

OBSTETRICS CAPSTONE PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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 indicates a client understands newborn safety during induction of labor?**
 - A. "I will check the identification badge of anyone who removes my baby from our room."
 - B. "I should include a photo of my baby along with any public birth announcements to social media."
 - C. "I will allow my baby to sleep on the bed in my room when I am in the shower."
 - D. "I should expect the nurses to carry my baby in their arms to the nursery."

- 2. What is the typical duration of a full-term pregnancy?**
 - A. 32 weeks
 - B. 36 weeks
 - C. 40 weeks
 - D. 42 weeks

- 3. During the latent phase of labor, what is a common clinical manifestation the nurse should expect?**
 - A. Increased anxiety and tension
 - B. Long contractions lasting over a minute
 - C. Talkative and excited demeanor
 - D. Severe pain with each contraction

- 4. What are common signs of a ruptured ectopic pregnancy?**
 - A. Heavy bleeding and fainting
 - B. Sharp abdominal pain and shoulder pain
 - C. Persistent headache and dizziness
 - D. Fever and nausea

- 5. For a client with placenta previa at 35 weeks of gestation, what is the priority nursing action?**
 - A. Initiate continuous monitoring of the fetal heart rate.
 - B. Administer betamethasone.
 - C. Check the cervix for dilation every 8 hours.
 - D. Request misoprostol PRN.

- 6. What information should be included when teaching a patient about chorionic villus sampling (CVS)?**
- A. It can only identify genetic disorders
 - B. A CVS test can detect chromosomal anomalies
 - C. It is recommended at 20 weeks gestation
 - D. It requires an overnight hospital stay
- 7. What factors contribute to the decision of induction of labor?**
- A. Maternal health issues and fetal concerns
 - B. Preference of the healthcare provider
 - C. Low fetal heart rate only
 - D. Maternal age and income level
- 8. What are the risks associated with prolonged rupture of membranes?**
- A. Increased risk of maternal hemorrhage
 - B. Increased risk of infection and preterm labor
 - C. Increased risk of fetal brain injury
 - D. Increased risk of placenta previa
- 9. Before administering nalbuphine to a patient in active labor who requests a bowel movement, what should the nurse do first?**
- A. Check the patient's blood pressure
 - B. Offer the patient a bedpan immediately
 - C. Evaluate the client's cervix
 - D. Administer nalbuphine quickly
- 10. What is the role of ultrasound in obstetrics?**
- A. To administer medications to the fetus
 - B. To assess fetal growth, development, and position and detect abnormalities
 - C. To relieve pain during labor
 - D. To monitor maternal vitals during delivery

Answers

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

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Explanations

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1. Which statement indicates a client understands newborn safety during induction of labor?

- A. "I will check the identification badge of anyone who removes my baby from our room."**
- B. "I should include a photo of my baby along with any public birth announcements to social media."
- C. "I will allow my baby to sleep on the bed in my room when I am in the shower."
- D. "I should expect the nurses to carry my baby in their arms to the nursery."

The statement indicating an understanding of newborn safety during the induction of labor is the one about checking the identification badge of anyone who removes the baby from the room. This practice is vital in ensuring the safety and security of the newborn in a hospital setting. It signifies that the parent is aware of the importance of verifying the identity of caregivers and hospital staff who handle their baby. By checking identification, parents can prevent potential abductions and ensure that only authorized personnel are in charge of the infant's care. This precaution reflects a proactive approach to newborn security, which is a crucial aspect during the labor and delivery process. In contrast, the other statements do not align with best practices for ensuring a newborn's safety. For example, sharing a photo of the baby in social media birth announcements may unintentionally expose the child to risks associated with online safety and privacy. Allowing a baby to sleep alone on a bed poses a risk of falling and suffocation, as it is not a safe sleep environment. Similarly, expecting nurses to carry the baby to the nursery without verification does not prioritize the checks necessary for the baby's safety, such as proper identification and security protocols in the hospital.

2. What is the typical duration of a full-term pregnancy?

- A. 32 weeks
- B. 36 weeks
- C. 40 weeks**
- D. 42 weeks

The typical duration of a full-term pregnancy is 40 weeks, which is calculated from the first day of the last menstrual period (LMP) to the birth of the baby. This time frame is equivalent to approximately nine calendar months. A normal pregnancy is divided into trimesters, with the first trimester lasting from week 1 to week 12, the second from week 13 to week 26, and the third from week 27 to week 40. Reaching 40 weeks signifies that the pregnancy has reached the optimal time for delivery, as most babies are fully developed and ready to transition to life outside the womb during this period. Pregnancies that extend beyond 42 weeks may be classified as post-term and could require medical intervention, as there are increased risks for both the mother and the baby after this point. Therefore, the 40-week mark is essential in understanding the normal physiological progression of pregnancy and the timing of delivery.

3. During the latent phase of labor, what is a common clinical manifestation the nurse should expect?

- A. Increased anxiety and tension
- B. Long contractions lasting over a minute
- C. Talkative and excited demeanor**
- D. Severe pain with each contraction

During the latent phase of labor, a talkative and excited demeanor is a common clinical manifestation. This phase, which typically marks the beginning of labor, is characterized by the cervix beginning to dilate, and women often find themselves able to converse freely and engage actively with their surroundings. In this phase, contractions tend to be mild and irregular, which contributes to the woman's comfort level, allowing her to express enthusiasm and excitement about the impending labor and delivery process. The emotional response during this phase tends to be more positive, leading to a demeanor that is upbeat and communicative, as opposed to the higher levels of pain and anxiety that can occur in later stages of labor. The other manifestations listed—such as increased anxiety and tension, long contractions lasting over a minute, and severe pain—are more characteristic of the active phase of labor, where the intensity of contractions increases and women may experience heightened discomfort and emotional responses.

4. What are common signs of a ruptured ectopic pregnancy?

- A. Heavy bleeding and fainting
- B. Sharp abdominal pain and shoulder pain**
- C. Persistent headache and dizziness
- D. Fever and nausea

A ruptured ectopic pregnancy is a medical emergency that can cause significant internal bleeding and requires immediate attention. Common signs of this condition typically include sharp abdominal pain, which is often sudden and may be localized to one side, reflecting the site of the ectopic implantation in the fallopian tube. Additionally, referred pain to the shoulder can occur due to diaphragmatic irritation from blood in the abdominal cavity, a phenomenon known as Kehr's sign. The combination of these specific types of pain is important in clinical assessment, indicating potential internal bleeding and the need for urgent evaluation and intervention. Recognizing these signs early can be life-saving and facilitates quick action to address the rupture and stabilize the patient. While heavy bleeding and fainting can occur, they are not as specific or as commonly recognized as the sharp abdominal and shoulder pain associated with a ruptured ectopic pregnancy. Similarly, persistent headache and dizziness, while concerning, are more general symptoms that can arise from various conditions and do not specifically indicate a ruptured ectopic. Fever and nausea can also be linked to numerous conditions and are not definitive indicators of this particular complication. Thus, the sharp abdominal and shoulder pain remains the most characteristic feature of a ruptured ectopic pregnancy.

5. For a client with placenta previa at 35 weeks of gestation, what is the priority nursing action?

A. Initiate continuous monitoring of the fetal heart rate.

B. Administer betamethasone.

C. Check the cervix for dilation every 8 hours.

D. Request misoprostol PRN.

The priority nursing action for a client with placenta previa at 35 weeks of gestation is to initiate continuous monitoring of the fetal heart rate. Continuous fetal heart rate monitoring is essential in this situation because it allows the healthcare team to assess the well-being of the fetus and detect any signs of distress that may arise due to compromised blood flow or other complications associated with placenta previa. Monitoring the fetal heart rate closely enables timely interventions if a concerning pattern is noted, such as decreased variability or decelerations, which could indicate fetal compromise. Since placenta previa can increase the risk of hemorrhage and maternal and fetal complications, understanding the fetal status becomes crucial for ensuring a safe delivery plan, especially as the pregnancy nears term. While administering betamethasone could help accelerate fetal lung maturation in the event of an early delivery, it is not the immediate priority compared to monitoring fetal well-being. Checking the cervix for dilation every 8 hours may not provide the necessary immediate information regarding fetal status and could potentially aggravate bleeding risks associated with placenta previa. Requesting misoprostol, typically used for cervical ripening or managing postpartum hemorrhage, is not indicated at this stage and could also pose risks depending on the placenta's position. Therefore, the best course

6. What information should be included when teaching a patient about chorionic villus sampling (CVS)?

A. It can only identify genetic disorders

B. A CVS test can detect chromosomal anomalies

C. It is recommended at 20 weeks gestation

D. It requires an overnight hospital stay

When teaching a patient about chorionic villus sampling (CVS), it is essential to highlight that the procedure is specifically designed to detect chromosomal anomalies. CVS is a prenatal diagnostic test that involves taking a sample of the chorionic villi, which are tiny finger-like projections from the placenta. This sample can be analyzed to identify genetic conditions, including chromosomal abnormalities such as Down syndrome, trisomy 13, and others. Understanding the purpose of CVS is critical for patients, as it provides valuable information regarding the fetal genetic makeup early in pregnancy, typically between 10 to 13 weeks of gestation. The ability to detect these anomalies allows parents to make informed decisions regarding their pregnancy and prepare for potential challenges. Other options do not accurately represent the scope and timing of CVS. For example, the procedure does not solely identify genetic disorders but is specifically effective for chromosomal anomalies as a primary focus. Additionally, CVS is not recommended at 20 weeks gestation; it is usually conducted in the first trimester. Finally, the procedure can often be done as an outpatient, meaning a hospital stay is not necessarily required, further emphasizing the need for accurate information regarding the process and implications of CVS.

7. What factors contribute to the decision of induction of labor?

A. Maternal health issues and fetal concerns

B. Preference of the healthcare provider

C. Low fetal heart rate only

D. Maternal age and income level

The factors contributing to the decision to induce labor primarily revolve around maternal health issues and fetal concerns. Induction is typically considered when there are situations that may endanger either the mother or the fetus. For instance, maternal conditions such as preeclampsia or gestational diabetes might necessitate earlier delivery to ensure the well-being of both parties. Similarly, fetal concerns such as intrauterine growth restriction or any signs of fetal distress can prompt healthcare providers to consider induction as a necessary intervention to prevent potential complications. While healthcare provider preferences can play a role in determining the timing of labor induction, they are generally based on clinical assessments rather than personal preference. Low fetal heart rate might indicate an urgent need for intervention, but alone it does not encompass all facets that guide the decision-making process regarding induction. Additionally, maternal age and income, while potentially influential in a broader sense, do not directly address the immediate clinical considerations that prompt the decision for induction of labor. Therefore, the comprehensive evaluation of both maternal and fetal health remains the primary driving factor in such decisions.

8. What are the risks associated with prolonged rupture of membranes?

A. Increased risk of maternal hemorrhage

B. Increased risk of infection and preterm labor

C. Increased risk of fetal brain injury

D. Increased risk of placenta previa

Prolonged rupture of membranes, defined as the rupture of the amniotic sac more than 18 hours before delivery, poses significant risks primarily related to infection and the likelihood of preterm labor. When the protective amniotic sac is compromised for an extended period, the risk of ascending infections increases, leading to conditions such as chorioamnionitis, which can affect both the mother and fetus. Additionally, prolonged rupture can initiate uterine contractions, resulting in preterm labor, particularly if the pregnancy is not at term. The other options, while they relate to various obstetric complications, are not directly associated with prolonged rupture of membranes in the same way. Maternal hemorrhage and fetal brain injury are more related to other risk factors and complications that may arise during labor and delivery, rather than specifically a consequence of prolonged rupture. Similarly, placenta previa is a condition defined by the position of the placenta and is not influenced by the status of the membranes. Thus, the primary concern with prolonged rupture of membranes centers on the heightened risk of infection and preterm labor, affirming the choice made.

9. Before administering nalbuphine to a patient in active labor who requests a bowel movement, what should the nurse do first?

- A. Check the patient's blood pressure
- B. Offer the patient a bedpan immediately
- C. Evaluate the client's cervix**
- D. Administer nalbuphine quickly

Before administering nalbuphine to a patient in active labor, evaluating the client's cervix is essential. This assessment helps determine the progress of labor and the patient's readiness for medication, as nalbuphine is an opioid analgesic used to manage pain during labor. Assessing the cervix allows the nurse to understand how far along the patient is in labor, including dilation and effacement. If the patient is fully dilated or nearing that stage, administering nalbuphine may not be appropriate, as the medication can affect the fetal heart rate and may not provide adequate pain relief if delivery is imminent. Additionally, if the cervix indicates that the patient is not yet in the second stage of labor and is requesting a bowel movement, it could suggest that the baby is in the process of descending and the nurse may need to prepare for delivery instead. In this context, evaluating the cervix ensures that the nurse makes an informed decision regarding further interventions, promoting the safety and well-being of both the mother and the baby.

10. What is the role of ultrasound in obstetrics?

- A. To administer medications to the fetus
- B. To assess fetal growth, development, and position and detect abnormalities**
- C. To relieve pain during labor
- D. To monitor maternal vitals during delivery

The use of ultrasound in obstetrics plays a crucial role in assessing the health and development of the fetus. It allows healthcare providers to visualize the fetus in the womb, which enables them to monitor key aspects such as fetal growth, development, and position. This imaging technique can also be instrumental in detecting any abnormalities or potential complications early in the pregnancy, providing vital information that can inform care decisions. Ultrasound can reveal important anatomical details, offer insight into the location of the placenta, help estimate gestational age, and assess the amount of amniotic fluid. These assessments not only enhance the understanding of the fetus's health but also allow for timely interventions if any issues are detected, thereby improving maternal and fetal outcomes. Other options involve interventions or assessments that are not the primary functions of ultrasound in obstetrics. For example, administering medications to the fetus is not a role of ultrasound, which is primarily diagnostic rather than therapeutic. Similarly, while managing pain during labor and monitoring maternal vitals are critical aspects of obstetric care, they are conducted through different means and are not the primary purposes of an ultrasound examination.

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://obcapstone.examzify.com>

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

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