

NCLEX Archer Maternity 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. Which medication is expected for a pregnant client with mitral valve prolapse receiving anticoagulant therapy?**
 - A. Warfarin**
 - B. Folic Acid**
 - C. Subcutaneous administration of Heparin Sodium 5000 units daily**
 - D. Aspirin**
- 2. What is an indication that a pregnant client's understanding of Low Molecular Weight Heparin self-administration is incomplete?**
 - A. I can switch to oral medications during pregnancy**
 - B. There is no need for follow-up appointments**
 - C. Injecting LMWH is not necessary if I feel fine**
 - D. I need to notify my doctor of unusual injection site symptoms**
- 3. What should the nurse educate the parents about the recovery phase after their newborn undergoes surgery for hypospadias?**
 - A. Normal urination will occur immediately**
 - B. The need for extended hospital stay**
 - C. Possible behavioral changes in the infant**
 - D. Proper care of the surgical site**
- 4. When a client in active labor undergoes an amniotomy, what is the expected outcome?**
 - A. Increased fetal heart rate**
 - B. Increased efficiency of contractions**
 - C. Decreased need for pain medication**
 - D. Prolonged labor duration**
- 5. What is the indication of a positive 1-hour glucose tolerance test during pregnancy?**
 - A. Further testing for gestational diabetes**
 - B. Normal blood sugar levels**
 - C. Low risk of diabetes**
 - D. Increased appetite**

- 6. What is lochia?**
- A. A type of prenatal vitamin**
 - B. Fetal heart rate**
 - C. Postpartum vaginal discharge**
 - D. Pregnancy-related swelling**
- 7. What client situation places a pregnant woman at high risk for contracting HIV?**
- A. A history of multiple sexual partners**
 - B. Having a history of intravenous (IV) drug use in the past year**
 - C. Experiencing frequent vaginal infections**
 - D. Living in a high-prevalence area**
- 8. What maternal substance usage is contraindicated during pregnancy due to risks of fetal harm?**
- A. Caffeine in moderation**
 - B. Alcohol consumption**
 - C. Over-the-counter sleep aids**
 - D. Prescription medications**
- 9. What type of prenatal care focuses on behavioral interventions to promote maternal fetal health?**
- A. Routine screening**
 - B. Health education**
 - C. Medication management**
 - D. Surgical intervention**
- 10. What is colostrum?**
- A. The first form of milk produced by the mammary glands**
 - B. A type of fetal fluid**
 - C. Breastfeeding supplement for infants**
 - D. A form of prenatal vitamin**

Answers

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

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Explanations

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1. Which medication is expected for a pregnant client with mitral valve prolapse receiving anticoagulant therapy?

A. Warfarin

B. Folic Acid

C. Subcutaneous administration of Heparin Sodium 5000 units daily

D. Aspirin

For a pregnant client with mitral valve prolapse who is receiving anticoagulant therapy, the expected medication is subcutaneous heparin sodium. Heparin is commonly used during pregnancy because it does not cross the placenta, thus reducing the risk of fetal complications associated with more traditional anticoagulants like warfarin. Mitral valve prolapse can lead to increased risk of thromboembolic events, and anticoagulation is important. Heparin is often administered subcutaneously in a hospital or outpatient setting, making it a suitable choice for this patient population. The 5000 units daily dose is within the common range for prophylaxis, helping prevent clot formation while being safe for both the mother and fetus. The choice of other medications, such as warfarin or aspirin, may pose risks. Warfarin can cross the placenta and is generally contraindicated during pregnancy due to potential teratogenic effects. Aspirin can be utilized in some specific situations but is not the standard form of anticoagulant therapy in cases of mitral valve prolapse requiring regular anticoagulation. Folic acid, while important for pregnancy, does not function as an anticoagulant. Therefore, subcutaneous administration of heparin sodium is the most

2. What is an indication that a pregnant client's understanding of Low Molecular Weight Heparin self-administration is incomplete?

A. I can switch to oral medications during pregnancy

B. There is no need for follow-up appointments

C. Injecting LMWH is not necessary if I feel fine

D. I need to notify my doctor of unusual injection site symptoms

The choice regarding switching to oral medications during pregnancy indicates an incomplete understanding of Low Molecular Weight Heparin (LMWH) self-administration. LMWH is specifically used because of its predictable anticoagulant response and the need for ongoing management of conditions such as deep vein thrombosis or pregnancy-related complications. Oral anticoagulants are generally not indicated during pregnancy due to potential risks to the fetus and variable absorption rates. Thus, suggesting a switch to oral medications demonstrates a lack of comprehension of the necessity and safety of continuing LMWH throughout pregnancy. The other options reflect more accurate understandings. Follow-up appointments are essential for monitoring the mother's and fetus's health, and notifying a doctor about unusual injection site symptoms is crucial to prevent complications. Furthermore, the belief that injections are unnecessary if the patient feels fine undermines the importance of consistent anticoagulation therapy in managing risks associated with conditions that LMWH is prescribed for.

3. What should the nurse educate the parents about the recovery phase after their newborn undergoes surgery for hypospadias?

- A. Normal urination will occur immediately**
- B. The need for extended hospital stay**
- C. Possible behavioral changes in the infant**
- D. Proper care of the surgical site**

The emphasis on proper care of the surgical site is crucial in the recovery phase after surgery for hypospadias. Parents need to understand the importance of maintaining the cleanliness and integrity of the surgical area to prevent infection and promote healing. This includes guidance on how to clean the area gently, recognizing signs of infection such as redness or discharge, and ensuring that any dressings are applied and removed as instructed by the healthcare provider. Additionally, parents should be educated about how to monitor urinary output, as it may take some time for normal urination patterns to resume fully. They need reassurance that some changes in normal function are expected immediately following surgery. Proper education about the surgical site care also helps alleviate parental anxiety, empowering them with knowledge to address any concerns that may arise during the recovery process. By focusing on this aspect, the nurse ensures that parents are well-prepared to provide the necessary support for their infant's healing.

4. When a client in active labor undergoes an amniotomy, what is the expected outcome?

- A. Increased fetal heart rate**
- B. Increased efficiency of contractions**
- C. Decreased need for pain medication**
- D. Prolonged labor duration**

The correct answer highlights that an amniotomy, which involves the intentional rupture of the amniotic sac, typically leads to increased efficiency of contractions. When the membranes are ruptured, the fluid around the fetus is released, which can result in several physiological changes. Firstly, this can allow the uterine contractions to become more effective, as the head of the fetus can better engage with the cervix, leading to more effective dilation and descent. Additionally, the release of amniotic fluid can lead to an increase in the pressure exerted on the cervix by the fetus, which consequently enhances the contraction pattern. This process often helps to progress labor more swiftly by making contractions stronger and more regular. While other outcomes such as increased fetal movement or even variations in fetal heart rate can occur, the primary purpose and expected outcome of an amniotomy is to enhance the contractions, thus aiding in the labor process. This knowledge is vital for nurses as they monitor and manage labor progression in a clinical setting.

5. What is the indication of a positive 1-hour glucose tolerance test during pregnancy?

A. Further testing for gestational diabetes

B. Normal blood sugar levels

C. Low risk of diabetes

D. Increased appetite

A positive 1-hour glucose tolerance test during pregnancy indicates that further testing for gestational diabetes is necessary. This initial screening is conducted to identify women who may have elevated blood glucose levels, which can pose risks for both the mother and the developing fetus. If the results of this test are higher than the predefined threshold, it does not confirm gestational diabetes but instead signifies that the individual needs additional testing, typically a longer and more comprehensive oral glucose tolerance test. This follow-up is crucial for an accurate diagnosis, as many women may return to normal glucose levels after further testing. The other options listed do not correspond with the implications of a positive screening test. Normal blood sugar levels would indicate a negative result, while low risk of diabetes would reflect a scenario where no further testing is required. Similarly, increased appetite is not a direct indication of the glucose tolerance test result. Therefore, the focus remains on the need for further assessment when the initial test shows elevated glucose levels.

6. What is lochia?

A. A type of prenatal vitamin

B. Fetal heart rate

C. Postpartum vaginal discharge

D. Pregnancy-related swelling

Lochia refers to the vaginal discharge that occurs after childbirth, which is a normal part of the postpartum healing process. It consists of blood, mucus, and uterine tissue that expels from the body as the uterus returns to its pre-pregnancy state. This discharge typically evolves over time, starting as bright red (lochia rubra) and transitioning to a pinkish color (lochia serosa) and eventually to a yellow or white color (lochia alba) during the weeks following delivery. Monitoring lochia is important for assessing a woman's recovery and ensuring there are no complications such as infection or excessive bleeding. In contrast to the other options, lochia specifically pertains to the bodily changes in the postpartum period, distinguishing it from prenatal vitamins, fetal heart rates, or swelling related to pregnancy.

7. What client situation places a pregnant woman at high risk for contracting HIV?

- A. A history of multiple sexual partners**
- B. Having a history of intravenous (IV) drug use in the past year**
- C. Experiencing frequent vaginal infections**
- D. Living in a high-prevalence area**

Having a history of intravenous (IV) drug use in the past year significantly increases a pregnant woman's risk of contracting HIV. This mode of drug use is particularly concerning because it often involves the sharing of needles, which can easily transmit the virus if any of the individuals involved are HIV positive. The risk is exacerbated in the context of pregnancy because the woman's immune system is already altered to support the developing fetus, making her more susceptible to infections. Moreover, the presence of HIV in the bloodstream can have severe implications not only for the mother's health but also for the health of the unborn child, potentially leading to mother-to-child transmission of the virus if precautions are not taken. This risk underscores the importance of screening and preventive measures for pregnant women with a history of IV drug use.

8. What maternal substance usage is contraindicated during pregnancy due to risks of fetal harm?

- A. Caffeine in moderation**
- B. Alcohol consumption**
- C. Over-the-counter sleep aids**
- D. Prescription medications**

Alcohol consumption is contraindicated during pregnancy due to significant risks of fetal harm. Maternal alcohol intake during pregnancy can lead to a range of developmental disorders collectively known as Fetal Alcohol Spectrum Disorders (FASD). These disorders can result in physical, behavioral, and learning problems in the child that can last a lifetime. Research has shown that there is no known safe amount of alcohol that can be consumed during pregnancy, and alcohol can cross the placenta, affecting the developing fetus at any stage of gestation. The risk of severe consequences increases with higher levels of consumption, but even low levels can pose dangers. Consequently, the recommendation is to avoid alcohol entirely during pregnancy to safeguard fetal health. In contrast, moderate caffeine consumption is generally considered safe, over-the-counter sleep aids may be used under medical supervision, and prescription medications can be prescribed when the benefits outweigh the potential risks, particularly if they are deemed necessary for the mother's health. Therefore, the clear and established harm posed by alcohol makes its consumption during pregnancy particularly concerning.

9. What type of prenatal care focuses on behavioral interventions to promote maternal fetal health?

- A. Routine screening**
- B. Health education**
- C. Medication management**
- D. Surgical intervention**

Health education is crucial in prenatal care as it emphasizes behavioral interventions that promote both maternal and fetal health. This approach involves providing expectant mothers with information about nutrition, exercise, the importance of prenatal care, and potential risks during pregnancy. It empowers women to make informed decisions and adopt healthier lifestyles, resulting in improved birth outcomes. By focusing on health education, caregivers can address various concerns such as smoking cessation, alcohol consumption, and the impact of stress on pregnancy. This proactive approach can significantly mitigate risks and enhance the well-being of both the mother and the developing fetus. While routine screening, medication management, and surgical interventions play important roles in prenatal care, they primarily focus on identifying issues or treating medical conditions rather than promoting overall health through lifestyle modifications. Therefore, health education stands out as the best choice for emphasizing behavioral changes to support maternal-fetal health.

10. What is colostrum?

- A. The first form of milk produced by the mammary glands**
- B. A type of fetal fluid**
- C. Breastfeeding supplement for infants**
- D. A form of prenatal vitamin**

Colostrum is the first form of milk produced by the mammary glands, particularly in the late stages of pregnancy and shortly after delivery. It is a thick, yellowish fluid that is rich in antibodies, nutrients, and growth factors that are essential for the newborn's immune system and overall development. This early milk plays a crucial role in providing the infant with vital immune protection and helps in the early digestion process, making it essential for newborn health. The unique composition of colostrum is specifically tailored to meet the needs of a newborn, differing substantially from the milk that is produced later, known as mature milk. The other options do not accurately describe colostrum. Fetal fluid refers to the amniotic fluid that surrounds the fetus, which is different from colostrum. A breastfeeding supplement is typically a formula designed to provide additional nutrition to infants when breastfeeding is not sufficient, while prenatal vitamins are supplements taken by pregnant individuals to support their health and that of the developing fetus, which also does not pertain to colostrum.

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://nclexarchermaternity.examzify.com>

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