

NCLEX PREGNANCY AT RISK 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. 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.
- 2. For a pregnant client with severe preeclampsia, which action is most important to include in the plan of care?**
 - A. Keep the room semi-dark.
 - B. Initiate seizure precautions.
 - C. Pad the side rails of the bed.
 - D. Avoid environmental stimulation.
- 3. A 16-year-old primigravida at 36 weeks with gestational hypertension has mild proteinuria and edema. Which statement would most indicate worsening gestational hypertension?**
 - A. The swelling in hands and ankles has gone down.
 - B. My vision for the past 2 days has been really fuzzy.
 - C. I had heartburn yesterday after spicy foods.
 - D. I had a headache yesterday, but acetaminophen helped.
- 4. Which postpartum finding best indicates a normal early breastfeeding period?**
 - A. Colostrum discharge from both breasts is an expected finding.
 - B. Mild afterpains are concerning.
 - C. Lochia is bright red and foul-smelling.
 - D. Headache and dizziness are common in the first 24 hours.
- 5. A pregnant patient with iron-deficiency anemia should receive which counseling and treatment?**
 - A. Iron supplementation; dietary iron; vitamin C to enhance absorption; counsel on constipation and stool color changes
 - B. Iron-free diet
 - C. Vitamin B12 injections only
 - D. Folic acid only

- 6. Which test is used as a screening tool for gestational diabetes?**
- A. 1-hour oral glucose tolerance test
 - B. 3-hour glucose tolerance test
 - C. Fasting glucose
 - D. HbA1c
- 7. A preterm infant at 29 weeks delivers before betamethasone can be given. Which condition is most likely to develop in the newborn?**
- A. Chlamydia
 - B. Hypoglycemia
 - C. Hyperbilirubinemia
 - D. Respiratory depression
- 8. A diagnosis of placenta accreta is suspected. Why is this a concern and what is the common management plan?**
- A. It can cause placenta to fail to detach, resulting in postpartum hemorrhage; often requires cesarean delivery with possible hysterectomy
 - B. It accelerates placental separation
 - C. It has no effect on delivery
 - D. It is managed with vaginal delivery with oxytocin
- 9. Plan of care for postpartum client diagnosed with superficial venous thrombosis. Which intervention is anticipated?**
- A. Ambulation 8 to 10 times daily
 - B. Administration of anticoagulants
 - C. Elevation of the affected extremity
 - D. Application of ice packs to the affected area
- 10. Which medication is a first-line uterotonic used in postpartum hemorrhage due to uterine atony?**
- A. Magnesium sulfate
 - B. Oxytocin
 - C. Terbutaline
 - D. Furosemide

Answers

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

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Explanations

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1. 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.

2. For a pregnant client with severe preeclampsia, which action is most important to include in the plan of care?

- A. Keep the room semi-dark.
- B. Initiate seizure precautions.**
- C. Pad the side rails of the bed.
- D. Avoid environmental stimulation.

Severe preeclampsia can progress to eclampsia, where a seizure occurs. The highest priority in the plan of care is to prevent injury and be ready to intervene quickly if a seizure begins. Initiating seizure precautions establishes that readiness: having suction and oxygen readily available, ensuring a patent airway, and keeping the patient in a safe environment where staff can monitor closely. It also supports readiness for magnesium sulfate therapy, which is commonly used to prevent seizures in this condition. While reducing environmental stimulation or isolating the patient in a dimmer room might help minimize triggers, they don't address the immediate need to safeguard the patient and respond to a seizure.

3. A 16-year-old primigravida at 36 weeks with gestational hypertension has mild proteinuria and edema. Which statement would most indicate worsening gestational hypertension?

- A. The swelling in hands and ankles has gone down.
- B. My vision for the past 2 days has been really fuzzy.**
- C. I had heartburn yesterday after spicy foods.
- D. I had a headache yesterday, but acetaminophen helped.

Blurred vision signals end organ involvement from preeclampsia. When gestational hypertension progresses, signs like visual disturbances indicate cerebral or retinal involvement due to severe vasospasm and endothelial dysfunction, signaling a need for urgent evaluation and potential escalation of care. Swelling that has decreased would mean improvement, not worsening. A heartburn episode after spicy food is common and not a reliable indicator of disease progression. A recent headache that responded to acetaminophen could be benign or mild; in preeclampsia, a persistent or severe headache, especially if not relieved, would raise concern, but the clear red flag here is the visual change. If vision becomes fuzzy, seek immediate medical attention for maternal and fetal assessment.

4. Which postpartum finding best indicates a normal early breastfeeding period?

- A. Colostrum discharge from both breasts is an expected finding.**
- B. Mild afterpains are concerning.
- C. Lochia is bright red and foul-smelling.
- D. Headache and dizziness are common in the first 24 hours.

Colostrum discharge from both breasts is the best sign that breastfeeding is starting in the early postpartum period. Colostrum is the first, sticky, yellowish milk produced in small amounts during the first few days after birth. It's rich in antibodies and nutrients, helping protect and nourish the newborn while the milk supply adjusts. Seeing colostrum indicates lactation is beginning and the baby can begin early feeding. Other findings aren't as reliable as indicators of normal early breastfeeding: mild afterpains can occur as the uterus contracts, but they aren't a direct sign of lactation; lochia that is bright red and foul-smelling suggests infection or another problem; and headaches or dizziness can happen postpartum but don't specifically reflect normal breastfeeding onset.

5. A pregnant patient with iron-deficiency anemia should receive which counseling and treatment?

- A. Iron supplementation; dietary iron; vitamin C to enhance absorption; counsel on constipation and stool color changes**
- B. Iron-free diet
- C. Vitamin B12 injections only
- D. Folic acid only

Iron-deficiency anemia in pregnancy is best addressed by restoring iron stores through supplementation, while also using dietary iron and strategies that enhance absorption and minimize side effects. Oral iron helps replenish iron stores and raise hemoglobin, and including iron-rich foods supports ongoing intake. Taking iron with vitamin C improves absorption of non-heme iron from foods and supplements. Because iron can irritate the gut, it's important to counsel about potential constipation and the normal change of stools to a darker color; practical tips include drinking fluids, staying active if possible, and taking iron with meals if needed to reduce GI upset, while noting that darker stools are a common and harmless effect. Iron-free diets do not treat the deficiency, and vitamin B12 injections or folic acid alone do not correct iron-deficiency anemia, though folic acid remains important for fetal development. If a patient does not tolerate oral iron or has a severe deficiency, other options like intravenous iron may be considered under supervision.

6. Which test is used as a screening tool for gestational diabetes?

- A. 1-hour oral glucose tolerance test**
- B. 3-hour glucose tolerance test
- C. Fasting glucose
- D. HbA1c

Screening for gestational diabetes is typically done with a 50-gram glucose challenge test given without regard to meals, and glucose is measured one hour later. If this screening result is positive, a diagnostic test—the 3-hour 100-gram oral glucose tolerance test—is performed to confirm gestational diabetes. The screening test is used to flag those who may have the condition, while the diagnostic test provides a definitive diagnosis. Fasting glucose alone isn't sensitive enough for screening in pregnancy, and HbA1c isn't reliable for screening during pregnancy due to physiological changes and timing. So the 1-hour glucose screening test is the appropriate initial step.

7. A preterm infant at 29 weeks delivers before betamethasone can be given. Which condition is most likely to develop in the newborn?

- A. Chlamydia
- B. Hypoglycemia
- C. Hyperbilirubinemia

D. Respiratory depression

Antenatal corticosteroids like betamethasone speed up fetal lung maturation by boosting surfactant production, which keeps alveoli open and improves gas exchange after birth. When delivery happens before this treatment can be given, the preterm infant often lacks enough surfactant, leading to alveolar collapse, inefficient oxygenation, and increased work of breathing. This combination manifests as respiratory compromise—often described clinically as respiratory depression or respiratory distress syndrome in the newborn. Among the listed possibilities, this respiratory problem is the most likely immediate issue for a 29-week preterm infant who did not receive antenatal steroids. Chlamydia exposure, hypoglycemia, and hyperbilirubinemia are possible concerns in preterm infants, but they are not as directly tied to the absence of steroid-driven lung maturation as the risk of surfactant-deficient respiratory impairment.

8. A diagnosis of placenta accreta is suspected. Why is this a concern and what is the common management plan?

- A. It can cause placenta to fail to detach, resulting in postpartum hemorrhage; often requires cesarean delivery with possible hysterectomy
- B. It accelerates placental separation
- C. It has no effect on delivery

D. It is managed with vaginal delivery with oxytocin

Placenta accreta occurs when the placenta attaches too deeply into the uterine wall, so it cannot detach normally after the baby is born. This makes postpartum hemorrhage a major concern because the placental tissue may bleed profusely as the uterus tries to contract and separate it. Because controlling this bleeding is crucial, the common management plan is to deliver by cesarean section with the team prepared for a possible hysterectomy to remove the uterus if necessary to stop the hemorrhage. Relying on vaginal delivery with oxytocin isn't appropriate here, since the abnormal placental adherence means the placenta may not detach and bleeding can be uncontrollable. The care plan also involves having blood products ready and a multidisciplinary team to manage potential massive blood loss.

9. Plan of care for postpartum client diagnosed with superficial venous thrombosis. Which intervention is anticipated?

- A. Ambulation 8 to 10 times daily
- B. Administration of anticoagulants
- C. Elevation of the affected extremity**
- D. Application of ice packs to the affected area

Elevating the affected leg is prioritized because it directly reduces venous pooling and edema, which eases pain and helps prevent the thrombus-related symptoms from worsening. In superficial thrombophlebitis, the goal is to limit venous stasis and inflammation in the superficial veins, and keeping the leg raised promotes better venous return. In postpartum patients, the risk of thrombosis is higher, but treatment for uncomplicated superficial thrombophlebitis focuses on measures that relieve symptoms and prevent progression, such as elevation and warm compresses, with NSAIDs for discomfort. Ice is not typically used because it causes vasoconstriction and can worsen symptoms, and anticoagulants are reserved for more extensive or risk-prone thrombosis involving deep veins. Ambulation is helpful for circulation in general, but elevation most directly addresses the edema and stasis in the affected vein, making it the best anticipatory intervention.

10. Which medication is a first-line uterotonic used in postpartum hemorrhage due to uterine atony?

- A. Magnesium sulfate
- B. Oxytocin**
- C. Terbutaline
- D. Furosemide

Oxytocin is the first-line uterotonic used to treat postpartum hemorrhage caused by uterine atony. It directly stimulates uterine smooth muscle contractions, increasing uterine tone and helping compress exposed placental vessels to stop the bleeding. Since atony is the most common cause of PPH, starting with a medication that promotes contraction quickly reduces ongoing blood loss and stabilizes the patient. Magnesium sulfate and terbutaline are tocolytics; they relax the uterus, which would worsen atony and increase bleeding. Furosemide is a diuretic and does not address uterine contraction or 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.

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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