

NACE Care of Childbearing Family 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. For a client receiving terbutaline in preterm labor, what should the nurse consider regarding the administration route?**
 - A. The administration route will not change.**
 - B. The administration route of terbutaline will be changed from oral to intravenous.**
 - C. The administration route of terbutaline will be changed from intravenous to oral.**
 - D. The administration will switch to subcutaneous.**

- 2. What are the three stages of labor?**
 - A. Early labor, Active labor, and Transition**
 - B. First stage (dilation), Second stage (delivery), and Third stage (placental delivery)**
 - C. Latent phase, Active phase, and Delivery**
 - D. Cervical dilation, Fetal descent, and Expulsion of placenta**

- 3. Which finding in a newborn assessment may indicate a problem?**
 - A. The newborn is feeding well**
 - B. The newborn's nostrils flare slightly during respiration**
 - C. The newborn has a steady heart rate**
 - D. The newborn is actively moving**

- 4. What is a normal finding for fetal heart rate deceleration patterns?**
 - A. Variable decelerations**
 - B. None or early decelerations**
 - C. Late decelerations only**
 - D. Prolonged decelerations**

- 5. What is the recommended frequency of prenatal visits during pregnancy?**
 - A. Every 2 weeks until delivery**
 - B. Every 6 weeks after 28 weeks**
 - C. Every 4 weeks until 28 weeks, then weekly**
 - D. Every month throughout the pregnancy**

- 6. A negative rapid plasma reagin (RPR) is indicative of what regarding STIs?**
- A. Probable gonorrhea infection**
 - B. Probable syphilis infection**
 - C. Possible human papillomavirus infection**
 - D. Possible chlamydia infection**
- 7. Which instruction should a nurse include in the discharge plan for a client treated for preterm labor?**
- A. Engage in regular physical activity**
 - B. Avoid sexual intercourse**
 - C. Monitor fetal movements**
 - D. Increase fluid intake**
- 8. How should a fetal heart rate of 130 to 138 bpm with moderate variability be interpreted?**
- A. Indication of fetal distress**
 - B. Insufficient perfusion and circulation**
 - C. Sufficient perfusion and circulation of the fetus**
 - D. Sign of potential fetal abnormalities**
- 9. What is the appropriate nursing action for a newborn exhibiting signs of drug withdrawal?**
- A. Provide a pacifier for soothing.**
 - B. Swaddle the newborn in a flexed position.**
 - C. Monitor the infant's temperature closely.**
 - D. Encourage the parent to hold the infant.**
- 10. What defines normal ranges for fetal heart rate variability?**
- A. 3-5 beats per minute**
 - B. 6-25 beats per minute**
 - C. 26-40 beats per minute**
 - D. 1-2 beats per minute**

Answers

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

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Explanations

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1. For a client receiving terbutaline in preterm labor, what should the nurse consider regarding the administration route?

- A. The administration route will not change.**
- B. The administration route of terbutaline will be changed from oral to intravenous.**
- C. The administration route of terbutaline will be changed from intravenous to oral.**
- D. The administration will switch to subcutaneous.**

The administration of terbutaline for clients in preterm labor typically begins with an intravenous (IV) route in an acute care setting since IV delivery allows for rapid onset and tight control over dosing. However, once the initial stabilization is achieved and if ongoing therapy is warranted, it shifts to oral administration for maintenance. This change allows for continuous management of symptoms while avoiding the complications associated with prolonged IV therapy, such as catheter-related infections or fluid overload. Subcutaneous administration might be an option but is less common in this setting compared to the oral route, which is often preferred for outpatient management once the patient's condition has stabilized. Therefore, transitioning from IV to oral administration reflects a common practice in the management of preterm labor while ensuring patient safety and comfort.

2. What are the three stages of labor?

- A. Early labor, Active labor, and Transition**
- B. First stage (dilation), Second stage (delivery), and Third stage (placental delivery)**
- C. Latent phase, Active phase, and Delivery**
- D. Cervical dilation, Fetal descent, and Expulsion of placenta**

The three stages of labor include the first stage, which is focused on dilation of the cervix, the second stage where the actual delivery of the baby occurs, and the third stage which involves the delivery of the placenta. During the first stage, the cervix dilates and effaces in preparation for the baby's passage through the birth canal. This stage can be further categorized into phases (latent, active, and transition), but fundamentally, it represents the entire process of cervical changes leading up to complete dilation. The second stage begins once the cervix is fully dilated and continues until the baby is born. This stage is characterized by strong contractions and the mother's urge to push, culminating in the expulsion of the baby. Finally, the third stage involves the separation and delivery of the placenta, which is critical to conclude the process of childbirth safely. Understanding this framework is essential for comprehensively grasping the birthing process and preparing for the various phases involved in childbirth. Additionally, this delineation helps healthcare providers in monitoring labor progression effectively.

3. Which finding in a newborn assessment may indicate a problem?

- A. The newborn is feeding well**
- B. The newborn's nostrils flare slightly during respiration**
- C. The newborn has a steady heart rate**
- D. The newborn is actively moving**

The indication that a newborn's nostrils flare slightly during respiration can be a sign of respiratory distress. Nasal flaring occurs when a newborn is attempting to increase their airflow because of difficulty breathing or decreased oxygen levels. This is a compensatory mechanism to help the infant breathe more effectively. It is essential to monitor any signs of respiratory distress closely, as prompt intervention may be necessary to ensure the newborn receives adequate oxygenation and care. In contrast, the other findings, such as the newborn feeding well, maintaining a steady heart rate, and actively moving, typically align with signs of a healthy newborn. Feeding well and a steady heart rate indicate that the newborn is stable and receiving adequate nutrition, while active movement suggests alertness and engagement, which are positive indicators of neurological health.

4. What is a normal finding for fetal heart rate deceleration patterns?

- A. Variable decelerations**
- B. None or early decelerations**
- C. Late decelerations only**
- D. Prolonged decelerations**

A normal finding for fetal heart rate deceleration patterns involves early decelerations or the absence of decelerations entirely. Early decelerations occur as a result of fetal head compression during labor, typically seen in conjunction with uterine contractions. This type of deceleration is characterized by a gradual decrease in heart rate that mirrors the contraction pattern, usually resolving by the end of the contraction. These findings are generally considered benign and indicative of a well-oxygenated fetus. In contrast, variable decelerations are often associated with umbilical cord compression and can be concerning depending on their frequency and severity. Late decelerations signal potential placental insufficiency and are more worrisome, indicating that the fetus may be experiencing hypoxia due to reduced blood flow during contractions. Prolonged decelerations, lasting longer than 2 minutes but less than 10, can indicate more serious complications and require immediate assessment and intervention. The presence of none or early decelerations aligns with a normal, healthy fetal monitoring pattern, reassuring caregivers of the fetus's wellbeing during labor.

5. What is the recommended frequency of prenatal visits during pregnancy?

- A. Every 2 weeks until delivery**
- B. Every 6 weeks after 28 weeks**
- C. Every 4 weeks until 28 weeks, then weekly**
- D. Every month throughout the pregnancy**

The recommended frequency of prenatal visits during pregnancy is every 4 weeks until 28 weeks, and then weekly thereafter. This schedule is based on established guidelines to ensure that both the mother and the developing fetus receive appropriate monitoring and care throughout the different stages of pregnancy. During the first trimester and early second trimester, visits every 4 weeks allow healthcare providers to assess the mother's health, monitor fetal development, and conduct necessary screenings and lab tests. As the pregnancy progresses into the third trimester, the frequency increases to weekly visits. This change is crucial because the risk of complications increases as the due date approaches. These visits enable healthcare providers to closely monitor signs of labor, assess fetal position, and manage any emerging issues. Having this structured visit schedule supports the overall health and well-being of both the mother and the baby, facilitating early detection of any potential concerns. It is important to follow this guideline to ensure comprehensive care throughout the entire pregnancy.

6. A negative rapid plasma reagin (RPR) is indicative of what regarding STIs?

- A. Probable gonorrhea infection**
- B. Probable syphilis infection**
- C. Possible human papillomavirus infection**
- D. Possible chlamydia infection**

A negative rapid plasma reagin (RPR) test is indicative of a low likelihood of syphilis infection. The RPR test is a non-treponemal screening test used to detect antibodies that can be present in genuine syphilis infections. When the result is negative, it suggests that the individual does not have syphilis, as the test is designed to identify reactive antibodies produced by the immune response to the organism *Treponema pallidum*, which causes syphilis. The significance of a negative RPR result lies in its ability to provide reassurance regarding syphilis, enabling healthcare providers to focus on other potential causes of symptoms in patients if they are experiencing any. Keep in mind that while a negative RPR is a strong indicator against syphilis, it doesn't completely rule out the possibility of other infections like gonorrhea, human papillomavirus, or chlamydia, which have their respective testing protocols and diagnostic criteria outside of the RPR.

7. Which instruction should a nurse include in the discharge plan for a client treated for preterm labor?

- A. Engage in regular physical activity**
- B. Avoid sexual intercourse**
- C. Monitor fetal movements**
- D. Increase fluid intake**

Avoiding sexual intercourse is a crucial instruction for clients who have been treated for preterm labor. This recommendation is grounded in the understanding that sexual activity can stimulate uterine contractions, which may provoke or worsen preterm labor. In the context of managing a pregnancy that has faced complications like preterm labor, it's essential for clients to minimize any activities that may place additional stress on the uterus. In addition to this recommendation, the other options could be important in different contexts but are not as directly related to managing the specific risks associated with preterm labor. Regular physical activity, for instance, is generally encouraged during a healthy pregnancy but may need to be limited in circumstances involving preterm labor. Monitoring fetal movements is also a valuable practice, but in this situation, it does not specifically address risk mitigation related to preterm contractions. Rising fluid intake can be beneficial in terms of overall hydration and sometimes in avoiding uterine irritability, but it is not a priority compared to the directive to avoid sexual activity.

8. How should a fetal heart rate of 130 to 138 bpm with moderate variability be interpreted?

- A. Indication of fetal distress**
- B. Insufficient perfusion and circulation**
- C. Sufficient perfusion and circulation of the fetus**
- D. Sign of potential fetal abnormalities**

A fetal heart rate of 130 to 138 beats per minute with moderate variability is considered to be within the normal range, indicating healthy fetal well-being. Normal fetal heart rates typically range from 110 to 160 bpm, and the presence of moderate variability signifies that the fetus's autonomic nervous system is functioning well. This reflects adequate oxygenation and neurologic function. Moderate variability means that there are fluctuations in the fetal heart rate that are neither too minimal nor excessively high, demonstrating a reassuring response from the fetus to its environment. It essentially shows that the fetus is responding appropriately to various stimuli, which is a positive sign of its health. Understanding these parameters is crucial for monitoring fetal health and progress during labor, and the interpretation of this data is fundamental when assessing the baby's condition. Therefore, the interpretation that this heart rate indicates sufficient perfusion and circulation to the fetus is supported by established fetal monitoring guidelines.

9. What is the appropriate nursing action for a newborn exhibiting signs of drug withdrawal?

- A. Provide a pacifier for soothing.**
- B. Swaddle the newborn in a flexed position.**
- C. Monitor the infant's temperature closely.**
- D. Encourage the parent to hold the infant.**

In the context of a newborn exhibiting signs of drug withdrawal, swaddling the infant in a flexed position is appropriate because this technique provides comfort and security. A flexed position mimics the confined space of the womb, which can help reduce the newborn's stress response and promote a sense of stability. This method is especially beneficial for infants experiencing withdrawal symptoms, as they may be hypersensitive to their environment. Swaddling can also help in minimizing excessive movements that may exacerbate irritability and discomfort in the newborn. Hence, this nursing intervention supports the infant's need for a calm and soothing environment, aiding in the management of withdrawal symptoms. Providing a pacifier can indeed be helpful as a soothing mechanism, but it is not as critical as the supportive positioning achieved through swaddling. Monitoring the infant's temperature is essential in general nursing practice, but in the specific context of drug withdrawal, the immediate concerns might focus more on comfort measures. While promoting parent-infant bonding through holding is incredibly important, the foundational step of swaddling in a flexed position directly addresses the symptoms the newborn is experiencing.

10. What defines normal ranges for fetal heart rate variability?

- A. 3-5 beats per minute**
- B. 6-25 beats per minute**
- C. 26-40 beats per minute**
- D. 1-2 beats per minute**

Normal fetal heart rate variability is characterized by fluctuations in the heart rate that reflect the autonomic nervous system's influence. A variability range of 6-25 beats per minute is considered normal, indicating a healthy, well-functioning fetal heart. This level of variability suggests the fetus is responding adequately to various stimuli and that there are no signs of distress. Variability is an important indicator of fetal well-being, as it shows the fetus's ability to adapt to different physiological conditions. A range of 6-25 beats per minute signifies a robust autonomic nervous system, essential for a healthy pregnancy and fetal development. This range helps healthcare providers assess the health of the fetus during monitoring and informs decisions regarding further evaluations or interventions if needed. Other ranges do not fit the criteria for normal variability since values that are too low or too high can indicate potential fetal distress or other complications, prompting further investigation. Thus, understanding that 6-25 beats per minute denotes normal variability is crucial for professionals monitoring fetal health.

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://nacecareofchildbearingfamily.examzify.com>

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