# HESI OBSTETRICS AND MATERNITY ASSIGNMENT PRACTICE EXAM (SAMPLE)

## STUDY GUIDE

## SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. A client in labor receives an epidural block. What intervention should the nurse implement first?**

A. Encourage oral fluids.

B. Assess contractions.

C. Monitor blood pressure.

D. Obtain a radial pulse.

**2. Which nursing action should be included in the plan of care for a newborn experiencing symptoms of drug withdrawal?**

A. Swaddle the infant snugly and hold tightly

B. Play soft music and talk to soothe the infant

C. Administer chloral hydrate for sedation

D. Feed every 4 to 6 hours to allow extra rest

**3. Which sign is typically associated with the onset of labor?**

A. Regular, progressively stronger contractions with cervical dilation and effacement

B. Water breaking only

C. Bloody show without contractions

D. Slow, irregular contractions with no dilation

**4. A multigravida client at 40+ weeks gestation is induced with oxytocin. An intrauterine pressure catheter (IUPC) is in place when the membranes rupture after 5 hours of active labor. Which finding should require the nurse to implement further action?**

A. Labor has progressed at 1 cm/hr dilation.

B. Intensity of contractions is 130 mm Hg.

C. Contractions lasting 60 to 80 seconds.

D. Oxytocin is infusing at a rate of 30 mU/min.

**5. Which test is used to assess fetal well-being by measuring fetal heart rate accelerations in response to fetal movement?**

A. Non-stress test (NST)

B. Contraction stress test

C. Vascular Doppler study

D. Biophysical profile

**6. Which tracing category indicates a normal fetal tracing with no distress?**

A. Category II tracing

B. Category III tracing

C. Unsatisfactory tracing

D. Category I tracing

**7. A woman, whose pregnancy is confirmed, asks the nurse what the function of the placenta is in early pregnancy. What information supports the explanation that the placenta secretes hormones in early pregnancy?**

A. Excretes prolactin and insulin.

B. Produces nutrients for fetal nutrition.

C. Secretes both estrogen and progesterone.

D. Forms a protective, impenetrable barrier.

**8. Which labor stage is characterized by complete dilation (10 cm) and the onset of pushing?**

A. First stage of labor

B. Second stage of labor

C. Third stage of labor

D. Latent phase

**9. What action should the nurse implement when caring for a newborn receiving phototherapy?**

A. Reposition every 6 hours.

B. Place an eyeshield over the eyes.

C. Limit the intake of formula.

D. Apply an oil-based lotion to the skin.

**10. A primigravida at 12-weeks gestation who just moved to the United States indicates she has not received any immunizations. Which immunization(s) should the nurse administer at this time?**

A. Tetanus.

B. Rubella.

C. Diphtheria.

D. Chickenpox.

# Answers

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

# Explanations

**1. A client in labor receives an epidural block. What intervention should the nurse implement first?**

A. Encourage oral fluids.

B. Assess contractions.

C. Monitor blood pressure.

D. Obtain a radial pulse.

*The main idea is that epidural anesthesia can cause a drop in blood pressure because of sympathetic nerve blockade, and this hypotension can reduce placental blood flow and harm the fetus. Because preventing or catching maternal hypotension early is essential for both mom and baby, the first step is to monitor the mother's blood pressure continuously. This allows rapid recognition of a decline and prompt intervention to restore perfusion, such as placing the patient in the left lateral position to improve venous return, ensuring adequate IV fluid administration, and administering a vasopressor as ordered if needed. While other tasks like assessing contractions or checking a pulse are important, they don't address the immediate risk to maternal and fetal well-being in this situation.*

**2. Which nursing action should be included in the plan of care for a newborn experiencing symptoms of drug withdrawal?**

A. Swaddle the infant snugly and hold tightly

B. Play soft music and talk to soothe the infant

C. Administer chloral hydrate for sedation

D. Feed every 4 to 6 hours to allow extra rest

*Calming containment and close physical contact are foundational for a newborn experiencing withdrawal. Swaddling the infant snugly and holding the baby tightly provides a womb-like feel, reduces the startle reflex, and gives proprioceptive input that helps regulate the nervous system. This soothing, close contact supports more stable breathing, temperature control, and sleep, which in turn can decrease the infant's irritability and energy expenditure. In NAS, nonpharmacologic soothing is prioritized because it directly addresses the dysregulated autonomic state and high arousal these babies often exhibit. Keeping environmental stimuli low—quiet, dim lights, minimal handling, and clustered care—further helps the infant settle. While gentle comforting methods like soft talking or music can be soothing, they don't replace the primary benefit of containment and close contact. Pharmacologic sedation is not appropriate as a routine plan of care for drug withdrawal in a newborn, as it can mask symptoms and carry risks; treatment is guided by the severity of withdrawal and typically managed with medications only when indicated by clinical assessment. Feeding should be guided by the infant's hunger cues and coordination of suck–swallow–breathe, with smaller, more frequent feeds as needed rather than rigidly spaced intervals.*

**3. Which sign is typically associated with the onset of labor?**

A. Regular, progressively stronger contractions with cervical dilation and effacement

B. Water breaking only

C. Bloody show without contractions

D. Slow, irregular contractions with no dilation

*Labor begins when regular, progressively stronger contractions cause the cervix to dilate and efface. That pattern—contractions that come at a regular pace, increase in intensity and duration, and lead to opening and thinning of the cervix—signals true labor. Membrane rupture (water breaking) can occur during labor but isn't by itself the onset marker, and a bloody show can accompany labor but isn't sufficient without contractions and cervical change. Slow, irregular contractions that do not bring about dilation are typical of false or prodromal labor, not true labor.*

**4. A multigravida client at 40+ weeks gestation is induced with oxytocin. An intrauterine pressure catheter (IUPC) is in place when the membranes rupture after 5 hours of active labor. Which finding should require the nurse to implement further action?**

A. Labor has progressed at 1 cm/hr dilation.

B. Intensity of contractions is 130 mm Hg.

C. Contractions lasting 60 to 80 seconds.

D. Oxytocin is infusing at a rate of 30 mU/min.

*When labor is augmented with oxytocin and monitored with an intrauterine pressure catheter, the strength of each contraction matters as much as how often they occur. A contraction that peaks at 130 mm Hg indicates tachysystole, meaning the uterus is contracting too forcefully. This strong, frequent stimulation can reduce placental blood flow and impair fetal oxygenation, so it signals a need for immediate action to protect the fetus. The typical response is to adjust the labor augmentation by reducing or stopping oxytocin, then reassessing the fetal heart rate and maternal status, with further measures (such as fluids, repositioning, or tocolysis) as dictated by the clinical situation. The other findings here align more with expected labor progression or routine monitoring. A dilation rate around 1 cm per hour in a multigravida at term is within normal active-labor progress. Contractions lasting 60–80 seconds fall within a generally acceptable range, not by themselves requiring escalation. A relatively high infusion rate of oxytocin could contribute to tachysystole, but on its own does not mandate action without showing an adverse fetal response or signs of excessive contraction intensity.*

**5. Which test is used to assess fetal well-being by measuring fetal heart rate accelerations in response to fetal movement?**

A. Non-stress test (NST)

B. Contraction stress test

C. Vascular Doppler study

D. Biophysical profile

*Fetal well-being is assessed by whether the heart rate increases in response to fetal movement. This pattern, called a reactive response, indicates a healthy autonomic nervous system and adequate oxygenation through the placenta. In this test, external sensors monitor the fetal heart rate and movement over about 20 minutes. A reactive result means there are at least two accelerations—instances where the heart rate rises above baseline by about 15 beats per minute (15 bpm) for at least 15 seconds (some guidelines use 10 bpm for at least 10 seconds when the fetus is younger than 32 weeks)—occurring with movement. The presence of these accelerations together with normal baseline variability suggests the fetus is likely well-oxygenated and not under acute distress. If accelerations are absent or insufficient, it signals potential placental insufficiency or fetal hypoxia, prompting further evaluation or different testing. The other tests look at different aspects: contraction-induced stress tests evaluate how the fetal heart rate responds to contractions, not to movement; vascular Doppler studies assess blood flow in the umbilical and fetal vessels rather than heart-rate responses to movement; and a biophysical profile combines several items, including the NST, but the measure described—acceleration in response to fetal movement—is the hallmark of a non-stress test.*

## 6. Which tracing category indicates a normal fetal tracing with no distress?

A. Category II tracing

B. Category III tracing

C. Unsatisfactory tracing

D. Category I tracing

*A reassuring fetal tracing is Category I. It signals no distress and good fetal status. The pattern typically shows a baseline heart rate in the normal range (about 110–160 bpm) with moderate variability, and there are no late decelerations. Accelerations may be present, and benign early decelerations can occur with head compression. This combination indicates adequate oxygenation and fetal well-being. Patterns that move away from Category I—such as those with indeterminate features needing continued observation (Category II), or those with concerning signs like recurrent late decelerations or absent variability (Category III)—suggest potential fetal distress and require closer monitoring or intervention. An unsatisfactory tracing means the signal is too poor to interpret.*

## 7. A woman, whose pregnancy is confirmed, asks the nurse what the function of the placenta is in early pregnancy. What information supports the explanation that the placenta secretes hormones in early pregnancy?

A. Excretes prolactin and insulin.

B. Produces nutrients for fetal nutrition.

C. Secretes both estrogen and progesterone.

D. Forms a protective, impenetrable barrier.

*The placenta acts as an endocrine organ that secretes hormones to support pregnancy. In early pregnancy, it begins producing estrogen and progesterone, which help maintain the uterine lining, promote uterine blood flow, and prevent uterine contractions. Progesterone keeps the decidua intact and creates a stable environment for the developing embryo, while estrogen supports uterine growth and prepares the body for later lactation. Although the corpus luteum supplies some progesterone early on, placental production increases and becomes a key source as pregnancy progresses. This hormonal activity is what keeps pregnancy viable in the early weeks. The other options don't fit because prolactin and insulin come from other glands, nutrients are supplied to the fetus through transfer rather than being produced by the placenta, and while the placenta provides a protective interface, it is not an impenetrable barrier.*

## 8. Which labor stage is characterized by complete dilation (10 cm) and the onset of pushing?

A. First stage of labor

B. Second stage of labor

C. Third stage of labor

D. Latent phase

*Complete dilation to 10 cm marks the transition to active pushing, signaling the second stage of labor. In this stage the cervix is fully dilated and the baby moves down the birth canal with maternal pushing and contractions until delivery. The first stage ends at full dilation and includes the latent and active phases, during which cervical dilation occurs but pushing is not yet the primary focus. The third stage comes after the baby is born and involves delivering the placenta. The latent phase is the early portion of the first stage with gradual dilation and no pushing. So, the description of full dilation with the onset of pushing aligns with the second stage.*

**9. What action should the nurse implement when caring for a newborn receiving phototherapy?**

A. Reposition every 6 hours.

B. Place an eyeshield over the eyes.

C. Limit the intake of formula.

D. Apply an oil-based lotion to the skin.

*Protecting the newborn's eyes during phototherapy is essential because the intense blue light can damage the retina. An eyeshield placed over the eyes prevents direct light exposure while the baby receives treatment, reducing the risk of eye injury without interrupting the therapy. Repositioning the infant regularly—typically every 2 to 3 hours—helps ensure even skin exposure and lowers the risk of pressure ulcers or skin irritation, rather than waiting as long as every 6 hours. Feeding should be encouraged, not limited, because adequate intake promotes hydration and helps bilirubin be excreted in stool and urine. Oil-based lotions should be avoided, as they can interfere with light exposure and potentially cause skin burns.*

**10. A primigravida at 12-weeks gestation who just moved to the United States indicates she has not received any immunizations. Which immunization(s) should the nurse administer at this time?**

A. Tetanus.

B. Rubella.

C. Diphtheria.

D. Chickenpox.

*Vaccines during pregnancy are chosen based on safety for the fetus and the mother's protection needs. Live vaccines, like rubella (MMR) and varicella, are avoided during pregnancy because of potential risk to the fetus, so those are given after delivery if the mother is nonimmune. Inactivated vaccines are preferred when vaccination is needed during pregnancy. A tetanus-containing vaccine is appropriate to administer now. It is inactivated and safe for use during pregnancy, and it helps protect both the mother and the newborn from tetanus, including neonatal tetanus. The tetanus component is typically given as a tetanus-diphtheria combination (Td) or as Tdap, depending on the patient's prior vaccination history. Diphtheria alone isn't given as a stand-alone vaccine in this context, since it's combined with tetanus. For nonimmune rubella or varicella, vaccination would be deferred until postpartum. If influenza season applies, an inactivated flu vaccine can be given in any trimester.*

# 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:

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