

# HESI Obstetrics (OB) Practice Test (Sample)

## Study Guide



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## **Questions**

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- 1. Why is a previous vaginal delivery significant for VBAC candidates?**
  - A. It increases the chance of fetal abnormalities**
  - B. It indicates a likelihood of successful vaginal delivery**
  - C. It eliminates all risks associated with VBAC**
  - D. It is a standard requirement for any delivery**
- 2. What diagnostic test should the nurse prepare a multigravida client for if a non-stress test indicates fetal distress at 41 weeks gestation?**
  - A. Biophysical profile (BPP)**
  - B. Ultrasound for fetal anomalies**
  - C. Maternal serum alpha-fetoprotein (AFP) screening**
  - D. Percutaneous umbilical blood sampling (PUBS)**
- 3. What is the most important advice a nurse should give to a female client with insulin-dependent diabetes who wishes to get pregnant?**
  - A. Maintain the current insulin dosage throughout pregnancy**
  - B. Keep blood sugar levels within normal limits during pregnancy**
  - C. It is unrealistic to expect a healthy pregnancy with diabetes**
  - D. Increase insulin dosages by 5 units weekly during the first trimester**
- 4. A client at 32 weeks gestation is diagnosed with preeclampsia. Which assessment finding is most indicative of an impending convulsion?**
  - A. 3+ deep tendon reflexes and hyperclonus**
  - B. Periorbital edema, flashing lights, and aura**
  - C. Epigastric pain in the third trimester**
  - D. Recent decreased urinary output**

- 5. When administering terbutaline sulfate to stop preterm labor, which primary side effect should be monitored?**
- A. Drowsiness and bradycardia**
  - B. Depressed reflexes and increased respirations**
  - C. Tachycardia and a feeling of nervousness**
  - D. A flushed, warm feeling and a dry mouth**
- 6. What equipment should the nurse have available at the bedside for an amniotomy?**
- A. Fetal scalp electrode**
  - B. A sterile glove**
  - C. Amnihook**
  - D. Sterile vaginal speculum**
- 7. What intervention should the nurse consider for a mother expressing concern about managing two children?**
- A. Encourage her to schedule more time for herself**
  - B. Suggest she delegate care to extended family**
  - C. Discuss the importance of involving her toddler in caring for the newborn**
  - D. Advise her to limit interactions with her newborn to ensure the toddler feels loved**
- 8. What is the normal range of fetal heart rate (FHR)?**
- A. 60 to 100 beats per minute**
  - B. 110 to 160 beats per minute**
  - C. 100 to 120 beats per minute**
  - D. 140 to 180 beats per minute**
- 9. What behavior is most likely demonstrated by a new mother receiving her infant for the first time?**
- A. She eagerly reaches for the infant, undresses, and examines the infant completely**
  - B. Her arms and hands receive the infant and she then traces the infant's profile with her fingertips**
  - C. Her arms and hands receive the infant and she cuddles the infant to her own body**
  - D. She eagerly reaches for the infant and then holds the infant close to her own body**

**10. What is the term for a pregnancy that occurs outside the uterus?**

- A. Normal pregnancy**
- B. Ectopic pregnancy**
- C. Molar pregnancy**
- D. Gestational trophoblastic disease**

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## **Answers**

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

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## **Explanations**

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**1. Why is a previous vaginal delivery significant for VBAC candidates?**

- A. It increases the chance of fetal abnormalities**
- B. It indicates a likelihood of successful vaginal delivery**
- C. It eliminates all risks associated with VBAC**
- D. It is a standard requirement for any delivery**

A previous vaginal delivery is significant for VBAC candidates because it indicates a likelihood of successful vaginal delivery. When a woman has previously given birth vaginally, it suggests that her pelvis and uterine tone are likely adequate for another successful vaginal delivery. This historical context assures healthcare providers that the patient's body has successfully navigated the birthing process before, which can help alleviate concerns regarding the ability to safely deliver vaginally after a cesarean section. Additionally, previous vaginal births can help mitigate the risks sometimes associated with uterine scarring from a prior cesarean, as the uterus may exhibit more resilience and less likelihood of rupture. This historical success can lead clinicians to view VBAC as a reasonable and potentially safe option, encouraging women to consider it in their birth plans. The other choices relate to outcomes that do not reflect the complexities of childbirth. For instance, while having a previous vaginal birth is favorable, it does not completely eliminate all risks associated with VBAC, nor is it a standard requirement for any delivery. These factors are crucial in assessing the overall plan for a woman's delivery.

**2. What diagnostic test should the nurse prepare a multigravida client for if a non-stress test indicates fetal distress at 41 weeks gestation?**

- A. Biophysical profile (BPP)**
- B. Ultrasound for fetal anomalies**
- C. Maternal serum alpha-fetoprotein (AFP) screening**
- D. Percutaneous umbilical blood sampling (PUBS)**

In the context of a multigravida client who exhibits signs of fetal distress during a non-stress test at 41 weeks of gestation, the biophysical profile (BPP) is the most appropriate diagnostic test to prepare for. The BPP is tailored to assess fetal well-being through a combination of ultrasound and fetal heart rate monitoring, evaluating factors such as fetal movement, fetal tone, fetal breathing movements, and amniotic fluid volume. This comprehensive assessment provides critical information about the fetus's condition and helps determine if immediate interventions are necessary. In this scenario, the potential fetal distress indicated by the non-stress test warrants further evaluation to ensure the fetus is safe and healthy. The BPP can help identify any risks related to poor placental function or other intrapartum concerns that may require medical intervention, such as an expedited delivery. Other options, while valuable in specific contexts, are not as directly relevant to the immediate assessment of fetal well-being in response to distress. An ultrasound for fetal anomalies is more appropriate for identifying structural defects, not immediate distress assessment. Maternal serum alpha-fetoprotein (AFP) screening is used for detecting potential genetic abnormalities early in pregnancy rather than addressing acute fetal distress. Lastly, percutaneous umbilical

**3. What is the most important advice a nurse should give to a female client with insulin-dependent diabetes who wishes to get pregnant?**

**A. Maintain the current insulin dosage throughout pregnancy**

**B. Keep blood sugar levels within normal limits during pregnancy**

**C. It is unrealistic to expect a healthy pregnancy with diabetes**

**D. Increase insulin dosages by 5 units weekly during the first trimester**

Maintaining blood sugar levels within normal limits during pregnancy is crucial for a woman with insulin-dependent diabetes who wishes to conceive. Proper glycemic control is vital not only for the health of the mother but also for the developing fetus. High blood sugar levels can lead to a variety of complications, such as fetal macrosomia, congenital anomalies, and an increased risk of miscarriage. Achieving and maintaining stable blood glucose levels can reduce these risks significantly and promote a healthier pregnancy outcome. The other options may suggest various strategies related to insulin management, but they do not emphasize the primary importance of overall blood sugar control. While it is essential to adjust insulin dosages as needed, making sure that blood sugar remains well-regulated takes precedence. It is also important to note that with appropriate management, many women with diabetes can have healthy pregnancies, countering the notion presented in one of the incorrect options. Thus, keeping blood sugar levels within normal ranges is fundamentally the most critical piece of advice for the client.

**4. A client at 32 weeks gestation is diagnosed with preeclampsia. Which assessment finding is most indicative of an impending convulsion?**

**A. 3+ deep tendon reflexes and hyperclonus**

**B. Periorbital edema, flashing lights, and aura**

**C. Epigastric pain in the third trimester**

**D. Recent decreased urinary output**

The assessment finding that is most indicative of an impending convulsion in a client diagnosed with preeclampsia is the presence of 3+ deep tendon reflexes and hyperclonus. This suggests that the neuromuscular excitability is heightened, which is a key characteristic of worsening preeclampsia and can precede convulsions. Hyperactive deep tendon reflexes indicate an overstimulation of the nervous system, which is a direct response to the cerebral irritability associated with severe forms of preeclampsia. In preeclampsia, the risk of progression to eclampsia, characterized by seizures, increases as the condition worsens. The presence of hyperclonus specifically indicates a state where the body is more susceptible to seizures, making these findings critical in monitoring a patient's status. Other findings such as periorbital edema, flashing lights, and aura may suggest severe preeclampsia or impending eclamptic seizure, but they are not as directly indicative of imminent convulsions as hyperreflexia and hyperclonus. Similarly, epigastric pain is an important symptom that requires attention as it may indicate liver involvement, but it does not directly relate to the neuromuscular

**5. When administering terbutaline sulfate to stop preterm labor, which primary side effect should be monitored?**

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- D. A flushed, warm feeling and a dry mouth**

When administering terbutaline sulfate to manage preterm labor, a primary side effect that should be monitored is tachycardia and a feeling of nervousness. Terbutaline is a beta-agonist that stimulates the beta-2 adrenergic receptors predominantly in the lungs, leading to bronchodilation, but it also has systemic effects that include increased heart rate. Patients may experience tachycardia due to the drug's vasodilatory effects and stimulation of the sympathetic nervous system, which can be particularly pronounced in sensitive individuals or at higher doses. The sensation of nervousness or anxiety is also commonly reported and results from this adrenergic stimulation. Being vigilant about these effects is crucial because a rapid heart rate or nervousness could indicate over-medication or intolerance, leading to potential complications for both the mother and fetus. Other choices, while presenting symptoms that could occur with different medications or conditions, do not specifically align with the expected side effects of terbutaline. Monitoring for tachycardia and nervousness is aligned with the understanding of the medication's action and its physiological impact on the body during treatment for preterm labor.

**6. What equipment should the nurse have available at the bedside for an amniotomy?**

- A. Fetal scalp electrode**
- B. A sterile glove**
- C. Amnihook**
- D. Sterile vaginal speculum**

In the context of an amniotomy, a procedure performed to artificially rupture the membranes surrounding the fetus, having a sterile glove available at the bedside is correct and essential for several reasons. During the procedure, sterile technique is critical to minimize the risk of infection for both the mother and the fetus. Using sterile gloves ensures that the clinician maintains hygiene and reduces the possibility of introducing pathogens into the uterine environment. While other equipment may be relevant in the context of monitoring or assisting during labor, the sterile glove is fundamental for ensuring that the procedure is conducted in a safe and sterile manner, protecting both patient and clinician. Using appropriate sterile gloves also demonstrates proper adherence to infection control protocols, which is vital in obstetric care.

7. What intervention should the nurse consider for a mother expressing concern about managing two children?
- A. Encourage her to schedule more time for herself
  - B. Suggest she delegate care to extended family
  - C. Discuss the importance of involving her toddler in caring for the newborn**
  - D. Advise her to limit interactions with her newborn to ensure the toddler feels loved

Involving a toddler in caring for the newborn is a constructive way to help the mother manage the dynamics of parenting two children. Engaging the older child in caring activities fosters a sense of responsibility and inclusion, which can ease feelings of jealousy and insecurity that commonly arise when a new sibling is introduced. By allowing the toddler to help, such as fetching diapers or gently interacting with the baby during playtime, the mother can also reinforce positive sibling bonding and promote nurturing behavior. This involvement not only provides the toddler with a sense of purpose but also allows the mother to maintain her connection with both children, balancing her attention and reducing her anxiety about managing both their needs. As the toddler plays an active role, they are more likely to feel valued and important in the family unit, thereby enhancing overall family dynamics.

8. What is the normal range of fetal heart rate (FHR)?
- A. 60 to 100 beats per minute
  - B. 110 to 160 beats per minute**
  - C. 100 to 120 beats per minute
  - D. 140 to 180 beats per minute

The normal range of fetal heart rate (FHR) is between 110 to 160 beats per minute. This range is established based on extensive research and is critical for assessing fetal well-being during pregnancy and labor. A heart rate within this range indicates a well-oxygenated fetus and can help in determining appropriate responses to labor and the overall health of the fetus. Heart rates below 110 beats per minute may suggest bradycardia, which can indicate potential fetal distress or other health issues. On the other hand, heart rates above 160 beats per minute may be indicative of tachycardia and can also be a sign of concern for fetal well-being. Thus, monitoring the FHR within this normal range is essential for healthcare providers to ensure the safety and health of both the mother and the fetus throughout pregnancy and labor.

9. What behavior is most likely demonstrated by a new mother receiving her infant for the first time?
- A. She eagerly reaches for the infant, undresses, and examines the infant completely
  - B. Her arms and hands receive the infant and she then traces the infant's profile with her fingertips**
  - C. Her arms and hands receive the infant and she cuddles the infant to her own body
  - D. She eagerly reaches for the infant and then holds the infant close to her own body

The behavior that is most likely demonstrated by a new mother receiving her infant for the first time is one in which she receives the infant and gently traces the infant's profile with her fingertips. This action reflects the tenderness and attachment that new mothers often feel towards their newborns. It also indicates a desire for bonding and establishing a connection without overwhelming the infant. Touching and tracing the infant's features can facilitate a sense of discovery and appreciation for the new life she has brought into the world. At this moment, the focus is not just on physical interaction but also on emotional connection and nurturing instincts, which are crucial for establishing secure attachment. The mother's actions may demonstrate care, gentleness, and awe, which are common emotions experienced during the initial bonding period following birth. Other options may suggest different forms of interaction, such as immediately undressing or overly exuberant physical responses, which might not accurately capture the common, instinctually gentle approach that many mothers exhibit during this significant first moment with their child.

10. What is the term for a pregnancy that occurs outside the uterus?
- A. Normal pregnancy
  - B. Ectopic pregnancy**
  - C. Molar pregnancy
  - D. Gestational trophoblastic disease

The term for a pregnancy that occurs outside the uterus is known as an ectopic pregnancy. This condition typically happens when a fertilized egg implants in a location other than the uterine lining, with the most common alternative site being within one of the fallopian tubes. Ectopic pregnancies can lead to serious health complications for the person carrying the pregnancy, as the growing tissue can cause internal bleeding and other complications. Understanding this concept is essential in obstetrics, as early detection and management of ectopic pregnancies are critical to ensure the safety of the patient. Other types of pregnancies, such as normal pregnancies, molar pregnancies, and gestational trophoblastic diseases, have distinct characteristics and occur within the uterus or are related to abnormal tissue growth rather than implantation outside the uterine environment.