

NCLEX Antepartum and Intrapartum Practice Test (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

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- 1. Which method is most effective for teaching a client to monitor for preterm uterine contractions?**
 - A. Measure pulse rate simultaneously**
 - B. Palpate for contractions with the client**
 - C. Keep a diary of contractions**
 - D. Use relaxation techniques**

- 2. What should a pregnant teen inform the dental office staff regarding her condition?**
 - A. Schedule regular check-ups**
 - B. Inform that she is pregnant**
 - C. Avoid dental care during pregnancy**
 - D. Request additional services for pregnancy**

- 3. What is one potential nutritional concern for a pregnant woman with cravings for non-food items like clay?**
 - A. Increased calcium levels**
 - B. Iron deficiency anemia**
 - C. Excessive protein intake**
 - D. Dehydration**

- 4. During assessment, what finding in an HIV-positive pregnant client requires further follow-up?**
 - A. Decreased appetite**
 - B. Increased shortness of breath and bilateral rales**
 - C. Fatigue and slight weight loss**
 - D. Skin rashes and lesions**

- 5. What significant change in breast tissue may indicate a presumptive sign of pregnancy?**
 - A. Increased size**
 - B. Darkening of the areola**
 - C. Swelling of the breasts**
 - D. Developing veins on the surface**

6. What should the nurse explain about the nonstress test procedure to the client?

- A. It measures uterine contractions during-activity**
- B. An ultrasound transducer records fetal heart activity**
- C. It evaluates the mother's blood pressure levels**
- D. It monitors fetal movement in relation to maternal activity**

7. A pregnant client reports not being able to remove her wedding ring due to finger swelling. What should the nurse further check?

- A. Heart rate and respiratory rate**
- B. Weight and dietary habits**
- C. Blood pressure changes and protein in the urine**
- D. Fluid intake and hydration status**

8. Using Nägele's rule, what would be the estimated date of birth for a client whose last menstrual period began on October 20, 2012?

- A. July 20, 2013**
- B. July 27, 2013**
- C. August 15, 2013**
- D. August 20, 2013**

9. At what point in pregnancy is the risk of spontaneous abortion highest?

- A. First trimester**
- B. Second trimester**
- C. Third trimester**
- D. Throughout the entire pregnancy**

10. Which of the following complications may arise from severe uterine bleeding during pregnancy?

- A. Fluid overload**
- B. Hypovolemic shock**
- C. Oligohydramnios**
- D. Gestational diabetes**

Answers

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

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Explanations

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1. Which method is most effective for teaching a client to monitor for preterm uterine contractions?

- A. Measure pulse rate simultaneously**
- B. Palpate for contractions with the client**
- C. Keep a diary of contractions**
- D. Use relaxation techniques**

The most effective method for teaching a client to monitor for preterm uterine contractions is to palpate for contractions with the client. This approach provides the opportunity for direct, hands-on experience, allowing the client to feel what a contraction feels like under guidance. It fosters a better understanding of how contractions present in the body and enables the client to better recognize patterns, frequency, and intensity. By palpating together, the healthcare provider can give immediate feedback and instruction, helping the client develop awareness of their body's signals. This practical demonstration enhances the client's confidence in self-monitoring, which is crucial as they learn to identify potential signs of preterm labor. Keeping a diary of contractions, although helpful, may not be as effective in initial learning. While documenting can aid in recognizing patterns over time, it lacks the immediate, tactile feedback that palpation provides. Similarly, while using relaxation techniques can alleviate anxiety and discomfort associated with contractions, it does not directly teach the client how to recognize them. Measuring pulse rate simultaneously does not provide relevant information about contractions and is not a method used for monitoring labor or uterine activity. Overall, hands-on palpation is the most effective way to facilitate understanding and self-assessment in this context.

2. What should a pregnant teen inform the dental office staff regarding her condition?

- A. Schedule regular check-ups**
- B. Inform that she is pregnant**
- C. Avoid dental care during pregnancy**
- D. Request additional services for pregnancy**

Informing the dental office staff that she is pregnant is essential for several reasons. Firstly, pregnancy can affect dental health, leading to specific conditions such as pregnancy gingivitis or increased susceptibility to cavities due to hormonal changes. By disclosing her pregnancy, the dental professionals can take necessary precautions, adapt treatment plans, and prioritize the safety of the mother and the unborn child. Additionally, certain dental procedures may need to be modified or scheduled for later in the pregnancy to avoid any potential risks. Understanding the patient's condition allows the staff to ensure that medications, anesthetics, and radiographs are administered safely and appropriately. This communication is vital for providing specialized care during a time when the pregnant teen is experiencing significant physiological changes. While scheduling regular check-ups is a good practice, simply doing this without mentioning her pregnancy does not adequately address the specific care needed. Avoiding dental care during pregnancy is not advisable, as dental health is crucial during this time. Requesting additional services may be beneficial, but first and foremost, informing the staff about her pregnancy is the most critical action.

3. What is one potential nutritional concern for a pregnant woman with cravings for non-food items like clay?

- A. Increased calcium levels**
- B. Iron deficiency anemia**
- C. Excessive protein intake**
- D. Dehydration**

When a pregnant woman experiences cravings for non-food items, a condition known as pica may be present. Pica is often associated with a deficiency of certain nutrients, particularly iron. Craving non-food items such as clay indicates that the body is signaling a need for something it is lacking. In this case, an iron deficiency can lead to anemia, which is a potential risk during pregnancy as it can affect both the mother and fetus's health. Iron deficiency anemia can cause fatigue, weakness, and potential complications in pregnancy such as preterm delivery or low birth weight. Therefore, the correct answer highlights the concern that arises from these cravings, suggesting that the woman may need to be assessed for iron deficiency and provided with appropriate nutritional counseling or supplementation to ensure both her and her baby's well-being during pregnancy.

4. During assessment, what finding in an HIV-positive pregnant client requires further follow-up?

- A. Decreased appetite**
- B. Increased shortness of breath and bilateral rales**
- C. Fatigue and slight weight loss**
- D. Skin rashes and lesions**

In this scenario, increased shortness of breath and bilateral rales in an HIV-positive pregnant client are significant findings that warrant further follow-up. These symptoms may indicate potential respiratory complications, such as pneumonia or other opportunistic infections commonly associated with HIV. The presence of bilateral rales, which are abnormal lung sounds indicating fluid or congestion in the lungs, may suggest pulmonary issues that could dramatically affect the health of both the mother and the fetus. In contrast, decreased appetite, fatigue, slight weight loss, and skin rashes or lesions can be associated with HIV or its treatment, and while they may require monitoring, they do not typically necessitate immediate or urgent follow-up in the same way that respiratory symptoms do. The presence of shortness of breath and rales is particularly concerning and suggests that the healthcare provider should take a closer look to rule out serious complications.

5. What significant change in breast tissue may indicate a presumptive sign of pregnancy?

- A. Increased size**
- B. Darkening of the areola**
- C. Swelling of the breasts**
- D. Developing veins on the surface**

The darkening of the areola is a significant change in breast tissue that may indicate a presumptive sign of pregnancy. This change occurs due to increased levels of hormones such as estrogen and progesterone, which stimulate melanocytes and lead to pigmentation changes. The darkening serves not only as a physical marker of pregnancy but also as an evolutionary adaptation to help the newborn locate the nipple for breastfeeding. Breast size increase, swelling, and the appearance of developing veins can also occur during pregnancy due to hormonal influences and increased blood flow. However, the darkening of the areola is often one of the more recognizable and specific changes that healthcare providers look for in early pregnancy assessments since it directly correlates with hormonal shifts specifically linked to pregnancy. Each of these changes can be explained by physiological responses, but the pigmentation change is particularly characteristic and noteworthy.

6. What should the nurse explain about the nonstress test procedure to the client?

- A. It measures uterine contractions during-activity**
- B. An ultrasound transducer records fetal heart activity**
- C. It evaluates the mother's blood pressure levels**
- D. It monitors fetal movement in relation to maternal activity**

The nonstress test (NST) is a key assessment tool used to monitor fetal well-being, primarily focusing on fetal heart rate patterns. The correct answer emphasizes that an ultrasound transducer is used to record fetal heart activity. During this procedure, the transducer is placed on the mother's abdomen, and it detects the heart rate of the fetus in real-time. Healthcare providers look for reactive patterns which indicate that the fetus is receiving enough oxygen and is healthy. When the baby's heart rate increases in response to fetal movement, it suggests a well-functioning nervous system and adequate oxygen supply. This test is noninvasive and helps in assessing the health of the fetus, particularly in high-risk pregnancies. The other options do not accurately describe the nonstress test. While it does not assess uterine contractions, maternal blood pressure, or directly monitor fetal movement in relation to activities, it focuses primarily on the relationship between fetal heart rate and fetal movements, providing valuable information about the baby's condition.

7. A pregnant client reports not being able to remove her wedding ring due to finger swelling. What should the nurse further check?

- A. Heart rate and respiratory rate**
- B. Weight and dietary habits**
- C. Blood pressure changes and protein in the urine**
- D. Fluid intake and hydration status**

When a pregnant client reports swelling in the fingers, an important consideration is the potential for gestational hypertension or preeclampsia, conditions that can lead to serious complications. Checking blood pressure changes and assessing for protein in the urine are key indicators of these conditions. Elevated blood pressure and the presence of protein in urine are significant findings that warrant further evaluation in a pregnant client experiencing swelling, as they can signal a decline in maternal or fetal well-being. Monitoring blood pressure provides immediate insights into the client's cardiovascular status. Preeclampsia may cause sudden weight gain, edema, and hypertension. Additionally, the presence of protein in urine is a diagnostic criterion for preeclampsia and is crucial for determining if the swelling and other symptoms indicate a more serious condition. While it is important to consider fluid intake, hydration status, weight, and dietary habits, they do not directly address the urgent assessment needed for potential gestational hypertension or preeclampsia indicated by the swelling of the fingers. Assessing heart and respiratory rates could also provide general information but would be less specific to the condition suspected in this scenario. Thus, focusing on blood pressure and protein in urine is the most appropriate next step.

8. Using Nägele's rule, what would be the estimated date of birth for a client whose last menstrual period began on October 20, 2012?

- A. July 20, 2013**
- B. July 27, 2013**
- C. August 15, 2013**
- D. August 20, 2013**

To determine the estimated date of birth using Nägele's rule, you start with the date of the last menstrual period (LMP) and follow these steps: add one year, subtract three months, and add seven days. Using the provided date of October 20, 2012, first, add one year, which brings you to October 20, 2013. Next, subtract three months, landing on July 20, 2013. Finally, adding seven days brings you to July 27, 2013. Thus, the calculated estimated date of birth is July 27, 2013, which confirms that this is the correct option. This method is commonly used in obstetrics to estimate the due date based on a regular 28-day menstrual cycle, helping healthcare providers plan further monitoring and intervention during pregnancy.

9. At what point in pregnancy is the risk of spontaneous abortion highest?

- A. First trimester**
- B. Second trimester**
- C. Third trimester**
- D. Throughout the entire pregnancy**

The risk of spontaneous abortion, also known as miscarriage, is highest during the first trimester of pregnancy. This time frame encompasses the first 12 weeks, a critical period for fetal development when the pregnancy is most vulnerable. Factors contributing to this increased risk include chromosomal abnormalities in the fetus, hormonal issues, and anatomical problems within the uterus. As the pregnancy advances into the second and third trimesters, the risk of miscarriage significantly decreases as the embryo develops into a fetus, and the body's structures begin to stabilize to support the pregnancy. Therefore, selecting the first trimester as the time of highest risk aligns with established medical understanding of pregnancy and fetal development.

10. Which of the following complications may arise from severe uterine bleeding during pregnancy?

- A. Fluid overload**
- B. Hypovolemic shock**
- C. Oligohydramnios**
- D. Gestational diabetes**

Severe uterine bleeding during pregnancy can lead to hypovolemic shock, which is a critical condition resulting from a significant loss of blood volume. When the body experiences substantial blood loss, the cardiovascular system struggles to maintain adequate blood circulation, leading to decreased oxygen delivery to vital organs. This situation can cause symptoms such as rapid heart rate, low blood pressure, confusion, and even loss of consciousness if not promptly treated. In the context of pregnancy, hypovolemic shock is particularly concerning because it can endanger both the mother's life and the fetus's well-being. Timely intervention is essential to manage the bleeding and stabilize the mother's condition, protecting the developing baby from compromising situations, such as reduced blood flow and oxygen supply. Fluid overload, oligohydramnios, and gestational diabetes, while they can occur in various pregnancy scenarios, are not direct complications resulting from severe uterine bleeding. Fluid overload typically arises from excessive intravenous fluid administration, oligohydramnios pertains to low amniotic fluid levels for reasons other than bleeding, and gestational diabetes is related to metabolic changes during pregnancy rather than associated with uterine bleeding.

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://nclexantepartumintrapartum.examzify.com>

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

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