

Inpatient Obstetric Nurse (NCC) Practice Exam (Sample)

Study Guide



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SAMPLE

Questions

- 1. What physiological change occurs in a mother's pulse during the fourth stage of labor?**
 - A. Pulse frequently decreases**
 - B. Pulse remains constant throughout**
 - C. Pulse increases and then gradually slows**
 - D. Pulse rapidly accelerates**
- 2. Within how many hours of delivery do 68% of postpartum hemorrhage deaths occur?**
 - A. 24 hours**
 - B. 36 hours**
 - C. 48 hours**
 - D. 72 hours**
- 3. How is a nonreactive NST at term defined?**
 - A. No accelerations in 20 minutes**
 - B. No accelerations meeting the 15x15 criteria in 40 minutes**
 - C. No accelerations or decelerations within 30 minutes**
 - D. One acceleration in 40 minutes**
- 4. What typically happens to the frequency of contractions as labor progresses?**
 - A. They become less frequent**
 - B. They remain the same**
 - C. They become more frequent**
 - D. They only occur during delivery**
- 5. What is considered a reactive NST for a preterm fetus?**
 - A. Two or more accelerations of at least 15 bpm**
 - B. One acceleration of at least 15 bpm lasting 20 seconds**
 - C. Two or more accelerations of at least 10 bpm**
 - D. One acceleration of at least 10 bpm lasting 15 seconds**

- 6. Which demographic is noted to be at the greatest risk for placenta previa?**
- A. African American women**
 - B. Caucasian women**
 - C. Asian women**
 - D. Hispanic women**
- 7. What is the best initial action when abnormal fetal heart rate patterns are noted?**
- A. Reassess the fetal heart rate after an hour**
 - B. Change the mother's position and re-evaluate**
 - C. Immediately prepare for a cesarean section**
 - D. Increase intravenous fluid administration**
- 8. When is the typical window for quad screening to be performed during pregnancy?**
- A. 12-14 weeks**
 - B. 16-18 weeks**
 - C. 20-22 weeks**
 - D. 24-26 weeks**
- 9. What late finding might indicate significant blood loss in a patient?**
- A. Increased heart rate**
 - B. Falling blood pressure**
 - C. Increased urinary output**
 - D. Improved level of consciousness**
- 10. What defines a postterm infant?**
- A. Born after 38 weeks gestation**
 - B. Born after 40 weeks gestation**
 - C. Born after 42 weeks gestation**
 - D. Born before 37 weeks gestation**

Answers

SAMPLE

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

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Explanations

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1. What physiological change occurs in a mother's pulse during the fourth stage of labor?

- A. Pulse frequently decreases**
- B. Pulse remains constant throughout**
- C. Pulse increases and then gradually slows**
- D. Pulse rapidly accelerates**

During the fourth stage of labor, which begins after the delivery of the placenta and lasts for about one to two hours, there are significant physiological changes that take place as the mother's body starts to recover from labor. One notable change is the increase in pulse rate. This initial increase is the body's response to the considerable physical exertion and stress endured during labor, along with fluid shifts and hemorrhage that may occur. After the immediate postpartum period, the pulse may gradually slow down as the mother's body stabilizes. This reflects a transition from the acute physiological stresses of labor to a more stable condition. Therefore, the pulse initially increases due to these factors but generally returns toward baseline as the mother's condition stabilizes. Understanding this change helps in monitoring the mother's vital signs and overall recovery during the critical postpartum period, ensuring that any abnormal changes can be promptly addressed.

2. Within how many hours of delivery do 68% of postpartum hemorrhage deaths occur?

- A. 24 hours**
- B. 36 hours**
- C. 48 hours**
- D. 72 hours**

The correct answer indicates that 68% of postpartum hemorrhage deaths occur within 48 hours of delivery. This timing is critical for healthcare providers to understand as it underscores the importance of close monitoring of the patient immediately following childbirth, particularly in the first few days postpartum. This period is crucial because it is when the body is adjusting post-delivery. Factors that can contribute to postpartum hemorrhage, such as uterine atony, retained placental fragments, and trauma from delivery, are most likely to manifest during this timeframe. Recognizing this window allows nursing staff and healthcare teams to be vigilant in managing risks and providing timely interventions, which can significantly impact maternal outcomes. In clinical practice, awareness of the 48-hour window also informs protocols regarding patient education for recognizing warning signs of complications and ensuring appropriate follow-up care after discharge, reinforcing the importance of postpartum care in reducing mortality associated with hemorrhage.

3. How is a nonreactive NST at term defined?

- A. No accelerations in 20 minutes
- B. No accelerations meeting the 15x15 criteria in 40 minutes**
- C. No accelerations or decelerations within 30 minutes
- D. One acceleration in 40 minutes

A nonreactive nonstress test (NST) at term is defined by the absence of accelerations meeting the 15x15 criteria within a specified time frame, which is 40 minutes in this context. The 15x15 criteria refer to an increase in the fetal heart rate of at least 15 beats per minute (bpm) above the baseline, lasting for a minimum of 15 seconds. This criteria is important because it indicates that the fetus is receiving enough oxygen and is reacting appropriately to its environment; the absence of these accelerations could indicate fetal distress or a potential underlying issue that warrants further investigation. When conducting an NST, a reaction is desirable, as it demonstrates fetal well-being. The 40-minute time frame allows sufficient observation for the identification of any accelerations that might occur. If there are no accelerations that fit the 15x15 criteria within this period, it suggests that further evaluation may be necessary to assess the health of the fetus. This is why the correct answer highlights the specific parameters and time frame used to define a nonreactive NST at term, making it essential for clinical practice in monitoring fetal health.

4. What typically happens to the frequency of contractions as labor progresses?

- A. They become less frequent
- B. They remain the same
- C. They become more frequent**
- D. They only occur during delivery

As labor progresses, the frequency of contractions typically increases, which is reflected in the choice indicating that they become more frequent. In the early stages of labor, contractions may start off irregular and relatively infrequent, but as the body prepares for delivery, several physiological processes take place. The increasing frequency of contractions is crucial for the dilation and effacement of the cervix, allowing for the descent of the fetus through the birth canal. As labor moves from early to active and then to transitional phases, contractions generally become stronger, more regular, and closer together. This progressive increase is an indication that the labor process is advancing towards delivery, helping to facilitate childbirth effectively. The pattern of more frequent contractions also provides a natural signal to the healthcare team that labor is in a more active phase, allowing appropriate monitoring and support for the patient.

5. What is considered a reactive NST for a preterm fetus?

- A. Two or more accelerations of at least 15 bpm**
- B. One acceleration of at least 15 bpm lasting 20 seconds**
- C. Two or more accelerations of at least 10 bpm**
- D. One acceleration of at least 10 bpm lasting 15 seconds**

A reactive non-stress test (NST) for a preterm fetus is defined as having two or more accelerations of at least 10 beats per minute (bpm) from the baseline heart rate within a specified monitoring period. This definition recognizes that preterm fetuses typically have a slightly different heart rate response compared to those who are more mature. In this context, the criteria for determining reactivity for preterm fetuses are tailored to accommodate their physiological state. The elevation of 10 bpm is indicative of an active and oxygenated fetal state, showing that the fetus is not in distress. Continuous monitoring and recognizing the significance of these accelerations are vital for the health and management of the pregnancy, especially when considering interventions or evaluating fetal well-being. The other options present criteria that are either too high or focused on longer durations that do not apply to the preterm population, which makes them not suitable for determining reactivity in this specific scenario. Understanding the threshold of 10 bpm and the requirement for multiple accelerations is crucial for interpreting NST results effectively and ensuring appropriate clinical decisions.

6. Which demographic is noted to be at the greatest risk for placenta previa?

- A. African American women**
- B. Caucasian women**
- C. Asian women**
- D. Hispanic women**

The demographic identified as being at the greatest risk for placenta previa is Asian women. This association can be attributed to various factors, including genetic, environmental, and healthcare access influences. Research indicates that certain ethnicities may have a higher prevalence of experiences or conditions that contribute to the development of placenta previa, such as previous cesarean deliveries or uterine abnormalities, which can be more common in some populations. In the context of obstetric care, understanding these risk factors is vital for early diagnosis, proper management, and monitoring throughout pregnancy. It allows healthcare providers to implement personalized care plans and preventive measures for women who belong to higher-risk groups, ultimately improving maternal and fetal outcomes.

7. What is the best initial action when abnormal fetal heart rate patterns are noted?

A. Reassess the fetal heart rate after an hour

B. Change the mother's position and re-evaluate

C. Immediately prepare for a cesarean section

D. Increase intravenous fluid administration

Changing the mother's position and re-evaluating is the best initial action when abnormal fetal heart rate patterns are detected. This approach is grounded in the understanding that fetal heart rate changes can often stem from factors related to maternal positioning, such as cord compression or uterine pressure. Switching the mother's position may relieve these issues, allowing for improved blood flow and oxygen delivery to the fetus. Re-evaluating the fetal heart rate after repositioning provides an opportunity to observe whether the intervention was effective, allowing for timely decision-making based on the fetus's response. This initial action is non-invasive and can be quickly implemented, which is critical in managing potential fetal distress effectively. Other actions, such as reassessing the fetal heart rate after an hour, do not provide immediate intervention. Preparing for a cesarean section or simply increasing intravenous fluids might be necessary later, depending on the situation, but they are not the first steps to address and possibly rectify the abnormal heart rate patterns promptly.

8. When is the typical window for quad screening to be performed during pregnancy?

A. 12-14 weeks

B. 16-18 weeks

C. 20-22 weeks

D. 24-26 weeks

The quad screening test, which assesses specific markers in the mother's blood to evaluate the risk of certain fetal conditions such as Down syndrome and neural tube defects, is typically performed during the second trimester of pregnancy. The optimal time frame for conducting this test is between 16 to 18 weeks of gestation. This period allows for adequate time to obtain reliable results from the biomarkers measured, which include alpha-fetoprotein (AFP), human chorionic gonadotropin (hCG), estriol, and inhibin A. Performing the test too early or too late may result in inaccurate interpretations or missed opportunities for further diagnostic testing if needed. Thus, the correct timeframe for the quad screening aligns with the standard clinical practice guidelines established for prenatal care.

9. What late finding might indicate significant blood loss in a patient?

- A. Increased heart rate**
- B. Falling blood pressure**
- C. Increased urinary output**
- D. Improved level of consciousness**

The identification of falling blood pressure as a late finding indicating significant blood loss is grounded in the understanding of the body's compensatory mechanisms in response to hypovolemia. When a patient experiences significant blood loss, the body initially tries to maintain blood flow and oxygen delivery to vital organs through compensatory mechanisms such as increasing heart rate and peripheral vasoconstriction. However, as blood loss continues and exceeds the body's ability to compensate, blood pressure will start to fall. Falling blood pressure is a critical sign that indicates not only ongoing hemorrhage but also the potential onset of shock. It reflects a failure in the cardiovascular reserve as the body becomes less able to sustain adequate circulation with reduced blood volume. This late finding is particularly concerning and typically warrants urgent medical intervention. In contrast, increased heart rate is an early finding associated with blood loss as the body attempts to compensate. Increased urinary output would not generally be expected in scenarios of significant blood loss, and an improved level of consciousness would suggest adequate cerebral perfusion, which may not be the case with significant blood loss leading to hypotension. Thus, recognizing falling blood pressure allows healthcare providers to make timely decisions regarding the management of potential hypovolemic shock.

10. What defines a postterm infant?

- A. Born after 38 weeks gestation**
- B. Born after 40 weeks gestation**
- C. Born after 42 weeks gestation**
- D. Born before 37 weeks gestation**

A postterm infant is defined as one who is born after 42 weeks of gestation. This classification is critical for healthcare providers to understand because postterm infants may face increased risks for complications such as macrosomia, meconium aspiration, and stillbirth. The timing of delivery is essential in managing both maternal and fetal health, especially when gestation extends beyond the typical duration. In contrast, being born after 38 weeks or 40 weeks leads to the classifications of late preterm and postmature, respectively, but does not fit the criteria for a postterm designation. Likewise, a birth before 37 weeks marks a preterm infant, which is not relevant in defining postterm status. Recognizing the specific timing associated with postterm births is important in obstetric care to ensure the appropriate monitoring and intervention strategies are in place.