is believed to help alleviate venous pooling and varicose veins in pregnancy?**
 - A. Exercise to promote venous return**
 - B. Prolonged standing**
 - C. Sitting with legs crossed**
 - D. Wearing tight stockings**

- 6. What is the normal range for serum sodium during pregnancy?**
- A. 130-140 mEq/L**
 - B. 135-145 mEq/L**
 - C. 140-150 mEq/L**
 - D. 125-135 mEq/L**
- 7. Which length would be within the normal full-term AGA range?**
- A. 18 Inches**
 - B. 20 Inches**
 - C. 23 Inches**
 - D. 21 Inches**
- 8. Which of the following lists represents the five Ps of labor?**
- A. Passageway, Passenger, Position, Powers, Psych**
 - B. Passenger, Posture, Position, Presentation**
 - C. Passenger, Position, Presentation, Pushing**
 - D. Passageway, Passenger, Position, Psych**
- 9. Which statement describes Braxton Hicks contractions?**
- A. Often disappear with ambulation or sleep**
 - B. They become regular and predictable**
 - C. They begin irregularly but become regular and predictable**
 - D. They start in the lower back and radiate to abdomen**
- 10. Which finding is most consistent with placental abruption?**
- A. Dark red vaginal bleeding with a tense uterus**
 - B. Painless bright red bleeding with a soft uterus**
 - C. Dark red vaginal bleeding with a uterus that is not tender**
 - D. Normal fetal heart rate with no bleeding**

Answers

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

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Explanations

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1. Which factor is listed as a contributor to the onset of labor?

- A. Decrease in estrogen**
- B. Prostaglandin production in the myometrium**
- C. Progesterone withdrawal**
- D. Release of oxytocin by the pituitary**

Prostaglandin production in the myometrium acts as a key trigger for labor because these lipid compounds directly increase uterine contractility and cervix readiness. Prostaglandins, especially PGE₂ and PGF₂α, raise the myometrium's excitability by boosting calcium availability, promote the formation of gap junctions that coordinate contractions, and upregulate oxytocin receptors. They also drive cervical remodeling, softening and dilation that are essential for labor to progress. While estrogen supports labor by enhancing these effects and oxytocin released later helps sustain contractions, the direct initiating role lies with prostaglandins in the uterus.

2. A pregnant client with severe preeclampsia is started on IV magnesium sulfate and has a serum magnesium level of 15 mEq/L. Which manifestation is expected?

- A. Respiratory distress**
- B. ECG changes**
- C. Loss of reflexes**
- D. Cardiac arrest**

High levels of magnesium sulfate suppress neuromuscular transmission, especially affecting the respiratory muscles. When the serum level is as high as 15 mEq/L, this depression becomes profound, leading to weakened or ineffective breathing. The most expected finding is respiratory distress or failure due to diaphragmatic and intercostal muscle weakness. This is why continuous evaluation of respiratory rate, depth, and oxygenation is critical, and why stopping the infusion and administering calcium gluconate are key emergency steps if respiratory compromise develops. While other toxicity signs like slowed reflexes or ECG changes can occur, the urgent, life-threatening issue at this level is respiratory depression.

3. What is the cardinal rule regarding medications and herbal remedies during pregnancy?

- A. All drugs cross placenta and may affect the fetus**
- B. No medications cross placenta**
- C. Herbal remedies are always safe**
- D. Only hormones cross placenta**

The main idea here is that the placenta does not provide an absolute shield; most medications and many herbal remedies can cross to the fetus and potentially influence development or cause neonatal effects. Transfer depends on properties like small size, fat-loving (lipophilic) nature, and how tightly the substance binds to proteins; exposure at any stage of pregnancy can have consequences because the fetus has limited ability to metabolize drugs. That's why any medication or herbal product used during pregnancy should be discussed with a healthcare provider, weighing benefits against potential risks. It's not true that nothing crosses the placenta, or that herbal remedies are always safe, and hormones aren't the only substances that can cross—many non-hormonal drugs do as well.

4. Terbutaline tocolytic to treat preterm labor acts by stimulating which receptor to cause uterine relaxation?

- A. Alpha-1 Adrenergic Receptor**
- B. Beta-2 Adrenergic Receptor**
- C. Dopamine Receptor**
- D. GABA Receptor**

Terbutaline tocolysis works by activating beta-2 adrenergic receptors on uterine smooth muscle. When these receptors are stimulated, they trigger a Gs protein pathway that raises cyclic AMP levels, which activates protein kinase A. This signaling leads to a decrease in intracellular calcium and loosening of the smooth muscle fibers, causing uterine relaxation and suppression of contractions. The other receptors listed don't produce this effect: alpha-1 stimulation would tend to cause vasoconstriction and contraction of some smooth muscles, dopamine receptor activity isn't the mechanism for uterine relaxation in this context, and GABA receptors are mainly involved in CNS inhibition rather than directly relaxing uterine muscle.

5. Which activity is believed to help alleviate venous pooling and varicose veins in pregnancy?

- A. Exercise to promote venous return**
- B. Prolonged standing**
- C. Sitting with legs crossed**
- D. Wearing tight stockings**

Promoting venous return through movement is the key idea here. During pregnancy, the growing uterus and hormonal changes slow blood flow in the legs, leading to pooling and the development of varicose veins. When you move, especially with activities that involve the calf muscles like walking or performing ankle pumps, those muscles squeeze the leg veins. This “calf muscle pump” pushes blood upward toward the heart, counteracting gravity and reducing venous pooling and edema. Regular activity keeps circulation moving and helps prevent the worsening of varicosities. Prolonged standing, sitting with legs crossed, or wearing very tight stockings can hinder venous return and worsen pooling, so they’re less helpful. If stockings are used for support, they should be properly fitted and not overly tight. But the main and most beneficial approach is staying active to encourage venous return.

6. What is the normal range for serum sodium during pregnancy?

- A. 130-140 mEq/L**
- B. 135-145 mEq/L**
- C. 140-150 mEq/L**
- D. 125-135 mEq/L**

During pregnancy, the body adds a lot of fluid, but serum sodium stays in the same normal range seen in nonpregnant adults. The typical range is 135 to 145 mEq/L. This stability comes from the body's ability to regulate water balance through hormones like ADH and aldosterone and from kidney function that concentrates or dilutes urine to keep sodium concentration steady. If sodium falls below 135, that indicates hyponatremia and potential issues with excessive fluid or SIADH; if it rises above 145, that indicates hypernatremia and possible dehydration. So, the normal range for serum sodium in pregnancy is 135-145 mEq/L.

7. Which length would be within the normal full-term AGA range?

- A. 18 Inches**
- B. 20 Inches**
- C. 23 Inches**
- D. 21 Inches**

For a term newborn, length is expected to fall within about 19 to 21 inches (roughly 48 to 53 cm). Choosing 21 inches fits squarely inside that typical range, so it reflects a normal length for a full-term infant classified as appropriate for gestational age. An 18-inch length would be shorter than expected for term, and 23 inches would be longer than typical for a term newborn. A 20-inch measurement is also within the normal window, but 21 inches is a representative example that clearly lies within the usual range.

8. Which of the following lists represents the five Ps of labor?

A. Passageway, Passenger, Position, Powers, Psych

B. Passenger, Posture, Position, Presentation

C. Passenger, Position, Presentation, Pushing

D. Passageway, Passenger, Position, Psych

The five Ps of labor describe the main factors that shape how labor progresses: Passageway, Passenger, Position, Powers, and Psyche. Passageway refers to the birth canal—the size and shape of the pelvis and the condition of the soft tissues through which the baby must pass. If the passageway isn't adequate, labor may slow or stall, increasing the risk of obstructed labor. Passenger is about the fetus (and placenta). This includes fetal size, lie, presentation, and attitude. A fetal position that aligns the head with the pelvis—often occiput anterior—is most favorable for descent. Abnormal presentations or maldescent can complicate labor. Position covers how both the mother and fetus are oriented relative to the pelvis. The mother's posture and movement can influence descent and rotation; upright or open abdominal positions often aid progress, while suboptimal positions can hinder it. Fetal position also matters since certain orientations facilitate easier passage through the birth canal. Powers encompass the contractions and the pushing effort. Adequate uterine contractions and effective pushing are needed for dilation, effacement, and descent. Weak or infrequent contractions may require augmentation; excessive or painful contractions can cause distress. Psyche involves the maternal emotional state. Anxiety, fear, or poor coping can trigger stress responses that slow labor, whereas support, relaxation, and effective pain management can facilitate smoother progression. The option that lists all five factors—Passageway, Passenger, Position, Powers, Psyche—is the best match to the concept. Other choices omit one or more components or substitute nonstandard terms, such as Posture, Presentation, Pushing, or Psych, which do not represent the full five Ps.

9. Which statement describes Braxton Hicks contractions?

A. Often disappear with ambulation or sleep

B. They become regular and predictable

C. They begin irregularly but become regular and predictable

D. They start in the lower back and radiate to abdomen

Braxton Hicks contractions are irregular, non-progressive "practice" contractions of the uterus. They don't establish a pattern or lead to labor. Because they aren't part of a true labor process, they often disappear with changes in activity or rest. Moving around, walking, or lying down can cause them to fade, which is why the statement that they often vanish with ambulation or sleep is the best description. In contrast, true labor contractions become regular and more frequent over time and do not go away with activity or sleep; they tend to intensify rather than fade. They're also described as starting in the back and radiating to the abdomen for some people, which is not characteristic of Braxton Hicks. The idea that these contractions begin irregularly but then become regular also points to labor rather than Braxton Hicks.

10. Which finding is most consistent with placental abruption?

- A. Dark red vaginal bleeding with a tense uterus**
- B. Painless bright red bleeding with a soft uterus**
- C. Dark red vaginal bleeding with a uterus that is not tender**
- D. Normal fetal heart rate with no bleeding**

Placental abruption is typically suggested by painful vaginal bleeding with a uterus that is tender and often firm or rigid due to uterine contractions and placental separation. The pain and the tense uterus reflect the ongoing separation and uterine activity in response. When bleeding is dark red and the uterus is not tender, that pattern fits more with placenta previa, which presents as painless bleeding with a soft, non-tender uterus. So the finding described—dark red vaginal bleeding with a uterus that is not tender—does not align with the usual presentation of placental abruption and points more toward previa. In abruption you'd also expect possible fetal distress and maternal signs of hemorrhage, with a uterus that may feel firm or hypertonic.

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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://hesimaternitycasestudy.examzify.com>

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

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