

# Lippincott Maternal Health Practice Exam (Sample)

## Study Guide



**Everything you need from our exam experts!**

**This is a sample study guide. To access the full version with hundreds of 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. Don't worry about getting everything right, 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, and take breaks to retain information better.**

## **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.**

## **7. Use Other Tools**

**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!**

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## Questions

- 1. After administering nalbuphine to a multigravida client, what should the nurse do upon the client's report of feeling the urge to have a bowel movement?**
  - A. Have naloxone hydrochloride available in the birthing room**
  - B. Complete a vaginal examination to assess dilation, effacement, and station**
  - C. Prepare for birth**
  - D. Document the client's relief due to pain medication**
- 2. What is the primary reason for performing an amniotomy?**
  - A. To induce labor**
  - B. To assess fetal heart tones**
  - C. To relieve umbilical cord compression**
  - D. To prevent postpartum hemorrhage**
- 3. What is the primary purpose of performing a fetal heart rate monitoring during labor?**
  - A. To determine the fetal gender**
  - B. To identify fetal distress**
  - C. To assess maternal stress**
  - D. To predict labor progression**
- 4. Which condition makes a client a candidate for induction of labor?**
  - A. Preeclampsia**
  - B. Active herpes**
  - C. Face presentation**
  - D. Fetus with late decelerations**
- 5. Following IV magnesium sulfate administration, how can the nurse determine the medication is effective?**
  - A. Contractions will increase in frequency, leading to birth**
  - B. The client will maintain a respiratory rate greater than 12 breaths/min**
  - C. Contractions will decrease in frequency, intensity, and duration**
  - D. The client will maintain blood pressure readings of 120/80 mm Hg**



- 6. What is the primary method for diagnosing ectopic pregnancy?**
- A. CT scan**
  - B. MRI**
  - C. X-ray**
  - D. Transvaginal ultrasound**
- 7. What is the recommended weight gain for a mother with a normal BMI during pregnancy?**
- A. 15-25 pounds**
  - B. 25-35 pounds**
  - C. 35-45 pounds**
  - D. 10-20 pounds**
- 8. How often should a pregnant woman visit her healthcare provider in the third trimester?**
- A. Every week**
  - B. Every two weeks to every week**
  - C. Once a month**
  - D. Every four weeks**
- 9. Which hormone is primarily responsible for uterine contractions during labor?**
- A. Oxytocin**
  - B. Progesterone**
  - C. Prolactin**
  - D. Relaxin**
- 10. Which hormone is produced by the placenta to maintain pregnancy?**
- A. Estrogen**
  - B. Progesterone**
  - C. Oxytocin**
  - D. Lactogen**

## **Answers**

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

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## **Explanations**

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1. After administering nalbuphine to a multigravida client, what should the nurse do upon the client's report of feeling the urge to have a bowel movement?
- A. Have naloxone hydrochloride available in the birthing room
  - B. Complete a vaginal examination to assess dilation, effacement, and station**
  - C. Prepare for birth
  - D. Document the client's relief due to pain medication

When a client reports feeling the urge to have a bowel movement after receiving nalbuphine, it is a significant indication that the baby may be descending into the birth canal and that labor could be progressing. The urge to have a bowel movement can often mimic the sensations associated with the pushing stage of labor. Therefore, performing a vaginal examination is essential to assess the current state of labor, specifically looking at dilation, effacement, and station of the fetus. This assessment helps determine how far the client has progressed in labor and whether the birth is imminent. It is critical for the nurse to monitor contractions and understand the cervical status, as these factors are essential in predicting the timing of delivery. Promptly assessing the situation ensures that appropriate actions are taken, such as preparing for birth if the client is in the later stages of labor. The other options may be relevant in different contexts but do not address the immediate need to assess the labor progression indicated by the client's report. For instance, having naloxone available is more appropriate in situations where there is suspected opioid overdose complications rather than when assessing labor progression. Documenting the client's relief is also important but is secondary to responding to changes in labor status. Preparing for birth is dependent on the assessment findings from a vaginal

2. What is the primary reason for performing an amniotomy?
- A. To induce labor**
  - B. To assess fetal heart tones
  - C. To relieve umbilical cord compression
  - D. To prevent postpartum hemorrhage

The primary reason for performing an amniotomy is to induce labor. An amniotomy, which involves artificially rupturing the membranes (the amniotic sac) surrounding the fetus, can stimulate contractions and facilitate the labor process. This is particularly useful in situations where labor needs to be expedited for various medical reasons, such as when there are concerns about the mother or baby's health. In clinical practice, amniotomy can enhance the effectiveness of contractions since once the membranes are ruptured, the environment changes and could lead to increased uterine activity. Additionally, it allows for immediate assessment of the amniotic fluid and can help monitor the fetal heart rate more closely, thus providing critical information for managing the labor process. Other options, while related to labor and delivery care, do not represent the primary intent behind performing an amniotomy. For instance, although it can help in managing umbilical cord compression or improve fetal monitoring, that is not the primary purpose for which amniotomy is performed. Similarly, preventing postpartum hemorrhage is not relevant in this context, as the procedure is specific to labor induction rather than postpartum management.

**3. What is the primary purpose of performing a fetal heart rate monitoring during labor?**

- A. To determine the fetal gender**
- B. To identify fetal distress**
- C. To assess maternal stress**
- D. To predict labor progression**

The primary purpose of performing fetal heart rate monitoring during labor is to identify fetal distress. Monitoring the heart rate allows healthcare professionals to assess how well the fetus is tolerating labor and to detect signs of potential complications, such as oxygen deprivation or abnormal heart rate patterns. During labor, various factors can influence the condition of the fetus, including uterine contractions, maternal health, and any existing pregnancy complications. By constantly monitoring the fetal heart rate, clinicians can quickly identify any concerning changes. If fetal distress is detected, timely interventions can be implemented to ensure the safety and health of both the mother and the baby, which may include adjustments in labor management, providing oxygen, or, in some cases, an expedited delivery. Determining fetal gender, assessing maternal stress, and predicting labor progression are not the primary aims of fetal heart rate monitoring. The monitoring focuses specifically on the well-being of the fetus during the labor process, making it a critical component of maternal-fetal care.

**4. Which condition makes a client a candidate for induction of labor?**

- A. Preeclampsia**
- B. Active herpes**
- C. Face presentation**
- D. Fetus with late decelerations**

Preeclampsia is a significant condition during pregnancy characterized by high blood pressure and often a significant amount of protein in the urine. This condition poses risks to both the mother and the fetus, as it can lead to severe complications such as eclampsia (seizures), placental abruption, and fetal distress. When a woman is diagnosed with preeclampsia, especially if the condition is severe or worsening, induction of labor is commonly indicated. This intervention helps avert severe maternal and fetal complications by delivering the baby and the placenta, thus eliminating the source of the underlying issue. The other conditions have different management protocols that may not necessitate immediate induction. Active herpes, for example, requires careful management to prevent transmission during delivery, but it does not typically require labor to be induced unless the outbreak is severe or there are other complicating factors. Face presentation is an abnormal fetal position that can lead to complications in delivery, but it doesn't directly indicate that induction is necessary. Similarly, the presence of late decelerations may indicate fetal distress, but the appropriate response depends on the overall clinical picture, and it might not lead to immediate induction if the fetus is stable otherwise. Each clinical scenario requires careful assessment, but preeclampsia

**5. Following IV magnesium sulfate administration, how can the nurse determine the medication is effective?**

- A. Contractions will increase in frequency, leading to birth**
- B. The client will maintain a respiratory rate greater than 12 breaths/min**
- C. Contractions will decrease in frequency, intensity, and duration**
- D. The client will maintain blood pressure readings of 120/80 mm Hg**

The effectiveness of magnesium sulfate administration in the context of pregnancy and labor is primarily measured by its ability to reduce uterine contractions, particularly in cases of preterm labor or conditions like preeclampsia. Magnesium sulfate acts as a central nervous system depressant and provides smooth muscle relaxation. Therefore, when the medication is effective, a nurse would expect to observe a decrease in the frequency, intensity, and duration of contractions. This reduction can help to prolong pregnancy and improve fetal outcomes by allowing more time for fetal development. Maintaining a respiratory rate greater than 12 breaths/min does not directly indicate the effectiveness of magnesium sulfate; instead, it is more of a parameter to monitor for potential side effects or toxicity related to the medication. Likewise, while achieving specific blood pressure readings can be important in cases where magnesium sulfate is used for hypertensive disorders, it is not a direct measure of the medication's effectiveness in addressing uterine activity. Overall, observing a decrease in contraction activity is the most relevant assessment to determine if magnesium sulfate is working as intended.

**6. What is the primary method for diagnosing ectopic pregnancy?**

- A. CT scan**
- B. MRI**
- C. X-ray**
- D. Transvaginal ultrasound**

The primary method for diagnosing ectopic pregnancy is transvaginal ultrasound. This imaging technique is particularly effective because it allows for a detailed view of the reproductive organs and can identify the location of a pregnancy. In cases of suspected ectopic pregnancy, the transvaginal ultrasound can help determine if the embryo is implanted within the uterus or outside of it, such as in the fallopian tubes or other abnormal locations. Additionally, transvaginal ultrasound is preferred over other imaging modalities for several reasons. It is less invasive, provides clearer imaging of early gestational structures, and can be performed at the point of care in many clinical settings. The use of transvaginal ultrasound also allows healthcare providers to assess for the presence of a gestational sac and any accompanying complications, such as hemorrhage, which are critical for effective management of ectopic pregnancy. In contrast, CT scans and MRIs are generally not first-line tools for this diagnosis due to higher radiation exposure (in the case of CT) and cost and availability concerns (in the case of MRI). X-rays do not provide sufficient detail for assessing the reproductive organs and are not suitable for evaluating ectopic pregnancies. Therefore, transvaginal ultrasound stands out as the gold standard for diagnosing

**7. What is the recommended weight gain for a mother with a normal BMI during pregnancy?**

- A. 15-25 pounds
- B. 25-35 pounds**
- C. 35-45 pounds
- D. 10-20 pounds

The recommended weight gain for a mother with a normal Body Mass Index (BMI), which is defined as having a BMI between 18.5 and 24.9, is typically 25 to 35 pounds during pregnancy. This guideline is based on research that shows this weight gain range is associated with the best outcomes for both mothers and their babies. Adequate weight gain supports the healthy development of the fetus and helps reduce the risk of complications, such as low birth weight or preterm birth. For mothers starting at a normal BMI, the weight gained should be gradual, with roughly a third of the total gain occurring in the first trimester and the rest in the second and third trimesters. This approach promotes healthy gestation and overall maternal health. In contrast, recommendations for lower or higher weight gain align with specific categories of pre-pregnancy BMI outside the normal range. For example, underweight women are advised to gain more weight, while overweight or obese women have a lower range to optimize health during pregnancy. Thus, 25-35 pounds is the most appropriate and evidence-based recommendation for women with a normal BMI during pregnancy.

**8. How often should a pregnant woman visit her healthcare provider in the third trimester?**

- A. Every week
- B. Every two weeks to every week**
- C. Once a month
- D. Every four weeks

During the third trimester of pregnancy, healthcare recommendations dictate that a woman should visit her healthcare provider every two weeks to every week. This frequency is crucial due to the increasing complexity of both maternal and fetal health at this stage of pregnancy. As the pregnancy approaches term, the healthcare provider closely monitors the mother for potential complications such as gestational diabetes, preeclampsia, and fetal growth issues. Additionally, this is the time when discussions about labor, delivery plans, and any necessary education about newborn care become increasingly relevant. Weekly visits may become necessary as the due date approaches, especially for high-risk pregnancies or if there are any concerns identified during earlier visits. This schedule allows healthcare providers to ensure that both the mother and fetus are healthy, to manage any potential risks, and to provide reassurance and support in preparation for labor and delivery. The timing is adjusted based on individual circumstances, but generally, a two-week interval that may shift to weekly is standard for most women in the third trimester.



**9. Which hormone is primarily responsible for uterine contractions during labor?**

**A. Oxytocin**

**B. Progesterone**

**C. Prolactin**

**D. Relaxin**

Oxytocin is the hormone primarily responsible for stimulating uterine contractions during labor. It is produced by the hypothalamus and released by the posterior pituitary gland. During labor, oxytocin facilitates rhythmic contractions of the uterus, which help in dilating the cervix and pushing the baby through the birth canal. The release of oxytocin not only initiates labor but also increases the intensity and frequency of contractions as labor progresses. In contrast, progesterone plays a role in maintaining pregnancy by relaxing the uterine muscles and preventing contractions before labor begins. Prolactin is mainly involved in milk production after childbirth and does not have a direct role in labor contractions. Relaxin helps to soften the cervix and pelvis in preparation for birth but does not cause contractions. This hormonal interplay is essential for a successful labor and delivery process.

**10. Which hormone is produced by the placenta to maintain pregnancy?**

**A. Estrogen**

**B. Progesterone**

**C. Oxytocin**

**D. Lactogen**

Progesterone is the hormone primarily produced by the placenta to maintain pregnancy. Its main role is to prepare the uterine lining for the implantation of the fertilized egg and to help sustain the pregnancy once implantation has occurred. Progesterone works by inhibiting uterine contractions, thus preventing premature labor. It also promotes the growth of blood vessels in the uterine lining and supports the developing fetus by creating a suitable environment for growth. While estrogen also plays a crucial role in pregnancy by promoting uterine growth and stimulating breast tissue development, its primary function is often seen in conjunction with progesterone. Oxytocin is mainly involved in labor and delivery, triggering uterine contractions during childbirth. Lactogen is produced to ensure that the baby has adequate nutrition, but it does not play a primary role in maintaining pregnancy. Therefore, progesterone is the key hormone that directly supports the continuation and maintenance of a healthy pregnancy.

## 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://lippincottmaternalhealth.examzify.com>**

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