

# HESI Obstetrics and Maternity Assignment Practice Exam (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. What is a normal approximate newborn respiratory rate range that a nurse should expect at birth?**
  - A. 40 breaths per minute.**
  - B. 58 breaths per minute.**
  - C. 75 breaths per minute.**
  - D. 25 breaths per minute.**
  
- 2. A laboring client with back labor complains of intense pain in the lower lumbar-sacral area. What action should the nurse implement?**
  - A. Perform effleurage on the abdomen.**
  - B. Encourage pant-blow breathing techniques.**
  - C. Apply counter pressure against the sacrum.**
  - D. Assist the client in guided imagery.**
  
- 3. Which behavior should the nurse anticipate for a new mother with an uncomplicated vaginal birth on the third postpartum day?**
  - A. Request help with ambulation and perineal care.**
  - B. Exhibit interest in learning more about infant care.**
  - C. Sleep most of the time when the baby is not present.**
  - D. Be very excited and talkative about the birth experience.**
  
- 4. A macrosomic newborn is at risk for which immediate complication requiring frequent monitoring after birth?**
  - A. Hypoglycemia**
  - B. Hyperkalemia**
  - C. Jaundice**
  - D. Respiratory distress**

- 5. Which statement best explains fetal hearing and maternal voice interactions in utero?**
- A. Many women imagine what their baby is like by interpreting fetal movements.**
  - B. The fetus in utero is capable of hearing and does respond to the mother's voice.**
  - C. The healthcare provider should address her concerns about her baby's hearing function.**
  - D. The interaction between the mother's voice and the fetus's response ensures bonding.**
- 6. A client at 28-weeks gestation arrives at the labor and delivery unit with a complaint of bright red, painless vaginal bleeding. For which diagnostic procedure should the nurse prepare the client?**
- A. Contraction stress test.**
  - B. Internal fetal monitoring.**
  - C. Abdominal ultrasound.**
  - D. Lecithin-sphingomyelin ratio.**
- 7. Which finding indicates to the nurse that a 4-day-old infant is receiving adequate breast milk?**
- A. Gains 1 to 2 ounces per week**
  - B. Saturates 6 to 8 diapers per day**
  - C. Rests for 6 hours between feedings**
  - D. Defecates at least once per 24 hours**
- 8. Which statement best reflects safe home birth planning?**
- A. Birth should occur with no backup plan**
  - B. Medical backup should be readily available**
  - C. No trained professional should be present**
  - D. Hospital transfer is never needed**

- 9. The nurse is discussing the stages of labor with a group of women in the last month of pregnancy and provides examples of different positional techniques used during the second stage of labor. Which position should the nurse address that provides the best advantage of gravity during delivery?**
- A. Walking.**
  - B. Squatting.**
  - C. Kneeling.**
  - D. Lithotomy.**
- 10. A client at 28-weeks gestation is concerned about her weight gain of 17 pounds. What information should the nurse provide this client?**
- A. It is not necessary to keep such a close watch on weight gain.**
  - B. Try to exercise more because too much weight has been gained.**
  - C. Increase the calories in your diet to gain more weight per week.**
  - D. The weight gain is acceptable for the number of weeks pregnant.**

## Answers

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

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## **Explanations**

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**1. What is a normal approximate newborn respiratory rate range that a nurse should expect at birth?**

- A. 40 breaths per minute.**
- B. 58 breaths per minute.**
- C. 75 breaths per minute.**
- D. 25 breaths per minute.**

Immediately after birth, a newborn's lungs are transitioning from fluid-filled to air-filled, so breathing is rapid but the effort is usually uncomplicated. The normal range to expect is roughly 40 to 60 breaths per minute. A rate of 58 breaths per minute sits right inside that window, showing typical adaptation without signs of distress. Rates well below that, like 25, are too slow for a newborn and could indicate inadequate respiratory effort, while rates well above, such as 75, point to tachypnea and potential trouble. So 58 is a solid example of a normal newborn respiratory rate at birth.

**2. A laboring client with back labor complains of intense pain in the lower lumbar-sacral area. What action should the nurse implement?**

- A. Perform effleurage on the abdomen.**
- B. Encourage pant-blow breathing techniques.**
- C. Apply counter pressure against the sacrum.**
- D. Assist the client in guided imagery.**

Back labor pain in the lumbar-sacral area is often due to the fetus in a posterior position pressing against the sacrum. Providing firm, steady counterpressure to the sacrum delivers a counterforce that directly relieves some of the pressure on nerves and tissues in that area, easing the intensity of the pain during contractions. The nurse can use the palm or knuckles, or guide the partner to press firmly against the lower back at the sacral area as contractions peak. This technique is quick, noninvasive, and specifically targeted to the source of back labor pain, making it more effective for this situation than general relaxation methods. While techniques like abdominal effleurage, pant-blow breathing, or guided imagery help with overall comfort and anxiety, they don't address the localized sacral pressure as effectively as counterpressure.

**3. Which behavior should the nurse anticipate for a new mother with an uncomplicated vaginal birth on the third postpartum day?**

- A. Request help with ambulation and perineal care.**
- B. Exhibit interest in learning more about infant care.**
- C. Sleep most of the time when the baby is not present.**
- D. Be very excited and talkative about the birth experience.**

On the third day after an uncomplicated vaginal birth, the mother is typically shifting into the maternal role and becoming engaged in caring for the newborn. Demonstrating interest in learning more about infant care shows readiness to bond, take on caregiving tasks, and participate in the infant's daily routines. This engagement also opens opportunities for teaching about feeding cues, safe sleep, diapering, bathing, and recognizing signs of distress, which supports healthy mother-infant adaptation and discharge readiness. While needing help with ambulation and perineal care can occur earlier or as needed, by day three the focus commonly centers on infant care and learning how to respond to the newborn's needs. Sleeping most of the time and being very excited and talkative about the birth experience are less typical indicators of the adjustment happening at this point, as the priority becomes infant care and bonding rather than ongoing strong talkativeness or prolonged rest.

**4. A macrosomic newborn is at risk for which immediate complication requiring frequent monitoring after birth?**

- A. Hypoglycemia**
- B. Hyperkalemia**
- C. Jaundice**
- D. Respiratory distress**

Macrosomic babies, especially those born to mothers with diabetes, often have high insulin levels. After birth, the placenta no longer supplies glucose, but the infant may still have circulating insulin, so glucose is taken up into tissues faster than it's produced by the liver. This rapid drop in blood glucose can occur quickly and may be asymptomatic at first, so frequent monitoring in the hours after birth is essential to catch and treat hypoglycemia early and prevent potential neurodevelopmental issues. While respiratory problems can occur in infants of diabetic mothers and jaundice can develop in many newborns, hypoglycemia is the most immediate, specific risk requiring close glucose monitoring right after birth.

**5. Which statement best explains fetal hearing and maternal voice interactions in utero?**

- A. Many women imagine what their baby is like by interpreting fetal movements.**
- B. The fetus in utero is capable of hearing and does respond to the mother's voice.**
- C. The healthcare provider should address her concerns about her baby's hearing function.**
- D. The interaction between the mother's voice and the fetus's response ensures bonding.**

Hearing starts in the womb and the fetus can respond to the mother's voice. By mid to late gestation the auditory system is sufficiently mature for the fetus to hear and react to familiar sounds, with the mother's voice often eliciting visible responses such as movement or changes in heart rate. This shows that the fetus is not only hearing but also processing and habituating to a familiar signal, which can support early learning and contribute to bonding after birth. The other ideas described—imagining the baby from movements, addressing concerns about hearing as the main point, or viewing the interaction solely as bonding without evidencing fetal hearing—don't directly describe the fetus's actual ability to hear and respond to the mother's voice.

**6. A client at 28-weeks gestation arrives at the labor and delivery unit with a complaint of bright red, painless vaginal bleeding. For which diagnostic procedure should the nurse prepare the client?**

- A. Contraction stress test.**
- B. Internal fetal monitoring.**
- C. Abdominal ultrasound.**
- D. Lecithin-sphingomyelin ratio.**

Painless bright-red bleeding in the midtrimester most often points to placenta previa until proven otherwise. The best next step to confirm this and guide management is an abdominal ultrasound, because it noninvasively shows the placenta's location and its relation to the cervix. Knowing whether the placenta covers the internal os determines whether vaginal delivery is safe and how to monitor the patient for potential bleeding. Contraction stress testing is used later to assess fetal tolerance to labor, not to locate the placenta. Internal fetal monitoring is invasive and unnecessary for diagnosing placenta previa. The lecithin-sphingomyelin ratio assesses fetal lung maturity, which isn't relevant to evaluating bleeding sources or placental position in this scenario.

**7. Which finding indicates to the nurse that a 4-day-old infant is receiving adequate breast milk?**

- A. Gains 1 to 2 ounces per week**
- B. Saturates 6 to 8 diapers per day**
- C. Rests for 6 hours between feedings**
- D. Defecates at least once per 24 hours**

A reliable sign that a four-day-old infant is getting enough breast milk is the number of wet diapers. When a breastfed newborn is feeding well, urine output should be plentiful, and about six to eight wet diapers in a 24-hour period by day four is a strong indicator of adequate milk transfer and hydration. This pattern reflects that the baby is receiving enough intake to produce enough urine, which is a practical, observable measure for clinicians and parents. Weight gain in the first days isn't a dependable marker of adequacy because newborns often lose weight initially and may not start regaining until after day 3 or 4. Gaining 1-2 ounces per week at this stage would be inconsistent with the expected course and could mask underfeeding. Long intervals between feedings (such as six hours) suggest the baby isn't feeding frequently enough, which is not compatible with typical newborn needs. Defecating only once per 24 hours isn't a reliable indicator either, since stooling patterns vary and early stools can be infrequent even with good milk intake. So, six to eight wet diapers a day most clearly signals that the infant is receiving adequate breast milk.

**8. Which statement best reflects safe home birth planning?**

- A. Birth should occur with no backup plan**
- B. Medical backup should be readily available**
- C. No trained professional should be present**
- D. Hospital transfer is never needed**

Safe home birth planning centers on readiness to escalate care and have rapid access to skilled help if something doesn't go as expected. Even a low-risk pregnancy can encounter surprises, and having medical backup readily available means a trained clinician who can assess the situation, provide necessary interventions, and coordinate a safe transfer to a hospital if needed. This approach helps protect both mom and baby by ensuring that expertise and emergency care are within reach without delay. Without a backup plan, delays in obtaining care during complications can lead to worse outcomes. Having no trained professional present removes the safety net of expertise during labor and potential emergencies. And assuming hospital transfer is never needed ignores the reality that many situations require timely movement to a facility with higher-level resources. The emphasis on medical backup being readily available keeps a safety margin in place while allowing for a calmer, more controlled birth plan at home.

**9. The nurse is discussing the stages of labor with a group of women in the last month of pregnancy and provides examples of different positional techniques used during the second stage of labor. Which position should the nurse address that provides the best advantage of gravity during delivery?**

- A. Walking.**
- B. Squatting.**
- C. Kneeling.**
- D. Lithotomy.**

In the second stage of labor, gravity plays a big role in helping the baby descend through the birth canal. The position that best takes advantage of gravity is squatting. Squatting tilts the pelvis forward and flexes the hips, which widens the pelvic outlet and aligns the birth canal with the fetal head. With more space and the baby positioned to move downward, contractions and the mother's pushing efforts combine more effectively to progress descent and delivery. Other positions don't maximize this gravitational advantage as much. Lying on the back (lithotomy) narrows the outlet and makes gravity less helpful, while walking or kneeling offers some benefit but not the same level of outlet widening and alignment as squatting.

**10. A client at 28-weeks gestation is concerned about her weight gain of 17 pounds. What information should the nurse provide this client?**

- A. It is not necessary to keep such a close watch on weight gain.**
- B. Try to exercise more because too much weight has been gained.**
- C. Increase the calories in your diet to gain more weight per week.**
- D. The weight gain is acceptable for the number of weeks pregnant.**

Weight gain during the second and third trimesters follows a pattern: the body naturally adds weight to support the growing baby, placenta, increased blood volume, amniotic fluid, and changes in tissues. By about 28 weeks, gaining roughly 0.8 to 1 pound per week is expected. Being at about 17 pounds by this point fits that typical trajectory for a person with a normal pre-pregnancy BMI, making it an acceptable amount of weight gain for the number of weeks pregnant. Maintain a balanced diet and regular activity as advised, and continue routine prenatal checkups to monitor the trend. If there were rapid, unexplained increases in weight or swelling suggesting possible complications, that would require further evaluation.

## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://hesiobstetricsmaternityassignment.examzify.com>**

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

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