

# 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

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- 1. A patient receiving magnesium sulfate develops absent reflexes and respiratory depression. What is the immediate action?**
  - A. Stop the magnesium sulfate infusion, administer calcium gluconate, and monitor respiratory status.**
  - B. Increase the magnesium sulfate infusion rate.**
  - C. Administer calcium gluconate while continuing the infusion.**
  - D. Continue the infusion and monitor.**
  
- 2. Which statement correctly describes placenta previa?**
  - A. The placenta is implanted in the lower uterine segment**
  - B. The greatest risk is chronic hypertension**
  - C. There are two placentas attached to the fetus**
  - D. The placenta is abnormally small**
  
- 3. How should thyroid function be managed in a pregnant patient with hypothyroidism on levothyroxine?**
  - A. Increase the levothyroxine dose as needed based on TSH/free T4; monitor thyroid function throughout pregnancy**
  - B. Stop levothyroxine during pregnancy**
  - C. Do not monitor thyroid function during pregnancy**
  - D. Switch to a different medication**
  
- 4. A patient with positive home pregnancy test and dilated cervix expresses that she is preparing for the loss. Which statement reflects this understanding?**
  - A. I will need to remain on bed rest for 2 weeks.**
  - B. I will need to take a full course of antibiotic treatment.**
  - C. I will need to take tocolytic medication to halt the labor process.**
  - D. I will need to prepare myself and my family for the loss of this pregnancy.**

- 5. Which skin or mucous membrane finding is most suggestive of bleeding tendency in DIC associated with obstetric complications?**
- A. Petechiae**
  - B. Hypertension**
  - C. Edema**
  - D. Jaundice**
- 6. Which statement demonstrates understanding of self-care for gestational diabetes?**
- A. I need to eat fruits and vegetables only.**
  - B. I will go to the laboratory daily for a glucose test.**
  - C. I cannot exercise because of the negative effects on insulin production.**
  - D. I will report signs of infection immediately to my primary health care provider.**
- 7. Which finding would best differentiate abruptio placentae from placenta previa in a bleeding pregnant patient?**
- A. Painless vaginal bleeding**
  - B. Uterine tenderness**
  - C. Bright red bleeding**
  - D. Normal fetal heart rate**
- 8. Which postpartum assessment technique is used to evaluate involution by examining the uterus?**
- A. Monitoring vital signs**
  - B. Palpating the uterine fundus**
  - C. Auscultating bowel sounds**
  - D. Assessing the amount of drainage on the peripad**

- 9. A laboring patient develops fever, foul-smelling vaginal discharge, uterine tenderness, and fetal tachycardia. What is the likely diagnosis and first treatment?**
- A. Chorioamnionitis; start broad-spectrum IV antibiotics and expedite delivery.**
  - B. Endometritis; administer oral antibiotics and observe.**
  - C. Vesicovaginal fistula; perform surgical repair after delivery.**
  - D. Uterine rupture; immediate cesarean delivery.**
- 10. Which of the following is the correct list of first-line interventions for postpartum hemorrhage due to uterine atony?**
- A. Antibiotics; bed rest; imaging studies**
  - B. Uterine massage; uterotonic medications (oxytocin, misoprostol); uterine compression/bimanual techniques; fluid resuscitation and blood products as needed.**
  - C. Surgical ligation; transfusion only**
  - D. Pain control; bed rest; fluid restriction**

## **Answers**

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

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## **Explanations**

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1. A patient receiving magnesium sulfate develops absent reflexes and respiratory depression. What is the immediate action?
- A. Stop the magnesium sulfate infusion, administer calcium gluconate, and monitor respiratory status.
  - B. Increase the magnesium sulfate infusion rate.
  - C. Administer calcium gluconate while continuing the infusion.
  - D. Continue the infusion and monitor.**

Magnesium toxicity presents with neuromuscular and respiratory compromise, and absent reflexes are a classic early sign that the level is dangerously high. When this happens, the priority is to stop the magnesium sulfate infusion immediately to prevent any further increase in magnesium in the blood. Calcium gluconate is given IV because it rapidly antagonizes magnesium's effects at the neuromuscular junction and heart, helping reverse the toxicity. After stopping the infusion and giving calcium gluconate, you must monitor the patient's respiratory status and reflexes closely, and be prepared to support ventilation if needed. Continuing or increasing the magnesium would allow toxicity to progress, potentially leading to respiratory failure or cardiac issues, so stopping the infusion and administering the antidote are the essential steps.

2. Which statement correctly describes placenta previa?
- A. The placenta is implanted in the lower uterine segment**
  - B. The greatest risk is chronic hypertension
  - C. There are two placentas attached to the fetus
  - D. The placenta is abnormally small

Placenta previa is defined by the placenta implanting in the lower uterine segment, often near or over the cervical os. That placement is what makes the placenta previa description correct: the placenta lies in a position that can cover or crowd the cervix, rather than being high up in the fundus. This abnormal location leads to episodes of painless vaginal bleeding later in pregnancy and creates a scenario where vaginal delivery is dangerous due to the risk of heavy bleeding during labor, so cesarean delivery is usually planned. The other statements don't fit placenta previa. Chronic hypertension isn't the defining association for previa. Having two placentas attached to the fetus describes a different placental arrangement, not previa. An abnormally small placenta points to placental insufficiency or growth restriction, not previa.

**3. How should thyroid function be managed in a pregnant patient with hypothyroidism on levothyroxine?**

- A. Increase the levothyroxine dose as needed based on TSH/free T4; monitor thyroid function throughout pregnancy**
- B. Stop levothyroxine during pregnancy**
- C. Do not monitor thyroid function during pregnancy**
- D. Switch to a different medication**

In pregnancy, the body's need for thyroid hormone rises due to hormonal changes and fetal needs, so someone with hypothyroidism on levothyroxine usually requires a higher dose to stay within the normal thyroid range. The best approach is to increase the levothyroxine dose as needed and monitor thyroid function throughout pregnancy. This means checking TSH and free T4 regularly—often every 4 weeks in early pregnancy—and adjusting the dose up or down to keep TSH in the trimester-specific target range and free T4 normal. Stopping the medication, avoiding monitoring, or switching to another drug are not appropriate; levothyroxine remains the standard therapy, and maintaining euthyroidism is important for both maternal and fetal health.

**4. A patient with positive home pregnancy test and dilated cervix expresses that she is preparing for the loss. Which statement reflects this understanding?**

- A. I will need to remain on bed rest for 2 weeks.**
- B. I will need to take a full course of antibiotic treatment.**
- C. I will need to take tocolytic medication to halt the labor process.**
- D. I will need to prepare myself and my family for the loss of this pregnancy.**

The key idea is recognizing and supporting anticipatory grief and coping in a patient facing imminent loss of pregnancy. When the cervix is dilated and the patient talks about preparing for the loss, the nurse should validate her emotions, help her plan for bereavement, and connect her with support for both herself and her family. That statement shows understanding by prioritizing emotional and social preparation—acknowledging that loss is likely and that planning, along with support systems, is part of the care. Interventions like bed rest, antibiotics, or tocolytic medications aren't appropriate here: bed rest isn't proven to prevent loss, antibiotics aren't indicated without an infection, and tocolytics don't halt labor once the cervix is dilated in an inevitable miscarriage. So, the best approach is to focus on coping, resources, and future planning with the patient and family.

**5. Which skin or mucous membrane finding is most suggestive of bleeding tendency in DIC associated with obstetric complications?**

- A. Petechiae**
- B. Hypertension**
- C. Edema**
- D. Jaundice**

In DIC, there is a consumption of platelets and clotting factors, so the body's ability to form proper clots is impaired and tiny hemorrhages can appear on the skin. Petechiae are these tiny pinpoint hemorrhages and are a classic sign of a bleeding tendency related to platelet dysfunction and coagulation factor consumption. In obstetric complications, this pattern fits the scenario of DIC because the process causes widespread microvascular bleeding, and petechiae reflect that capillary-level bleeding. The other options don't specifically signify a bleeding tendency: hypertension isn't about bleeding risk, edema relates to fluid shifts, and jaundice points to liver or hemolysis issues, not active bleeding.

**6. Which statement demonstrates understanding of self-care for gestational diabetes?**

- A. I need to eat fruits and vegetables only.**
- B. I will go to the laboratory daily for a glucose test.**
- C. I cannot exercise because of the negative effects on insulin production.**
- D. I will report signs of infection immediately to my primary health care provider.**

Self-care in gestational diabetes includes recognizing when medical guidance is needed, especially for infections. An infection acts as a stressor that raises blood glucose by releasing hormones like cortisol and adrenaline. If it's not treated promptly, hyperglycemia can worsen dehydration and pregnancy outcomes. Reporting signs of infection right away to the primary health care provider ensures timely assessment, treatment, and any needed adjustments to the diabetes plan, supporting both maternal and fetal health. Balancing other self-care truths helps: a diet of fruits and vegetables only lacks essential protein and fats and can lead to inadequate calories; self-monitoring glucose is done with a home meter rather than requiring daily lab tests; and exercise is generally encouraged to improve glucose control unless there are specific medical restrictions.

**7. Which finding would best differentiate abruptio placentae from placenta previa in a bleeding pregnant patient?**

- A. Painless vaginal bleeding**
- B. Uterine tenderness**
- C. Bright red bleeding**
- D. Normal fetal heart rate**

Painful vaginal bleeding with uterine tenderness distinguishes placental abruption from placenta previa. When the placenta prematurely separates from the uterine wall, the uterus often becomes tender and hypertonic as contractions occur, and bleeding can be dark or internal. In contrast, placenta previa involves placenta tissue near or over the cervical os and typically presents with painless vaginal bleeding because the bleeding is not driven by uterine contractions or separation. While bright red bleeding can occur in either condition and a normal fetal heart rate doesn't by itself separate them, the presence of uterine tenderness is the clearest clue pointing toward abruption. This distinction guides urgent management, with abruption requiring rapid stabilization and delivery consideration, while previa management centers on bleeding control and planning delivery based on gestational age and maternal-fetal status.

**8. Which postpartum assessment technique is used to evaluate involution by examining the uterus?**

- A. Monitoring vital signs**
- B. Palpating the uterine fundus**
- C. Auscultating bowel sounds**
- D. Assessing the amount of drainage on the peripad**

Evaluating involution is done by palpating the uterine fundus to read its height and firmness. Right after birth, the uterus should be firm, midline, and descend about 1-2 cm (one fingerbreadth) per day toward the pelvis. By pressing on the abdomen to feel the fundus, you can tell how far involution has progressed and whether the uterus is contracting well. A firm fundus indicates effective contraction and helps prevent postpartum hemorrhage. A boggy fundus, on the other hand, suggests uterine atony and a higher risk of bleeding, so it signals the need for fundal massage and possibly further assessment and action. If the fundus isn't in the midline, check for a full bladder, as distention can displace the uterus and impair involution. Other assessments, like monitoring vital signs, listening to bowel sounds, or checking the amount of drainage on a pad, don't directly measure how well the uterus is involuting. Vital signs help detect overall hemorrhage or instability, bowel sounds relate to GI function, and lochia drainage reflects bleeding amount but not the muscle tone or position of the uterus itself.

**9. A laboring patient develops fever, foul-smelling vaginal discharge, uterine tenderness, and fetal tachycardia. What is the likely diagnosis and first treatment?**

**A. Chorioamnionitis; start broad-spectrum IV antibiotics and expedite delivery.**

**B. Endometritis; administer oral antibiotics and observe.**

**C. Vesicovaginal fistula; perform surgical repair after delivery.**

**D. Uterine rupture; immediate cesarean delivery.**

Chorioamnionitis is an infection of the amniotic fluid and membranes. In a laboring patient, fever, foul-smelling vaginal discharge, uterine tenderness, and fetal tachycardia point to an intra-amniotic infection that can quickly progress to maternal and neonatal sepsis, making it an obstetric emergency. The best first treatment is to start broad-spectrum IV antibiotics right away because they cover the range of organisms that commonly cause this infection (aerobes and anaerobes) and help reduce the risk of sepsis. Because the infected products of conception are inside the uterus, expediting delivery is also essential to remove the source of infection and improve outcomes for both mother and baby; in practice, that means continuing labor with proper monitoring and proceeding to delivery as indicated. Endometritis is a postpartum infection and is not the immediate intrapartum priority here, whereas vesicovaginal fistula and uterine rupture have presentations that do not match this clinical picture—uterine rupture typically presents with sudden severe pain and signs of fetal distress requiring urgent cesarean delivery.

**10. Which of the following is the correct list of first-line interventions for postpartum hemorrhage due to uterine atony?**

**A. Antibiotics; bed rest; imaging studies**

**B. Uterine massage; uterotonic medications (oxytocin, misoprostol); uterine compression/bimanual techniques; fluid resuscitation and blood products as needed.**

**C. Surgical ligation; transfusion only**

**D. Pain control; bed rest; fluid restriction**

The main idea here is to rapidly restore uterine tone and stop the bleeding from a uterus that isn't contracting well after delivery, while also supporting the mother's circulation. Start with a firm massage of the uterus to stimulate contraction and reduce bleeding from the boggy uterus. Then give uterotonic medications, such as oxytocin and misoprostol, to promote sustained uterine contraction and help firm the uterus. If bleeding continues, apply uterine compression or perform a bimanual technique to physically compress the bleeding site and reinforce the uterus's tone. Throughout this process, establish IV access and begin fluid resuscitation, with blood products as needed to treat hypovolemia from blood loss. These steps directly address the cause (uterine atony) and the consequences (circulatory compromise) and are undertaken before considering surgical options. Antibiotics or imaging aren't first-line responses to atony-related hemorrhage because they don't stop the immediate bleeding or restore tone. Surgical ligation is a later intervention if medical and mechanical measures fail. Transfusion is important for blood loss, but it isn't sufficient on its own without stopping the hemorrhage.

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

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

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