

# NCLEX OB Postpartum 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

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- 1. When does the fundus typically begin to descend into the pelvis after childbirth?**
  - A. Immediately after delivery**
  - B. After 7 days**
  - C. After 24 hours**
  - D. After 3 days**
  
- 2. A postpartum woman 4 hours after delivery has a temperature of 100.2 F. What is the most appropriate action?**
  - A. Retake the temperature in 15 minutes**
  - B. Document the findings**
  - C. Increase hydration by encouraging oral fluids**
  - D. Notify the physician**
  
- 3. Which non-pharmacologic measures help relieve breast engorgement?**
  - A. Frequent feeding or pumping, warm compresses before feeds, cool compresses after feeds, proper latch.**
  - B. Complete avoidance of feedings until engorgement resolves.**
  - C. Only take analgesics; no feeding changes.**
  - D. Apply hot water immersion continuously.**
  
- 4. Which statement best describes an essential element of discharge teaching for a newborn and mother?**
  - A. Focus solely on newborn care**
  - B. Include only follow-up appointment scheduling**
  - C. Include safe sleep and feeding guidelines, lactation support, wound care, pain management, and follow-up plans**
  - D. Avoid discussing mental health**
  
- 5. When should Hepatitis B vaccine be administered to the newborn, and what additional protection is given if mother is HBsAg positive?**
  - A. HepB vaccine within 24 hours of birth; if mother is HBsAg positive, give HBIG as well.**
  - B. Vaccine at 1 month; no HBIG needed.**
  - C. Vaccine at 6 months; HBIG only if infant symptomatic.**
  - D. No HepB vaccine in newborn period.**

- 6. How should changes in lochia color and odor be interpreted postpartum?**
- A. Lochia color and odor changes should be interpreted as sudden large changes; foul odor, or sudden heavy bleeding with boggy uterus may indicate infection or hemorrhage requiring evaluation.**
  - B. Lochia always remains red for weeks.**
  - C. Odor change indicates normal healing.**
  - D. Lochia color change to pale pink is always alarming.**
- 7. Name the first-line uterotonic used to prevent/treat postpartum bleeding and one major adverse effect to monitor.**
- A. Methylergonovine; marked hypertension.**
  - B. Carboprost; diarrhea.**
  - C. Oxytocin; hypotension with IV infusion and potential water intoxication with high-dose therapy.**
  - D. Misoprostol; fever.**
- 8. When is newborn screening performed and what is tested?**
- A. Typically within 24-48 hours after birth; metabolic and genetic conditions via heel-prick.**
  - B. At birth; hearing assessment only.**
  - C. At 2 weeks; metabolic panel.**
  - D. At 3 months; metabolic panel.**
- 9. In a postpartum patient with epidural anesthesia, which finding best indicates a vulvar hematoma?**
- A. Complaints of tearing sensation**
  - B. Complaints of intense pain**
  - C. Changes in vital signs**
  - D. Signs of heavy bruising**
- 10. Which agent is commonly used postpartum to prevent constipation?**
- A. Docusate**
  - B. Psyllium husk**
  - C. Bisacodyl**
  - D. Magnesium citrate**

## Answers

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

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## **Explanations**

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**1. When does the fundus typically begin to descend into the pelvis after childbirth?**

- A. Immediately after delivery**
- B. After 7 days**
- C. After 24 hours**
- D. After 3 days**

The fundus involutes after delivery, moving downward from its height at the umbilicus as the uterus contracts. Immediately after birth it's at about the level of the umbilicus, and the descent begins within the first 24 hours, falling roughly one centimeter (one fingerbreadth) each day. By 24 hours postpartum, this downward movement has already started toward the pelvis, making "after 24 hours" the best choice. The other options imply either earlier (immediately after) or later timeframes that don't match the typical first-step descent timeline; by about day 7-10 the fundus is often no longer palpable in the abdomen as it returns to the pelvis.

**2. A postpartum woman 4 hours after delivery has a temperature of 100.2 F. What is the most appropriate action?**

- A. Retake the temperature in 15 minutes**
- B. Document the findings**
- C. Increase hydration by encouraging oral fluids**
- D. Notify the physician**

A mild fever shortly after delivery is most often due to dehydration from labor. At four hours postpartum, a temperature of 100.2 F suggests hypovolemia rather than a clear infection. The best first step is to increase oral fluids to replenish volume, improve perfusion, and help bring the temperature down. After encouraging fluids, reassess the temperature and continue to monitor for any signs of infection, such as uterine tenderness, foul lochia, or rapid heart rate. Documenting the finding is appropriate, but it doesn't address the likely cause, and escalating care isn't necessary unless the fever persists or other concerning symptoms develop.

**3. Which non-pharmacologic measures help relieve breast engorgement?**

- A. Frequent feeding or pumping, warm compresses before feeds, cool compresses after feeds, proper latch.**
- B. Complete avoidance of feedings until engorgement resolves.**
- C. Only take analgesics; no feeding changes.**
- D. Apply hot water immersion continuously.**

Relief from breast engorgement comes from removing milk and soothing the breast. The most important nonpharmacologic step is frequent feeding or pumping to empty the breasts, which reduces milk stasis, relieves pressure, and eases pain. Warmth before feeds helps the milk flow and supports a good let-down, while a proper latch ensures the infant empties the breast effectively and prevents incomplete emptying. After feeds, cool compresses can reduce swelling and tenderness. Avoid completely stopping feeds, because withholding milk only allows more engorgement to develop. Continuous hot water immersion isn't recommended as a management strategy for engorgement.

**4. Which statement best describes an essential element of discharge teaching for a newborn and mother?**

- A. Focus solely on newborn care**
- B. Include only follow-up appointment scheduling**
- C. Include safe sleep and feeding guidelines, lactation support, wound care, pain management, and follow-up plans**
- D. Avoid discussing mental health**

Discharge teaching after birth should prepare both mother and newborn for home care, covering safety, feeding, and ongoing health needs. The best answer includes safe sleep and feeding guidelines, lactation support, wound care, pain management, and a clear plan for follow-up. Safe sleep instructions reduce the risk of SIDS and should be part of every newborn discharge teaching. Feeding guidance helps ensure adequate intake whether breastfeeding or formula feeding, and lactation support helps the mother achieve exclusive or successful mixed feeding if that's her goal. Wound or incision care is important for healing after vaginal or cesarean birth, and pain management helps the mother recover comfortably and functionally. A concrete follow-up plan ensures timely evaluation of both the infant and the mother, with instructions on when to seek care for concerning signs. Mental health matters should also be addressed, including screening for postpartum mood changes and providing resources, because the mother's well-being directly affects safety and care at home. Other options fall short because they're incomplete: focusing only on newborn care ignores the mother's recovery and safety needs; scheduling alone misses essential home-care topics; and avoiding discussion of mental health can miss early signs of postpartum mood disorders that impact both mother and infant.

**5. When should Hepatitis B vaccine be administered to the newborn, and what additional protection is given if mother is HBsAg positive?**

- A. HepB vaccine within 24 hours of birth; if mother is HBsAg positive, give HBIG as well.**
- B. Vaccine at 1 month; no HBIG needed.**
- C. Vaccine at 6 months; HBIG only if infant symptomatic.**
- D. No HepB vaccine in newborn period.**

The key idea is protecting the newborn from hepatitis B transmission right after birth by combining immediate passive protection with active immunization. The Hepatitis B vaccine should be given to all newborns within 24 hours of birth to start the infant's own immune response. If the mother is HBsAg positive, adding hepatitis B immune globulin (HBIG) within about 12 hours of birth provides immediate, temporary antibodies to help neutralize the virus right away, while the vaccine stimulates the baby's own immune system for longer-term protection. Together, this plan greatly reduces the risk of perinatal transmission and the child developing chronic infection. Choosing later vaccine timing misses the critical window for preventing transmission, and HBIG is not reserved only for symptomatic infants nor is it conditional on symptoms. Not giving any HepB vaccine in the newborn period would leave the infant unprotected from exposure at a time when transmission risk is highest.

**6. How should changes in lochia color and odor be interpreted postpartum?**

- A. Lochia color and odor changes should be interpreted as sudden large changes; foul odor, or sudden heavy bleeding with boggy uterus may indicate infection or hemorrhage requiring evaluation.**
- B. Lochia always remains red for weeks.**
- C. Odor change indicates normal healing.**
- D. Lochia color change to pale pink is always alarming.**

Changes in lochia color and odor are red flags for postpartum assessment. Lochia typically progresses from red (rubra) to pink-brown (serosa) to yellow-white (alba) and diminishes over time. Foul odor is not normal and signals possible infection. A sudden heavy vaginal bleed with a soft, "boggy" uterus suggests uterine atony and potential hemorrhage, requiring prompt evaluation and intervention. The other statements misstate the normal course or normal findings: lochia doesn't stay red for weeks, odor change isn't a normal sign of healing, and a pale pink change isn't always alarming unless accompanied by other symptoms. So the best interpretation is to seek evaluation when you notice sudden large changes, foul odor, or heavy bleeding with a boggy uterus.

**7. Name the first-line uterotonic used to prevent/treat postpartum bleeding and one major adverse effect to monitor.**

- A. Methylergonovine; marked hypertension.**
- B. Carboprost; diarrhea.**
- C. Oxytocin; hypotension with IV infusion and potential water intoxication with high-dose therapy.**
- D. Misoprostol; fever.**

Oxytocin is used first-line after delivery to promote uterine contractions and compress the blood vessels that can bleed postpartum, making it the go-to drug for preventing and treating postpartum hemorrhage. It's typically given as a controlled IV infusion or an IM shot so that the contraction effect can be carefully regulated in the immediate postpartum period. A major adverse effect to monitor is low blood pressure when given by IV infusion. If the rate is too rapid or the dose is high, oxytocin can cause hypotension, so vital signs and infusion rate should be watched closely and adjusted as needed. Another important consideration with oxytocin, especially with high-dose or prolonged therapy, is the risk of water intoxication due to its antidiuretic effect. This can lead to hyponatremia and central nervous system symptoms like confusion or seizures, so fluid intake and duration of high-dose therapy should be limited and monitored. Other uterotonic options exist, but they carry different risk profiles and are not first-line. Methylergonovine can cause severe hypertension and is avoided in patients with hypertensive disorders; carboprost frequently causes diarrhea and bronchospasm; misoprostol can cause fever and GI symptoms.

**8. When is newborn screening performed and what is tested?**

- A. Typically within 24-48 hours after birth; metabolic and genetic conditions via heel-prick.**
- B. At birth; hearing assessment only.**
- C. At 2 weeks; metabolic panel.**
- D. At 3 months; metabolic panel.**

Newborn screening is a heel-prick blood test done after birth to look for metabolic and genetic disorders that can be treated early. It is typically performed within 24 to 48 hours after birth, using a small blood sample collected on filter paper. The test screens for conditions such as PKU, congenital hypothyroidism, galactosemia, and sickle cell disease, among others, so treatment can begin before symptoms develop. Hearing screening is separate and often done soon after birth, but the newborn screening panel itself targets metabolic and genetic disorders, not just hearing. Other timings or a general metabolic panel don't reflect how this screening is typically conducted.

**9. In a postpartum patient with epidural anesthesia, which finding best indicates a vulvar hematoma?**

- A. Complaints of tearing sensation**
- B. Complaints of intense pain**
- C. Changes in vital signs**
- D. Signs of heavy bruising**

In this scenario, the key idea is that regional anesthesia can mask perineal pain, so objective signs become the best clue to a vulvar hematoma. A vulvar hematoma can bleed into the vulvar tissues after delivery, and that bleeding may continue even when the patient doesn't feel or report pain in the area. Therefore, a change in vital signs—such as tachycardia from blood loss and potential hypotension—serves as the most reliable early indicator of a developing hematoma. Visual signs like bruising or a patient's report of tearing or intense pain are less dependable here because the epidural can dull or obscure sensation. Bruising may appear later, and reported tearing or pain might not reflect the actual bleeding status when sensation is reduced. If vital signs change, it's important to inspect the perineal area for swelling or a hematoma, monitor the patient closely, and involve the medical team promptly for further assessment and possible intervention.

**10. Which agent is commonly used postpartum to prevent constipation?**

**A. Docusate**

**B. Psyllium husk**

**C. Bisacodyl**

**D. Magnesium citrate**

The key idea is preventing constipation to protect healing perineal tissue and reduce strain during bowel movements. A stool softener like docusate is used postpartum because it makes stool softer and easier to pass by increasing the water content in it, without stimulating the bowel. This gentle effect lowers the urge to strain, which supports perineal and episiotomy healing and helps avoid hemorrhoids. It's also safe for breastfeeding. Psyllium husk adds bulk to stool and requires adequate fluids; while it can help prevent constipation, it can cause gas and isn't as immediately gentle or routinely used for postpartum prevention as a stool softener. Bisacodyl is a stimulant laxative that increases intestinal movements and can cause cramping—helpful for treating established constipation but not ideal for routine prevention. Magnesium citrate is an osmotic laxative that can lead to diarrhea and electrolyte imbalances, making it unsuitable for routine postpartum prevention.

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

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

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