

HESI MATERNITY CASE STUDY PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://hesimaternitycasestudy.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

SAMPLE

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

SAMPLE

- 1. Fetal bradycardia defined as baseline FHR for more than 10 minutes?**
 - A. Baseline FHR less than 100 bpm for more than 5 minutes
 - B. Baseline FHR less than 115 bpm for more than 15 minutes
 - C. Baseline FHR less than 110 bpm for more than 10 minutes
 - D. Baseline FHR less than 120 bpm for more than 30 minutes
- 2. Which statement is true regarding caput succedaneum and cephalohematoma in newborns?**
 - A. Caput succedaneum crosses suture lines; cephalohematoma does not
 - B. Cephalohematoma crosses suture lines; caput does not
 - C. Both cross sutures
 - D. Neither crosses sutures
- 3. Which fetal heart rate reading is within a normal range for a term fetus?**
 - A. 60 bpm
 - B. 110 bpm
 - C. 180 bpm
 - D. 200 bpm
- 4. Which term is NOT part of the five Ps of labor?**
 - A. Passageway
 - B. Posture
 - C. Passenger
 - D. Powers
- 5. Which statement best describes the Biophysical Profile (BPP) in fetal assessment?**
 - A. A test that uses color Doppler only.
 - B. A scoring system that includes ultrasound assessment of movement, tone, breathing, and amniotic fluid, plus NST.
 - C. A blood test for maternal hormones.
 - D. An imaging test for fetal anomalies.

- 6. A laboring patient is at -1 station. This indicates the fetus is:**
- A. 1 cm above the ischial spines
 - B. 2 cm below the ischial spines
 - C. On the ischial spines
 - D. 1 cm below the ischial spines
- 7. During magnesium sulfate therapy, which finding indicates possible toxicity?**
- A. Hyperreflexia
 - B. Tetany
 - C. Respiratory depression
 - D. Decreased deep tendon reflexes
- 8. Which vaccine is contraindicated in pregnancy due to its live-virus composition?**
- A. Influenza
 - B. Rubella
 - C. Tdap
 - D. Hepatitis B
- 9. During pregnancy, the change in hematocrit is due to which of the following?**
- A. Increase RBC mass
 - B. Increase plasma volume in excess of increase in red blood cells
 - C. Decrease plasma volume
 - D. Increase white blood cell mass
- 10. Which newborn finding is consistent with a postmature infant?**
- A. Peeling, parchment-like skin
 - B. Good muscle tone
 - C. Deep creases at the base of the toes extending to the heels
 - D. Soft, smooth skin

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Fetal bradycardia defined as baseline FHR for more than 10 minutes?

- A. Baseline FHR less than 100 bpm for more than 5 minutes
- B. Baseline FHR less than 115 bpm for more than 15 minutes
- C. Baseline FHR less than 110 bpm for more than 10 minutes**
- D. Baseline FHR less than 120 bpm for more than 30 minutes

Fetal bradycardia is a persistent baseline fetal heart rate below 110 beats per minute for at least 10 minutes. Baseline FHR is the average rate over a 10-minute window, excluding short-term fluctuations like accelerations or brief decelerations. When the rate stays at or below 110 for 10 minutes or longer, it signals potential fetal distress and calls for close assessment and monitoring. The choice that fits this definition is a baseline under 110 bpm for more than 10 minutes. The other options don't fit because they either use an incorrect threshold (115 or 120) or a duration shorter or longer than the standard 10-minute minimum.

2. Which statement is true regarding caput succedaneum and cephalohematoma in newborns?

- A. Caput succedaneum crosses suture lines; cephalohematoma does not**
- B. Cephalohematoma crosses suture lines; caput does not
- C. Both cross sutures
- D. Neither crosses sutures

Caput succedaneum is swelling of the scalp that spreads over the entire area and can cross the suture lines because it's generalized edema of the soft tissues. Cephalohematoma is a subperiosteal bleed that is confined to the surface of one cranial bone and does not cross sutures because the periosteum is adherent at the suture joints, keeping the collection localized. Clinically, caput is present at birth and typically resolves within a few days, while cephalohematoma may take weeks to resolve and can be associated with jaundice from red-blood-cell breakdown.

3. Which fetal heart rate reading is within a normal range for a term fetus?

- A. 60 bpm
- B. 110 bpm**
- C. 180 bpm
- D. 200 bpm

Fetal heart rate for a term fetus must stay within a normal window, not too slow and not too fast. This baseline reflects adequate oxygenation and stable autonomic control. When the rate drops into bradycardia territory, it can signal problems like compromised placental blood flow. When it climbs into tachycardia territory, it can indicate distress, infection, or other issues. The reading at the lower end of the normal window fits, showing a healthy baseline for a term baby. The other two high readings are clearly tachycardic, and the very slow reading is bradycardic, so they fall outside the normal range.

4. Which term is NOT part of the five Ps of labor?

- A. Passageway
- B. Posture**
- C. Passenger
- D. Powers

Five Ps describe the factors that influence how labor progresses: Passageway, Passenger, Powers, Psyche, and Position. Passageway covers the birth canal and pelvis; Passenger refers to the fetus, including presentation, lie, and attitude; Powers are the forces of labor—contractions and pushing; Psyche involves the mother's emotional state and coping abilities; Position focuses on how the mother and fetus are oriented and positioned during labor, with upright or side-lying positions that can aid progress. Posture isn't listed as one of the standard five Ps; Position is the term used to describe alignment and positioning during labor. So, Posture isn't part of the five Ps, which is why it's not considered among them.

5. Which statement best describes the Biophysical Profile (BPP) in fetal assessment?

- A. A test that uses color Doppler only.
- B. A scoring system that includes ultrasound assessment of movement, tone, breathing, and amniotic fluid, plus NST.**
- C. A blood test for maternal hormones.
- D. An imaging test for fetal anomalies.

Biophysical Profile is a scoring system that combines ultrasound assessment of fetal movement, tone, breathing, and amniotic fluid with the non-stress test to gauge fetal well-being. During the exam, four ultrasound-based criteria are evaluated: fetal movements (at least 3 discrete movements in 30 minutes), fetal tone (a limb or trunk movement with opening/closing of a hand), fetal breathing movements (at least one episode lasting 30 seconds or more in 30 minutes), and amniotic fluid volume (normal amount, typically indicated by a normal AFI or deepest pocket). The non-stress test monitors fetal heart rate accelerations in response to activity, with a reactive NST contributing two points. Each criterion is scored 0 or 2, giving a maximum of 10. A total of 8–10 is reassuring, 6 is equivocal, and 4 or less suggests fetal compromise that may prompt delivery or additional testing. This combined approach provides a clearer picture of fetal oxygenation and CNS function than either ultrasound or NST alone. The other options don't fit because color Doppler alone doesn't assess these wellbeing parameters, a maternal hormone blood test isn't used for fetal well-being, and imaging for fetal anomalies focuses on structural defects rather than dynamic functioning and amniotic fluid assessment.

6. A laboring patient is at -1 station. This indicates the fetus is:

- A. 1 cm above the ischial spines**
- B. 2 cm below the ischial spines
- C. On the ischial spines
- D. 1 cm below the ischial spines

Understanding how station numbers describe fetal descent relative to the ischial spines helps interpret this finding. A negative station means the presenting part is above the spines, with more negative values higher up in the pelvis. Therefore, -1 station indicates the head is one centimeter above the ischial spines. So the statement that matches this is that the fetus is 1 cm above the ischial spines. If it were exactly at the spines, that would be station zero; if it were below the spines, it would be a positive station (below), such as 1 cm below for +1, or 2 cm below for +2. Clinically, descent is tracked from negative values toward zero and into positive values as labor progresses.

7. During magnesium sulfate therapy, which finding indicates possible toxicity?

- A. Hyperreflexia
- B. Tetany
- C. Respiratory depression
- D. Decreased deep tendon reflexes**

Magnesium sulfate acts as a CNS depressant and muscle relaxant to prevent seizures, but as levels rise, it begins to blunt neuromuscular transmission. The earliest sign of magnesium toxicity is a loss or reduction of deep tendon reflexes. When reflexes become diminished or absent, it signals that magnesium is already at a level high enough to impair neuromuscular function, so the infusion should be reassessed and stopped if needed, with close monitoring of airway and breathing. As toxicity progresses, respiratory depression can develop due to weakened respiratory muscles, which is a more serious and later consequence. Hyperreflexia would not indicate toxicity; it points toward CNS irritability, often seen with preeclampsia. Tetany suggests low magnesium or calcium, not toxicity. So the decrease in deep tendon reflexes is the best, most reliable early warning sign of magnesium toxicity.

8. Which vaccine is contraindicated in pregnancy due to its live-virus composition?

- A. Influenza
- B. Rubella**
- C. Tdap
- D. Hepatitis B

Live vaccines contain replication-competent viruses, which can pose a theoretical risk to the fetus if given during pregnancy. The rubella vaccine is a live-attenuated vaccine, and because of this potential risk, it is contraindicated in pregnant people. Administering it could expose the developing fetus to rubella virus, with potential for congenital rubella syndrome, especially in early pregnancy. After delivery, vaccination can be given to establish maternal immunity for future pregnancies. The other vaccines listed are inactivated or otherwise safe to administer during pregnancy, so they are not contraindicated.

9. During pregnancy, the change in hematocrit is due to which of the following?

- A. Increase RBC mass
- B. Increase plasma volume in excess of increase in red blood cells**
- C. Decrease plasma volume
- D. Increase white blood cell mass

During pregnancy, plasma volume expands more than red blood cell mass, so the hematocrit—the proportion of blood that is red cells—decreases because the blood is diluted by the greater rise in plasma. This dilutional effect is why there is a physiologic fall in hematocrit even though red cell production is increasing. An increase in red cell mass would raise hematocrit, a decrease in plasma volume would concentrate the blood and raise hematocrit, and white blood cell mass does not significantly change hematocrit. The best description is that plasma volume increases in excess of the red blood cell increase.

10. Which newborn finding is consistent with a postmature infant?

- A. Peeling, parchment-like skin
- B. Good muscle tone
- C. Deep creases at the base of the toes extending to the heels**
- D. Soft, smooth skin

Postmature newborns show signs from prolonged intrauterine life, with the skin reflecting desiccation and wrinkling. The most telling finding is deep creases that extend from the base of the toes up to the heels. This pattern of extensive plantar creases happens as the skin has had more time to dry out and wrinkle after a long gestation, indicating postmaturity. While parchment-like peeling skin can also appear in postterm infants, the pronounced deep creases on the soles are more characteristic and help distinguish postmaturity from term or preterm skin presentations. In contrast, good muscle tone and soft, smooth skin are not specific indicators of postmaturity and are more typical of term or broader maturation ranges.

SAMPLE

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!

SAMPLE