

NCLEX ARCHER MATERNITY PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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

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- 1. A client in labor expresses concern about breast engorgement again. What is the most appropriate response?**
 - A. You should avoid feeding your baby to reduce engorgement
 - B. Feed your baby as soon as possible to help prevent engorgement
 - C. Engorgement is unavoidable after breastfeeding
 - D. You can wait to feed the baby until you feel comfortable

- 2. What statement by the client indicates an understanding of electronic fetal monitoring (EFM)?**
 - A. "What an efficient way to record my baby's heart rate."
 - B. "I feel uncomfortable with this procedure."
 - C. "I don't see how this helps my baby."
 - D. "Will I need to stay in this position for long?"

- 3. During pregnancy, what is the recommended weight gain for a woman of normal weight?**
 - A. 15-25 pounds
 - B. 20-30 pounds
 - C. 25-35 pounds
 - D. 30-40 pounds

- 4. Which assessment finding would necessitate immediate attention in a pregnant client with a history of hypertension?**
 - A. Blood pressure 130/85 mmHg
 - B. Occasional mild headaches
 - C. Blood pressure 160/110 mmHg
 - D. Stable fetal heart rate

- 5. What type of pelvis is considered unfavorable for vaginal birth?**
 - A. Android pelvis
 - B. Gynecoid pelvis
 - C. Platypelloid pelvis
 - D. Anthropoid pelvis

- 6. What should be monitored closely in a client who recently received an epidural?**
- A. Intake and output
 - B. Contraction strength
 - C. Vital signs for changes
 - D. Urine color
- 7. What is the emotional state of the spouse when informed about the wife's condition after losing a nonviable fetus?**
- A. Feeling hopeful for future pregnancies
 - B. Lacks hope because of the loss of the baby and illness of his wife
 - C. Calm and accepting of the situation
 - D. Confident that recovery will be quick
- 8. When should the nurse begin education about labor and delivery for the expectant mother?**
- A. During the first trimester
 - B. Only during the last month of pregnancy
 - C. Immediately after birth
 - D. Only during the second trimester
- 9. At what gestational age can fetal heart tones typically be detected by Doppler ultrasound?**
- A. Around 8-10 weeks
 - B. Around 12-14 weeks
 - C. Around 10-12 weeks
 - D. Around 16-18 weeks
- 10. What is the rationale for administering methylergonovine maleate postpartum?**
- A. To promote relaxation of the uterus
 - B. To help prevent and control bleeding if it occurs
 - C. To stimulate uterine contractions
 - D. To reduce pain following delivery

Answers

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

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Explanations

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1. A client in labor expresses concern about breast engorgement again. What is the most appropriate response?

- A. You should avoid feeding your baby to reduce engorgement
- B. Feed your baby as soon as possible to help prevent engorgement**
- C. Engorgement is unavoidable after breastfeeding
- D. You can wait to feed the baby until you feel comfortable

Feeding the baby as soon as possible is an important strategy to help prevent breast engorgement. When a mother breastfeeds, the act helps stimulate the milk flow and encourages the breasts to empty. This not only provides nourishment and bonding time for the mother and baby but also helps to alleviate the pressure that can lead to engorgement. If the breasts become overly full without being emptied through breastfeeding or expression, it can result in discomfort, swelling, and pain due to increased milk production. Moreover, regular feeding helps to establish a healthy breastfeeding routine and signals to the body how much milk to produce based on the baby's demand. Therefore, responding to the baby's feeding cues promptly is essential in managing engorgement effectively. This approach also reassures the mother that her concerns are valid and provides a proactive solution that promotes both her and her baby's well-being.

2. What statement by the client indicates an understanding of electronic fetal monitoring (EFM)?

- A. "What an efficient way to record my baby's heart rate."**
- B. "I feel uncomfortable with this procedure."
- C. "I don't see how this helps my baby."
- D. "Will I need to stay in this position for long?"

The statement "What an efficient way to record my baby's heart rate" reflects an understanding of electronic fetal monitoring (EFM) because it recognizes the primary purpose and benefit of the procedure. EFM is designed to continuously monitor the fetal heart rate and uterine contractions, allowing healthcare providers to assess the baby's well-being during labor. This technology delivers real-time data, which is crucial for making timely decisions to ensure both maternal and fetal safety. The phrasing in the correct statement indicates an appreciation for the efficiency and effectiveness of EFM, highlighting that the client understands its role in monitoring fetal health. This understanding can help in alleviating any anxiety about the procedure, as the client acknowledges its significance in tracking the baby's heart rate, which is a key indicator of the baby's condition during labor.

3. During pregnancy, what is the recommended weight gain for a woman of normal weight?

- A. 15-25 pounds
- B. 20-30 pounds
- C. 25-35 pounds**
- D. 30-40 pounds

The recommended weight gain for a woman of normal weight during pregnancy is 25-35 pounds. This guideline is set by various health organizations to support the health of both the mother and the developing fetus.

Adequate weight gain is essential for fetal growth and development, as it provides the necessary nutrients and energy for the baby. For women considered to have a normal weight (typically defined as a Body Mass Index of 18.5 to 24.9), the 25-35 pound range allows for optimal infant birth weight and reduces the risk of complications such as preterm labor, low birth weight, and developmental delays. In contrast, lower recommended weight gain ranges like 15-25 pounds are more suitable for underweight women, while higher ranges like 30-40 pounds are typically advised for women who are underweight or carrying multiples. Understanding the appropriate weight gain for different body types helps ensure that pregnancies are healthy and that both mother and baby receive the benefits of proper nutrition and healthy growth patterns.

4. Which assessment finding would necessitate immediate attention in a pregnant client with a history of hypertension?

- A. Blood pressure 130/85 mmHg
- B. Occasional mild headaches
- C. Blood pressure 160/110 mmHg**
- D. Stable fetal heart rate

The assessment finding that indicates a need for immediate attention in a pregnant client with a history of hypertension is a blood pressure reading of 160/110 mmHg. This level of blood pressure is classified as hypertensive crisis and poses significant risks to both the mother and the fetus. Elevated blood pressure during pregnancy, particularly readings that reach severe levels, can lead to complications such as preeclampsia or eclampsia, which can threaten maternal and fetal health. Therefore, a blood pressure of 160/110 mmHg signals the potential onset of these serious conditions and requires prompt medical intervention to manage the risks associated with severely elevated blood pressure levels. In contrast, a blood pressure of 130/85 mmHg is generally considered acceptable and does not require immediate intervention. Occasional mild headaches may be a common symptom during pregnancy and, while they should be monitored, they typically do not indicate an urgent situation unless accompanied by other concerning symptoms. A stable fetal heart rate indicates that the fetus is not in distress, which alleviates immediate concerns regarding the fetal well-being. Thus, monitoring and addressing the readings of hypertensive crisis take precedence in this scenario.

5. What type of pelvis is considered unfavorable for vaginal birth?

- A. Android pelvis**
- B. Gynecoid pelvis
- C. Platypelloid pelvis
- D. Anthropoid pelvis

The android pelvis is considered unfavorable for vaginal birth primarily due to its shape and dimensions. This type of pelvis is more heart-shaped and tends to have a narrower pelvic inlet compared to other pelvic types. The anatomical orientation can create challenges during the descent of the fetus and potentially lead to increased risk of complications during labor. In contrast, the gynecoid pelvis, regarded as the ideal shape for childbirth, provides a wider inlet and a spacious cavity which facilitates a smoother delivery process. Although the platypelloid pelvis is also not ideal, it has its own distinct characteristics that can be challenging, but the android's configuration poses a more significant limitation during labor. The anthropoid pelvis is typically more elongated and can allow for labor to proceed favorably, especially in certain fetal positions. Understanding these pelvic types is essential for anticipating potential labor complications and making informed decisions regarding the management of labor and delivery.

6. What should be monitored closely in a client who recently received an epidural?

- A. Intake and output
- B. Contraction strength
- C. Vital signs for changes**
- D. Urine color

Monitoring vital signs for changes is crucial in a client who recently received an epidural due to the potential effects of the medication on the cardiovascular and respiratory systems. Epidurals can cause hypotension, which is a decrease in blood pressure, often needing close observation in the initial hours post-administration. Additionally, there may be changes in heart rate or respiratory function that need to be identified quickly to manage any complications that arise. While monitoring intake and output is important for fluid balance, it does not address the immediate risks associated with the administration of an epidural. Contraction strength is relevant in assessing labor progress, but not an immediate concern after the initiation of an epidural. Urine color can provide insights into hydration and potential complications like infection, but it is not as critical as monitoring vital signs after epidural placement. Thus, focusing on vital signs allows for the timely identification and management of any significant changes that may occur following the epidural procedure.

7. What is the emotional state of the spouse when informed about the wife's condition after losing a nonviable fetus?

- A. Feeling hopeful for future pregnancies
- B. Lacks hope because of the loss of the baby and illness of his wife**
- C. Calm and accepting of the situation
- D. Confident that recovery will be quick

When a spouse is informed about the loss of a nonviable fetus, it is common for them to experience profound feelings of grief and hopelessness regarding both the loss of the child and concern for their partner's well-being. The emotional turmoil often associated with such a situation can lead to feelings of despair and anxiety, which reflect a deep sorrow for what has been lost and uncertainty about the future. This emotional state can stem from the immediate shock of the loss, combined with sadness about the impact on their wife's health, making feelings of hopelessness prevalent during this difficult time. In contrast, other emotional responses such as hopefulness for future pregnancies, calm acceptance of the situation, or confidence in a quick recovery are less likely to be present in the immediate aftermath of such a distressing event. Grief often overshadows positive feelings, making it challenging for individuals to focus on future possibilities when they are confronted with current pain and loss.

8. When should the nurse begin education about labor and delivery for the expectant mother?

- A. During the first trimester**
- B. Only during the last month of pregnancy
- C. Immediately after birth
- D. Only during the second trimester

Starting education about labor and delivery during the first trimester is beneficial for expectant mothers because it allows them to build a strong knowledge foundation about their pregnancy journey early on. This early education can help alleviate fears and anxieties, promote better understanding of bodily changes, and facilitate informed decision-making as the pregnancy progresses. Beginning this education early enables the mother to absorb information gradually, participate in prenatal classes, and ask questions during appointments without feeling rushed. It also encourages a rapport between the nurse and the patient, fostering an environment of trust and open communication. Early education can cover various topics, including what to expect in each trimester, signs of labor, birth plans, and pain management options, which all help prepare the mother both mentally and physically for the upcoming changes. Delaying education until later in the pregnancy, as suggested by any other options, may not provide enough time for the expectant mother to ask questions and engage fully with the information, potentially leading to increased anxiety.

9. At what gestational age can fetal heart tones typically be detected by Doppler ultrasound?

- A. Around 8-10 weeks
- B. Around 12-14 weeks
- C. Around 10-12 weeks**
- D. Around 16-18 weeks

Fetal heart tones can typically be detected by Doppler ultrasound around 10 to 12 weeks of gestation, marking the early stages of pregnancy where prenatal monitoring becomes more possible. During this period, the fetal heart begins to develop and can be visualized with a Doppler device due to its ability to amplify the sounds of the heart beating. By this time, the gestational structures have progressed enough for the Doppler to pick up the heartbeat reliably, allowing healthcare providers to assess fetal viability and provide reassurance to expectant parents. Early detection at this stage is crucial for confirming the pregnancy's progress and planning appropriate prenatal care.

10. What is the rationale for administering methylergonovine maleate postpartum?

- A. To promote relaxation of the uterus
- B. To help prevent and control bleeding if it occurs**
- C. To stimulate uterine contractions
- D. To reduce pain following delivery

The rationale for administering methylergonovine maleate postpartum primarily revolves around its ability to stimulate uterine contractions effectively. This uterotonic medication is particularly beneficial in preventing and controlling postpartum hemorrhage, which can occur due to uterine atony—a condition where the uterus fails to contract adequately following delivery. By promoting strong and sustained contractions of the uterus, methylergonovine maleate helps to reduce blood loss and stabilize the mother's condition. In the postpartum period, it is critical to ensure that the uterus contracts firmly to minimize the risk of hemorrhage. Methylergonovine maleate is often administered in cases where risks for excessive bleeding are identified or if there is an indication of uterine atony. Thus, the core rationale for its use is tightly linked to controlling potential complications related to bleeding post-delivery.

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!

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