NCLEX Pregnancy at Risk 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. **During the second half of pregnancy, which treatment is most likely required for a client with gestational diabetes?**

   A. Increased insulin

   B. Decreased insulin

   C. Increased caloric intake

   D. Decreased protein intake

2. **The postpartum nurse notes a temperature of 100.2° F four hours after a healthy newborn. What is the priority nursing action?**

   A. Document the findings.

   B. Notify the obstetrician.

   C. Retake the temperature in 15 minutes.

   D. Increase hydration by encouraging oral fluids.

3. **Which adverse effect is expected with intravenous magnesium sulfate therapy?**

   A. Flushing

   B. Hypertension

   C. Increased urine output

   D. Depressed respirations

4. **Which client is least likely to be at risk for postpartum thrombophlebitis?**

   A. A 35-year-old client who reports that she smokes

   B. A 26-year-old client with a family history of thrombophlebitis

   C. A 37-year-old client in her fourth pregnancy who is overweight

   D. A 22-year-old client in her first pregnancy who states that oral contraceptives taken in the past have caused thrombophlebitis

5. **Which condition is associated with an increased risk for DIC in pregnancy, as noted in fetal-mortality complications?**

   A. Mild preeclampsia

   B. A 10-lb infant delivered 3 hours ago

   C. Gravida II with dead fetus syndrome

   D. Gravida IV who delivered 8 hours ago and has lost 500 mL of blood

6. A client diagnosed with severe preeclampsia is receiving magnesium sulfate by IV infusion. Which magnesium level is within the therapeutic range?

A. 1 mEq/L (0.5 mmol/L)

B. 3 mEq/L (1.5 mmol/L)

C. 5 mEq/L (2.5 mmol/L)

D. 10 mEq/L (5 mmol/L)

7. A type 1 diabetic mother has just delivered. To maintain euglycemia, what should the nurse plan to do first?

A. Administer prepregnancy dose of metformin.

B. Assess her blood glucose before administering any glucose-lowering medications.

C. Administer 20 units of long-acting insulin, as sufficient time has elapsed since delivery.

D. Keep NPO (nothing by mouth) for an additional 4 hours to allow the blood glucose to normalize.

8. A woman with preeclampsia is receiving magnesium sulfate. Which indicates to the nurse that the magnesium sulfate therapy is effective?

A. Scotomas are present.

B. Seizures do not occur.

C. Ankle clonus is noted.

D. The blood pressure decreases.

9. When abruptio placentae is diagnosed, which action is the most urgent for the nurse to initiate?

A. Prepare for delivery

B. Administer tocolytics

C. Initiate strict bed rest

D. Monitor fetal heart rate only

10. In the second trimester, a pregnant client with suspected abruptio placentae would most likely have which finding?

A. Soft abdomen

B. Uterine tenderness

C. Absence of abdominal pain

D. Painless, bright red vaginal bleeding

Answers

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

Explanations

1. During the second half of pregnancy, which treatment is most likely required for a client with gestational diabetes?

A. Increased insulin

B. Decreased insulin

C. Increased caloric intake

D. Decreased protein intake

As pregnancy advances, placental hormones create more insulin resistance, so many women with gestational diabetes need more insulin to keep blood glucose in a normal range. Exogenous insulin is used because it lowers maternal glucose without crossing the placenta to directly affect the fetus, helping prevent fetal hyperglycemia and related complications. Increasing caloric intake would raise blood sugar, while decreasing insulin would worsen hyperglycemia, and reducing protein intake isn't a standard treatment and could harm fetal growth.

2. The postpartum nurse notes a temperature of 100.2° F four hours after a healthy newborn. What is the priority nursing action?

A. Document the findings.

B. Notify the obstetrician.

C. Retake the temperature in 15 minutes.

D. Increase hydration by encouraging oral fluids.

A mild fever in the first hours after birth is most often due to dehydration from labor and reduced oral intake. The priority step is to promote hydration, since rehydration helps normalize body temperature, improves urine output, and supports overall recovery. Encouraging oral fluids (and ensuring adequate IV fluids if intake is limited) addresses the most likely reversible cause. Documenting the finding is important for records, but it doesn't treat the underlying issue. Retaking the temperature in a short interval isn't the priority when hydration can be addressed immediately. Notifying the physician is indicated if the fever persists beyond 24 hours, rises higher, or is accompanied by other concerning signs (uterine tenderness, foul lochia, tachycardia, or chills with rigors), which would suggest infection.

3. Which adverse effect is expected with intravenous magnesium sulfate therapy?

A. Flushing

B. Hypertension

C. Increased urine output

D. Depressed respirations

Respiratory depression is the expected adverse effect with IV magnesium sulfate. Magnesium acts as a CNS depressant and neuromuscular blocker; when levels rise, the respiratory drive and reflexes can be suppressed, leading to slowed or shallow breathing. Because of this, you monitor respiratory rate and pattern, deep tendon reflexes, urine output, and blood pressure closely. If signs of toxicity appear—such as absent deep tendon reflexes or a respiratory rate that is too low—hold the infusion and notify the clinician, with calcium gluconate available as the antidote. Flushing, hypertension, or increased urine output aren't the typical adverse effects of magnesium sulfate at therapeutic doses; vasodilation can cause hypotension, and increased urine output is not a defining response.

4. Which client is least likely to be at risk for postpartum thrombophlebitis?

A. A 35-year-old client who reports that she smokes

B. A 26-year-old client with a family history of thrombophlebitis

C. A 37-year-old client in her fourth pregnancy who is overweight

D. A 22-year-old client in her first pregnancy who states that oral contraceptives taken in the past have caused thrombophlebitis

Postpartum thrombophlebitis risk rises when factors promote blood clotting or venous stagnation, on top of the pregnancy's natural hypercoagulable state. Direct, current risk factors include smoking, obesity, advanced age, and multiparity, all of which increase venous pressure or clotting tendency during the postpartum period. A history of thrombophlebitis related to oral contraceptives signals a predisposition to thrombosis, which heightens risk. A person who has a family history of thrombophlebitis may carry a genetic tendency, but without a personal thrombotic history or a known thrombophilia, this alone is not as strong a predictor as the explicit modifiable or pregnancy-related risks described. Therefore, the client described as having a family history is least likely to be at risk for postpartum thrombophlebitis among these scenarios.

5. Which condition is associated with an increased risk for DIC in pregnancy, as noted in fetal-mortality complications?

A. Mild preeclampsia

B. A 10-lb infant delivered 3 hours ago

C. Gravida II with dead fetus syndrome

D. Gravida IV who delivered 8 hours ago and has lost 500 mL of blood

Disseminated intravascular coagulation in pregnancy is most commonly prompted by exposure to tissue thromboplastin from nonviable fetal tissue. When a fetus dies and is retained in utero (dead fetus syndrome), thromboplastic material is released into the maternal circulation, triggering widespread activation of the coagulation cascade. This leads to consumption of platelets and clotting factors, causing both clot formation and a tendency to severe bleeding as the system becomes exhausted. That scenario—a second pregnancy with a dead fetus—creates a strong risk for DIC because the ongoing release of thromboplastic material sustains the coagulopathy. In contrast, mild preeclampsia without severe features does not typically provoke DIC; a large infant delivered recently isn't a classic trigger; and a moderate blood loss after delivery without additional complications doesn't reliably initiate DIC. The key concept is that the dead fetus in utero provides a continuous source of tissue thromboplastin, driving DIC unless the source is removed and the coagulation system is supported.

6. A client diagnosed with severe preeclampsia is receiving magnesium sulfate by IV infusion. Which magnesium level is within the therapeutic range?

A. 1 mEq/L (0.5 mmol/L)

B. 3 mEq/L (1.5 mmol/L)

C. 5 mEq/L (2.5 mmol/L)

D. 10 mEq/L (5 mmol/L)

Magnesium sulfate is used in severe preeclampsia to prevent seizures by raising the seizure threshold; its effectiveness depends on keeping serum levels within a therapeutic window. The typical therapeutic range for seizure prophylaxis is about 4–7 mEq/L (roughly 2–3.5 mmol/L). A level of 5 mEq/L, which is 2.5 mmol/L, falls squarely inside that range. Levels lower than this may not provide adequate protection, while much higher levels increase the risk of magnesium toxicity, presenting with loss of deep tendon reflexes, respiratory depression, hypotension, and potential cardiac arrest—addressed emergently with calcium gluconate. Continuous monitoring of reflexes, respiratory rate, and urine output, along with periodic magnesium level checks, guides safe dosing.

7. A type 1 diabetic mother has just delivered. To maintain euglycemia, what should the nurse plan to do first?

A. Administer prepregnancy dose of metformin.

B. Assess her blood glucose before administering any glucose-lowering medications.

C. Administer 20 units of long-acting insulin, as sufficient time has elapsed since delivery.

D. Keep NPO (nothing by mouth) for an additional 4 hours to allow the blood glucose to normalize.

After delivery, insulin requirements usually fall dramatically because the placenta, which produces hormones that raise blood glucose and create insulin resistance, is no longer present. Because of this sudden change, the first and safest step is to check the mother's current blood glucose before giving any glucose-lowering medications. This provides the actual data needed to determine whether insulin should be started, reduced, held, or adjusted. Relying on a prepregnancy dose of metformin isn't appropriate for a type 1 diabetic in the immediate postpartum period, since type 1 diabetes requires insulin therapy and metformin has a different role. Administering a fixed long-acting insulin dose as though time since delivery guarantees nothing about her current needs and risks inappropriate glucose control. Keeping her NPO to let glucose normalize isn't a standard or necessary approach either; treatment should be guided by actual glucose measurements.

8. A woman with preeclampsia is receiving magnesium sulfate. Which indicates to the nurse that the magnesium sulfate therapy is effective?

A. Scotomas are present.

B. Seizures do not occur.

C. Ankle clonus is noted.

D. The blood pressure decreases.

Magnesium sulfate in preeclampsia is given to prevent seizures. The key sign that this anticonvulsant therapy is working is that the patient does not develop seizures. If seizures occur, the therapy isn't achieving its goal and adjustments are needed. Visual disturbances like scotomas or reflexive signs such as ankle clonus indicate ongoing CNS irritation from preeclampsia, suggesting the condition isn't adequately controlled. A drop in blood pressure might occur, but it doesn't prove that magnesium sulfate is effectively preventing seizures, since BP changes are not the primary measure of its efficacy. So, the best indicator of effectiveness is the absence of seizures.

9. When abruptio placentae is diagnosed, which action is the most urgent for the nurse to initiate?

A. Prepare for delivery

B. Administer tocolytics

C. Initiate strict bed rest

D. Monitor fetal heart rate only

Placental abruption is an obstetric emergency where significant bleeding can rapidly threaten both the mother and fetus. The priority is to expedite delivery because delivering the baby stops the bleeding source and is the most reliable way to improve outcomes when there is ongoing hemorrhage or fetal distress. So, initiating delivery preparation is the urgent action: secure rapid IV access, arrange type and crossmatch and blood products, monitor the mother closely, and coordinate with the obstetric team for possible cesarean delivery if the fetus is in jeopardy or the mother is unstable. Tocolytics would not be appropriate here because delaying delivery can worsen maternal blood loss and fetal compromise. Strict bed rest is not suitable in the presence of active bleeding and the need to deliver. Monitoring the fetal heart rate alone does not address the maternal hemorrhage or the need to deliver to stop the bleeding source. The unifying concept is that active placental abruption with bleeding or distress requires delivery as the immediate, definitive step to protect both mother and fetus.

10. In the second trimester, a pregnant client with suspected abruptio placentae would most likely have which finding?

A. Soft abdomen

B. Uterine tenderness

C. Absence of abdominal pain

D. Painless, bright red vaginal bleeding

Uterine tenderness signals placental abruption. When the placenta begins to separate from the uterine wall, the uterus becomes irritated and often rigid and tender, and the mother typically experiences abdominal pain with uterine contractions. This painful scenario contrasts with placental previa, which causes painless vaginal bleeding with a soft, non-tender uterus. In the second trimester, finding a tender or firm uterus aligns with abruptio placentae, making uterine tenderness the best answer.

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://nclexpregnancyatrisk.examzify.com

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