

HESI Obstetrics (OB) 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

- 1. When preparing for a client in active labor undergoing amniotomy, what equipment is essential?**
 - A. Litmus paper**
 - B. Fetal scalp electrode**
 - C. Amniotic hook**
 - D. Fetal monitor**
- 2. What is the main purpose of the non-stress test (NST)?**
 - A. To assess fetal heart rate patterns**
 - B. To evaluate maternal blood pressure**
 - C. To monitor uterine contractions**
 - D. To check for placental abruption**
- 3. At what point in pregnancy is the "Heartbeat" typically first detected by Doppler?**
 - A. 6 to 8 weeks**
 - B. 8 to 10 weeks**
 - C. 10 to 12 weeks**
 - D. 12 to 14 weeks**
- 4. What is a common risk associated with macrosomic infants during delivery?**
 - A. Delayed cord clamping**
 - B. Increased risk of shoulder dystocia**
 - C. Shorter delivery time**
 - D. Higher Apgar scores**
- 5. What should the nurse recommend to an expectant father concerned about his wife's behavior during pregnancy?**
 - A. Reassure him that these are normal reactions to pregnancy and suggest discussing concerns with a childbirth education nurse**
 - B. Help him understand that his wife is experiencing normal ambivalence about the pregnancy and no action is needed**
 - C. Ask him to observe his wife's behavior carefully and report any similar behavior at the next prenatal visit**
 - D. Let him know that these behaviors are part of normal maternal/fetal bonding which occur once the mother feels fetal movement**

- 6. When assessing a postpartum client, which vital sign change might indicate hypovolemic shock?**
- A. Increased blood pressure**
 - B. Decreased heart rate**
 - C. Elevated pulse rate**
 - D. Stable temperature**
- 7. When should the nurse encourage a laboring client to begin pushing?**
- A. There is only an anterior or posterior lip of cervix left**
 - B. The client describes the need to have a bowel movement**
 - C. The cervix is completely dilated**
 - D. The cervix is completely effaced**
- 8. A client in her second trimester is interested in using herbal therapy. What is the best response for the nurse?**
- A. Herbs are a cornerstone of good health**
 - B. Touch is therapeutic in relieving discomfort**
 - C. Your healthcare provider should direct treatment options**
 - D. It is important that you want to take part in your care**
- 9. What should a pregnant woman do if she experiences sudden swelling of the face and hands?**
- A. Rest and elevate the legs**
 - B. Seek immediate medical evaluation**
 - C. Drink more fluids**
 - D. Monitor her blood pressure at home**
- 10. At what gestational age is Group B Streptococcus screening typically performed?**
- A. 28 to 30 weeks**
 - B. 35 to 37 weeks**
 - C. 32 to 34 weeks**
 - D. 38 to 40 weeks**

Answers

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

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Explanations

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1. When preparing for a client in active labor undergoing amniotomy, what equipment is essential?

- A. Litmus paper**
- B. Fetal scalp electrode**
- C. Amniotic hook**
- D. Fetal monitor**

In the context of active labor and the procedure of amniotomy, the amniotic hook is essential equipment. An amniotomy is the intentional rupture of the membranes (amniotic sac) to facilitate labor progress and potentially shorten the duration of labor. The amniotic hook, which is a sterile instrument specifically designed for this purpose, allows the healthcare provider to easily and safely rupture the membranes during the labor process. This tool is designed to minimize trauma to the surrounding tissues while ensuring that the procedure can be performed effectively. It is crucial for the provider to have this instrument at hand to ensure that the procedure proceeds smoothly and safely. While other equipment may be relevant in the labor and delivery setting, such as fetal scalp electrodes for more precise fetal monitoring or fetal monitors to assess fetal heart rate and patterns, the amniotic hook is specifically designed for the task of performing an amniotomy, making it the most essential tool in this scenario. The use of litmus paper is generally not necessary in the context of amniotomy, as it is used to assess pH levels, which is not a primary concern during this procedure.

2. What is the main purpose of the non-stress test (NST)?

- A. To assess fetal heart rate patterns**
- B. To evaluate maternal blood pressure**
- C. To monitor uterine contractions**
- D. To check for placental abruption**

The primary purpose of the non-stress test (NST) is to assess fetal heart rate patterns in response to fetal movements. During the test, external fetal monitoring is used to observe the baby's heart rate and how it changes with movements, which indicates the well-being of the fetus. A reactive NST, characterized by an increase in fetal heart rate with movements, is a reassuring sign that the fetus is receiving adequate oxygen and is not in distress. In contrast, evaluating maternal blood pressure pertains to the overall health of the mother rather than the specific assessment of fetal well-being. Monitoring uterine contractions is related to labor evaluation but does not provide direct information about fetal heart response. Checking for placental abruption is a specific medical concern and does not align with the fundamental purpose of the NST, which is focused on direct fetal assessment rather than potential complications in pregnancy. Thus, the non-stress test is an important tool in obstetric care for ensuring the health of the fetus by closely monitoring its heart rate patterns.

3. At what point in pregnancy is the "Heartbeat" typically first detected by Doppler?

- A. 6 to 8 weeks**
- B. 8 to 10 weeks**
- C. 10 to 12 weeks**
- D. 12 to 14 weeks**

The first detection of fetal heartbeat using a Doppler ultrasound typically occurs around 10 to 12 weeks of gestation. This timeframe aligns with the development of the fetal heart, as it becomes strong enough to be detected by Doppler technology during this phase. During the early weeks of pregnancy, specifically before 10 weeks, the fetal heart is still in the initial stages of development, making it challenging to pick up the heartbeat reliably with Doppler. Factors such as maternal body habitus and the position of the fetus can also influence detection as the pregnancy progresses. Therefore, while some sources may mention the possibility of detecting a heartbeat as early as 6 to 8 weeks, the more reliable detection with Doppler is consistently achieved at the 10 to 12-week mark.

4. What is a common risk associated with macrosomic infants during delivery?

- A. Delayed cord clamping**
- B. Increased risk of shoulder dystocia**
- C. Shorter delivery time**
- D. Higher Apgar scores**

Macrosomic infants, those weighing more than 4,000 grams (approximately 8 pounds, 13 ounces) at birth, are at an increased risk of shoulder dystocia during delivery. Shoulder dystocia occurs when the baby's shoulder gets stuck behind the mother's pubic bone during delivery, which can lead to complications for both the infant and the mother. This is primarily because as the baby's size increases, the physical dimensions involved in a vaginal delivery become more challenging. When the baby's shoulders are larger than the pelvic inlet, it can cause a delay or difficulty in the birthing process. In contrast, delayed cord clamping is typically considered beneficial rather than a risk, as it allows for improved blood volume transfer from the placenta to the infant. Shorter delivery times are generally associated with favorable outcomes and would not be a risk factor. Higher Apgar scores are indicative of better newborn health immediately after delivery and are not associated with risks of macrosomia.

5. What should the nurse recommend to an expectant father concerned about his wife's behavior during pregnancy?
- A. Reassure him that these are normal reactions to pregnancy and suggest discussing concerns with a childbirth education nurse
 - B. Help him understand that his wife is experiencing normal ambivalence about the pregnancy and no action is needed
 - C. Ask him to observe his wife's behavior carefully and report any similar behavior at the next prenatal visit
 - D. Let him know that these behaviors are part of normal maternal/fetal bonding which occur once the mother feels fetal movement**

The recommended response for the expectant father addresses the normal process of maternal-fetal bonding that occurs during pregnancy, particularly following key milestones like feeling fetal movement. This bonding is a crucial psychological and emotional connection that develops as the mother becomes more aware of the life growing inside her. The acknowledgment of these behaviors not only reassures him that they are part of a typical pregnancy experience but also emphasizes the emotional dimensions of the journey into parenthood. The experience of fetal movement often enhances the mother's connection to her unborn child, prompting a range of emotional reactions. Acknowledging this can help the expectant father understand his wife's behaviors as healthy manifestations of her evolving relationship with the baby. Other suggested approaches, while they may contain elements of truth, do not effectively validate the expectant father's concerns or help him navigate understanding the emotional changes his wife is experiencing. For example, simply reassuring him about normal reactions may not fully address the depth of his concerns or provide him with the support he might need during this transition. Additionally, encouraging careful observation without providing context could lead to unnecessary stress and misinterpretation of normal behaviors as problematic.

6. When assessing a postpartum client, which vital sign change might indicate hypovolemic shock?
- A. Increased blood pressure
 - B. Decreased heart rate
 - C. Elevated pulse rate**
 - D. Stable temperature

Elevated pulse rate is an important vital sign change to monitor when assessing a postpartum client for signs of hypovolemic shock. After delivery, significant blood loss can occur, and the body may respond by increasing the heart rate as a compensatory mechanism to maintain adequate cardiac output and blood flow to vital organs. In the context of hypovolemic shock, an elevated pulse rate reflects the heart's effort to compensate for decreased circulating volume due to blood loss. This response is typically seen alongside other symptoms of shock, such as decreased blood pressure, altered mental status, or pallor. Monitoring the pulse rate can provide critical insight into the client's hemodynamic status and the need for further intervention. The other vital signs listed do not signify hypovolemic shock in this scenario. For instance, increased blood pressure or stable temperature might indicate stability rather than shock, while a decreased heart rate could suggest a different clinical concern, such as vagal influence or certain medications affecting the heart's function. Thus, an elevated pulse rate stands out as the most direct indicator of potential hypovolemic shock in a postpartum client.

7. When should the nurse encourage a laboring client to begin pushing?
- A. There is only an anterior or posterior lip of cervix left
 - B. The client describes the need to have a bowel movement
 - C. The cervix is completely dilated**
 - D. The cervix is completely effaced

Encouraging a laboring client to begin pushing is appropriate when the cervix is completely dilated. Complete dilation, which is 10 centimeters, indicates that the cervix has fully opened to allow the fetus to move down the birth canal. At this stage, the uterus contracts effectively, and the baby's descent can proceed safely and efficiently. The process of pushing is essential for the delivery of the baby, and it is most beneficial when the cervix is fully dilated. Pushing before this point can potentially lead to complications, such as cervical swelling or the baby being in a less optimal position, which could hinder progress or require interventions. Other factors, such as the mother's urge to push or physical signs of being ready to deliver, can play a role as well, but the primary determinant for beginning the pushing phase is the complete dilation of the cervix.

8. A client in her second trimester is interested in using herbal therapy. What is the best response for the nurse?
- A. Herbs are a cornerstone of good health
 - B. Touch is therapeutic in relieving discomfort
 - C. Your healthcare provider should direct treatment options
 - D. It is important that you want to take part in your care**

The best response indicates the importance of the client's involvement and desire to participate in her own care. Encouraging open communication about her interest in herbal therapy acknowledges her autonomy and validates her choices as a client, which is essential in a therapeutic nurse-client relationship. This response also sets the stage for a discussion about safety, efficacy, and evidence-based practices. By focusing on the client's interests, it provides an opportunity for the nurse to educate the client about the possible risks and benefits of herbal therapies during pregnancy, emphasizing the importance of working collaboratively with her healthcare provider. This ensures that any treatment options considered—whether traditional or herbal—are safe and appropriate for her specific health needs. While promoting participatory care, it's crucial to discuss that not all herbal remedies are safe during pregnancy, which leads to the importance of the healthcare provider's input in determining suitable treatment options. Therefore, while the response reinforces the client's role in her care, it indirectly supports the need for careful consideration and professional guidance in therapy selection.

9. What should a pregnant woman do if she experiences sudden swelling of the face and hands?

- A. Rest and elevate the legs**
- B. Seek immediate medical evaluation**
- C. Drink more fluids**
- D. Monitor her blood pressure at home**

Sudden swelling of the face and hands in a pregnant woman can be a concerning symptom, potentially indicating the onset of serious conditions such as preeclampsia. This condition is characterized by high blood pressure and signs of damage to another organ system, often the kidneys, and it typically occurs after the 20th week of pregnancy. If a pregnant woman experiences such sudden swelling, seeking immediate medical evaluation is crucial. Timely assessment by a healthcare professional allows for proper monitoring of blood pressure and evaluation of other symptoms, ensuring both maternal and fetal safety. Medical professionals can provide interventions if necessary, such as medications or monitoring in a hospital setting, to prevent complications associated with conditions like preeclampsia. Resting and elevating the legs, increasing fluid intake, or simply monitoring blood pressure at home may not be sufficient responses to a potentially life-threatening situation. Therefore, the emphasis on urgent medical evaluation is essential for the health and safety of both the pregnant woman and her baby.

10. At what gestational age is Group B Streptococcus screening typically performed?

- A. 28 to 30 weeks**
- B. 35 to 37 weeks**
- C. 32 to 34 weeks**
- D. 38 to 40 weeks**

Group B Streptococcus (GBS) screening is typically performed between 35 to 37 weeks of gestation. This timing is crucial because it allows for the identification of GBS colonization in pregnant individuals as they approach delivery. Screening at this point in pregnancy is important because the presence of GBS can lead to neonatal infections, particularly during the first week of life. The recommendation is to test during this window because it captures the most relevant period in relation to labor and delivery. Testing too early in the third trimester may not accurately reflect the GBS status at the time of delivery, as colonization can fluctuate over time. This timing ensures that if a pregnant individual is found to be GBS positive, appropriate prophylactic antibiotics can be administered during labor to help reduce the risk of infection to the newborn. This proactive approach has been shown to significantly decrease the incidence of early-onset GBS disease in infants.

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://hesiobstetrics.examzify.com>

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