

NCLEX OB POSTPARTUM PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://nclexobpostpartum.examzify.com>



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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 fundus is located to the left of the midline after a fundal assessment. What action is appropriate?**
 - A. Ask the client to empty her bladder
 - B. Straight catheterize the client immediately
 - C. Call the client's health provider for direction
 - D. Straight catheterize the client for half of her uterine volume
- 2. Before performing a postpartum fundal assessment, the patient should void because a full bladder:**
 - A. Full bladder facilitates palpation
 - B. It displaces the uterus and makes the findings inaccurate
 - C. It causes increased lochia
 - D. It has no effect
- 3. Which medication can be used to reduce bleeding by inhibiting fibrinolysis during postpartum hemorrhage?**
 - A. Warfarin
 - B. Ketorolac
 - C. Lidocaine
 - D. Tranexamic acid (TXA)
- 4. Which statement about the taking-in stage is correct?**
 - A. The taking-in stage involves the mother focusing on the infant's needs only.
 - B. The taking-in stage occurs weeks after birth.
 - C. The taking-in stage is characterized by the mother wanting to rest and reflect on the birthing experience.
 - D. The taking-in stage is marked by immediate mastery of infant care.
- 5. Which statement indicates a need for further teaching regarding mastitis management?**
 - A. I need to wear a supportive bra to relieve the discomfort.
 - B. I need to stop breastfeeding until this condition resolves.
 - C. I need to take antibiotics, and I should begin to feel better in 24-48 hours.
 - D. I can use analgesics to assist in alleviating some of the discomfort.

- 6. Name two risk factors for postpartum depression.**
- A. History of depression; lack of social support.
 - B. Regular exercise; good sleep.
 - C. No prior mental health history; strong family support.
 - D. Breastfeeding without issues.
- 7. In the first 12 hours after delivery, a postpartum client with a small vulvar hematoma would have which specific intervention included in the plan of care?**
- A. Inform health care provider of assessment findings
 - B. Assess vital signs every 4 hours
 - C. Measure fundal height every 4 hours
 - D. Prepare an ice pack for application to the area
- 8. Which finding would indicate hypovolemia in a postpartum client?**
- A. Warm, dry skin
 - B. Decreased thirst
 - C. Rapid, weak pulse
 - D. Normal blood pressure
- 9. One day postpartum, a primiparous breastfeeding woman has an expected finding during breast assessment. Which is correct?**
- A. Leakage of milk at let down
 - B. A few blisters and a bruise on each areola
 - C. Soft, non-tender; colostrum is present
 - D. Swollen, warm, and tender upon palpation
- 10. Postpartum Type 2 diabetic insulin requirements immediately postpartum are typically:**
- A. Lower than during pregnancy
 - B. Higher than during pregnancy
 - C. Lower than before she became pregnant
 - D. Higher than before she became pregnant

Answers

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

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Explanations

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1. A fundus is located to the left of the midline after a fundal assessment. What action is appropriate?

- A. Ask the client to empty her bladder**
- B. Straight catheterize the client immediately
- C. Call the client's health provider for direction
- D. Straight catheterize the client for half of her uterine volume

A full bladder is the most likely reason the fundus appears off the midline after birth. The uterus should sit midline and firm; a distended bladder pushes it sideways and can impair contraction, increasing the risk of postpartum hemorrhage. The best first step is to have the client empty her bladder and then recheck the fundus. After voiding, the fundus should return to the midline and feel firm; if it remains displaced or boggy, follow the facility protocol for further assessment and interventions. Catheterization or contacting the provider is not the initial move unless voiding isn't possible or the problem persists after voiding.

2. Before performing a postpartum fundal assessment, the patient should void because a full bladder:

- A. Full bladder facilitates palpation
- B. It displaces the uterus and makes the findings inaccurate**
- C. It causes increased lochia
- D. It has no effect

A full bladder displaces the uterus, making the fundal assessment inaccurate. When the bladder is distended, the uterus is pushed upward and often to the side, so its height and position aren't in their true midline location. Emptying the bladder allows the uterus to settle midline and be palpated at the expected level, giving an accurate read of involution and fundal firmness. This helps ensure you detect normal descent and any signs of uterine atony or hemorrhage.

3. Which medication can be used to reduce bleeding by inhibiting fibrinolysis during postpartum hemorrhage?

- A. Warfarin
- B. Ketorolac
- C. Lidocaine
- D. Tranexamic acid (TXA)**

In postpartum hemorrhage, reducing bleeding by inhibiting fibrinolysis is achieved with tranexamic acid, an antifibrinolytic. It works by blocking the activation of plasminogen to plasmin, which slows the breakdown of fibrin clots and helps stabilize the clots that have formed. Giving tranexamic acid early can lessen blood loss and reduce death from hemorrhage when used alongside uterotonics and other standard measures. The usual approach is an IV administration (often a 1 g bolus, with a second gram if bleeding continues, per protocol). The other medications listed don't have this effect: warfarin is an anticoagulant that would worsen bleeding; ketorolac is an NSAID that can impair platelet function and increase bleeding risk; lidocaine is a local anesthetic and does not affect fibrinolysis.

4. Which statement about the taking-in stage is correct?

- A. The taking-in stage involves the mother focusing on the infant's needs only.
- B. The taking-in stage occurs weeks after birth.
- C. The taking-in stage is characterized by the mother wanting to rest and reflect on the birthing experience.**
- D. The taking-in stage is marked by immediate mastery of infant care.

In the taking-in phase after birth, the mother is primarily focused on her own recovery and on processing the birth experience. This period usually lasts about the first 24 hours. She often seeks rest, reassurance, and time to reflect on the labor and delivery, relying on others to help with basic needs. That's why describing this stage as the mother wanting to rest and reflect on the birthing experience is the best fit. It captures the dependent, reflective mood typical of early postpartum, before she moves into taking-hold, where she begins to engage more actively with infant care, and long before she would master infant care weeks later.

5. Which statement indicates a need for further teaching regarding mastitis management?

- A. I need to wear a supportive bra to relieve the discomfort.
- B. I need to stop breastfeeding until this condition resolves.**
- C. I need to take antibiotics, and I should begin to feel better in 24-48 hours.
- D. I can use analgesics to assist in alleviating some of the discomfort.

Continuing to breastfeed during mastitis is a key part of effective management. When milk is regularly removed from the breast, it helps clear the ductal congestion and reduces milk stasis, which often drives infection and painful swelling. Stopping breastfeeding would leave milk in the ducts, increasing engorgement and prolonging symptoms. So the idea of stopping breastfeeding until the problem resolves reflects a misunderstanding and needs teaching. In practice, you'd encourage-feeding on the affected side more frequently, ensure a good latch, and use supportive measures. Analgesics can help with pain, and antibiotics are used if a bacterial infection is suspected, with improvement expected over several days rather than guaranteeing relief within 24–48 hours. Warm compress before feeds and cool compresses after, plus staying hydrated, can also be helpful. If fever persists, redness spreads, or symptoms don't improve in a couple of days, follow up with a clinician.

6. Name two risk factors for postpartum depression.

- A. History of depression; lack of social support.**
- B. Regular exercise; good sleep.
- C. No prior mental health history; strong family support.
- D. Breastfeeding without issues.

Two risk factors for postpartum depression are a history of depression and lack of social support. A prior depressive episode indicates a predisposition to mood disorders, which can be unmasked or worsened by the hormonal shifts and sleep disruption of the postpartum period. Not having adequate social support adds stress and reduces coping resources, making depressive symptoms more likely to develop and persist. In contrast, protective factors such as regular exercise and good sleep lower risk, and having no prior mental health history with strong family support is reassuring. Breastfeeding without issues is not considered a risk factor by itself.

7. In the first 12 hours after delivery, a postpartum client with a small vulvar hematoma would have which specific intervention included in the plan of care?

- A. Inform health care provider of assessment findings
- B. Assess vital signs every 4 hours
- C. Measure fundal height every 4 hours
- D. Prepare an ice pack for application to the area**

After delivery, a small vulvar hematoma is managed with cold therapy to limit bleeding into tissue, reduce swelling, and relieve pain. Applying an ice pack to the vulvar area in the first 24 hours causes vasoconstriction, which helps prevent hematoma expansion and provides comfort. This is the most specific, immediate intervention for a small hematoma. Other postpartum actions, like routine vital signs at set intervals or measuring fundal height, are important for overall recovery but aren't specific to managing a vulvar hematoma. Notifying the provider is appropriate if the hematoma enlarges, pain increases, or there are signs of hemodynamic instability, which would prompt further evaluation or intervention. Heat should be avoided initially because it can increase bleeding and swelling; cold therapy is preferred early on, with options like Sitz baths considered later as the acute phase passes.

8. Which finding would indicate hypovolemia in a postpartum client?

- A. Warm, dry skin
- B. Decreased thirst
- C. Rapid, weak pulse**
- D. Normal blood pressure

Hypovolemia means there is less blood effectively circulating, so the heart tries to compensate by beating faster, but the force of each beat diminishes. A rapid, weak pulse is the clearest reflection of this reduced volume and decreased preload; it often appears early in postpartum hemorrhage as the body attempts to maintain perfusion to vital organs. In contrast, skin that is warm and dry doesn't fit hypovolemia caused by blood loss—the typical response is cool, clammy skin from peripheral vasoconstriction. Decreased thirst isn't a reliable early sign of reduced circulating volume, and normal blood pressure can occur with early compensation, so it doesn't signal hypovolemia by itself.

9. One day postpartum, a primiparous breastfeeding woman has an expected finding during breast assessment. Which is correct?

- A. Leakage of milk at let down
- B. A few blisters and a bruise on each areola
- C. Soft, non-tender; colostrum is present**
- D. Swollen, warm, and tender upon palpation

In the first day after birth, the expected breast finding for a breastfeeding mother is that the breasts are soft and non-tender, with colostrum present. Colostrum is the initial, thick, yellowish fluid rich in antibodies that the newborn needs for protection in the first days. At this stage milk has not yet fully "come in," so the breasts aren't engorged or painful. That's why soft, non-tender breasts with visible colostrum best reflects normal physiology immediately postpartum. Leakage of mature milk at let-down suggests milk has already come in, which typically occurs a couple of days after birth. Blisters and bruising on the areola point to nipple trauma or poor latch, not a normal finding on the first day. Swollen, warm, and tender breasts indicate engorgement or mastitis, which usually develop after milk comes in, not on the very first day.

10. Postpartum Type 2 diabetic insulin requirements immediately postpartum are typically:

- A. Lower than during pregnancy
- B. Higher than during pregnancy
- C. Lower than before she became pregnant**
- D. Higher than before she became pregnant

After delivery, the placenta is gone, removing hormones that cause insulin resistance. That quick metabolic shift makes the body suddenly more insulin sensitive. For someone with type 2 diabetes, the high insulin needs seen during pregnancy typically fall, often returning to the pre-pregnancy level or even lower. Because of this rapid change, insulin doses are usually reduced soon postpartum to avoid hypoglycemia, with close glucose monitoring and a plan to recheck and adjust as the nonpregnant pattern stabilizes.

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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.

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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