

OBSTETRICS CAPSTONE PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. What does cervical dilation indicate during labor?**
 - A. That the labor is progressing
 - B. That the baby is in distress
 - C. That an episiotomy is required
 - D. That the pregnancy is at term
- 2. What factors are considered to assess the safety of a vaginal birth after cesarean (VBAC)?**
 - A. Obstetric history and personal preferences
 - B. Previous cesareans and uterine incision type
 - C. Maternal age and weight
 - D. Family medical history and socioeconomic status
- 3. Which finding is a contraindication for the administration of terbutaline in a client experiencing preterm labor?**
 - A. Cervical dilation of 2 cm
 - B. Gestational age of 34 weeks
 - C. Allergy to penicillin
 - D. Heart disease
- 4. Which statement best describes the function of low molecular weight heparin (LMWH) during pregnancy?**
 - A. It is used to manage gestational diabetes.
 - B. It prevents thrombosis-related complications.
 - C. It reduces fetal movement.
 - D. It is only safe in the third trimester.
- 5. In a situation where a laboring client shows recurrent variable decelerations, what is the first action the nurse should take?**
 - A. Prepare for amnioinfusion
 - B. Administer oxygen at 10 L/min
 - C. Discontinue the infusion of oxytocin
 - D. Place the client in a left lateral position

- 6. At what frequency do prenatal visits typically occur from 28 weeks to 36 weeks of gestation?**
- A. Every week
 - B. Every month
 - C. Every two weeks
 - D. Every three weeks
- 7. Which laboratory result for a client at 33 weeks of gestation with preeclampsia should be reported due to concern for worsening condition?**
- A. BUN 35 mg/dL
 - B. Hgb 15 mg/dL
 - C. Bilirubin 0.6 mg/dL
 - D. Hct 37%
- 8. What are the risks associated with advanced maternal age at pregnancy?**
- A. Higher risk of gestational diabetes and hypertension
 - B. Increased likelihood of chromosomal abnormalities and pregnancy complications
 - C. Higher chances of premature labor and low birth weight
 - D. More frequent morning sickness and fatigue
- 9. What are some common signs of labor?**
- A. Regular contractions
 - B. Cervical dilation
 - C. Rupture of membranes
 - D. All of the above
- 10. Which is not a sign of labor?**
- A. Regular contractions
 - B. Cervical dilation
 - C. Increased appetite
 - D. Rupture of membranes

Answers

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

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Explanations

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1. What does cervical dilation indicate during labor?

- A. That the labor is progressing**
- B. That the baby is in distress
- C. That an episiotomy is required
- D. That the pregnancy is at term

Cervical dilation is a key indicator of progress during labor. As a woman enters labor, her cervix gradually opens to allow the baby to pass through the birth canal. This process is measured in centimeters, from 0 (not dilated) to 10 (fully dilated), indicating readiness for delivery. When cervical dilation occurs, it reflects that the body is responding to labor contractions effectively and is working towards the delivery of the baby. The more the cervix dilates, the closer the woman is to giving birth. Therefore, significant cervical dilation shows that labor is indeed progressing, making this the correct interpretation of this physiological change. In contrast, observing cervical dilation does not provide direct information regarding the baby's distress, the need for an episiotomy, or whether the pregnancy has reached term. While these factors are important in the labor process, they are not indicated solely by cervical dilation.

2. What factors are considered to assess the safety of a vaginal birth after cesarean (VBAC)?

- A. Obstetric history and personal preferences
- B. Previous cesareans and uterine incision type**
- C. Maternal age and weight
- D. Family medical history and socioeconomic status

The safety of a vaginal birth after cesarean (VBAC) is primarily assessed by considering the previous cesarean deliveries a woman has had and the type of uterine incision that was made during those procedures. When evaluating the risks associated with VBAC, it is crucial to know the type of uterine incision used in the prior cesarean. A low-transverse incision is the most favorable when considering a VBAC, as it has a lower risk of uterine rupture compared to a vertical incision or a classic incision. Therefore, the history of cesareans provides vital information about the likelihood of a successful trial of labor and the potential risks to both the mother and the baby. Other relevant aspects, such as obstetric history including past complications, and personal preferences might play a role in the decision-making process, but they do not directly assess the safety of the procedure in the same way that the previous cesarean history and the type of incision do. Similarly, maternal age and weight, and factors like family medical history and socioeconomic status may influence overall health or healthcare access but are not the primary determinants of VBAC safety.

3. Which finding is a contraindication for the administration of terbutaline in a client experiencing preterm labor?

- A. Cervical dilation of 2 cm
- B. Gestational age of 34 weeks
- C. Allergy to penicillin

D. Heart disease

Terbutaline is a beta-adrenergic agonist often used as a tocolytic agent to help manage preterm labor by inhibiting uterine contractions. However, its use is contraindicated in individuals with certain pre-existing health conditions. Heart disease is one of those contraindications because terbutaline can cause cardiovascular side effects such as increased heart rate and blood pressure. This can exacerbate existing heart conditions, potentially leading to complications for both the mother and the fetus. In contrast, a cervical dilation of 2 cm does not contraindicate the use of terbutaline; many women with cervical changes are still candidates for tocolytic therapy. Similarly, a gestational age of 34 weeks is generally within the range where terbutaline is considered for use, as it's aimed at delaying labor long enough for fetal lung maturity to improve. An allergy to penicillin is not directly relevant to terbutaline usage, as these drugs belong to different classes and do not have overlapping contraindications. Thus, heart disease stands out as a critical contraindication when considering the administration of terbutaline in the context of preterm labor.

4. Which statement best describes the function of low molecular weight heparin (LMWH) during pregnancy?

- A. It is used to manage gestational diabetes.
- B. It prevents thrombosis-related complications.**
- C. It reduces fetal movement.
- D. It is only safe in the third trimester.

Low molecular weight heparin (LMWH) plays a crucial role in preventing thrombosis-related complications during pregnancy, making the statement about its function in this context the most accurate. During pregnancy, hormonal changes and increased pressure on venous circulation can elevate the risk of thrombosis, such as deep vein thrombosis (DVT) or pulmonary embolism (PE). LMWH works by inhibiting specific clotting factors, thereby reducing the likelihood of clot formation and enhancing blood flow. The management of gestational diabetes is not associated with LMWH; instead, it typically involves dietary changes, monitoring blood glucose levels, and sometimes the use of insulin or oral medications. LMWH does not influence fetal movement; fetal activity is primarily determined by other factors such as fetal health and gestational age. Additionally, the safety of LMWH is not restricted only to the third trimester; it has established safety and efficacy across the entire pregnancy duration for certain high-risk patients, particularly those with a history of thromboembolic events. Hence, its preventive function against thrombosis-related complications is vital for minimizing risks during this period.

5. In a situation where a laboring client shows recurrent variable decelerations, what is the first action the nurse should take?

- A. Prepare for amnioinfusion
- B. Administer oxygen at 10 L/min
- C. Discontinue the infusion of oxytocin
- D. Place the client in a left lateral position**

Recurrent variable decelerations in a laboring client typically indicate fetal distress due to umbilical cord compression. The priority in this situation is to improve fetal perfusion by alleviating pressure on the umbilical cord. Placing the client in a left lateral position is effective because this position can help relieve compression on the cord and improve blood flow to the fetus. In labor management, maternal positioning is often one of the first interventions to employ when there are concerns about fetal heart rate patterns. The left lateral position can enhance oxygen delivery to the fetus and support better uterine perfusion, which can mitigate the effects of cord compression. While the other options might also be considered as part of the overall management of variable decelerations, they are not the immediate priority. For instance, administering oxygen can be beneficial if there are concerns about fetal oxygenation, and preparing for amnioinfusion is a valid option for resolving cord compression when indicated, but these interventions would typically follow the initial step of positioning the mother. Discontinuing oxytocin may be warranted if uterine hyperstimulation is contributing to the fetal distress, but repositioning the mother is an immediate action that can be quickly executed to address the decelerations effectively.

6. At what frequency do prenatal visits typically occur from 28 weeks to 36 weeks of gestation?

- A. Every week
- B. Every month
- C. Every two weeks**
- D. Every three weeks

From 28 weeks to 36 weeks of gestation, prenatal visits are typically scheduled every two weeks. This frequency is important as the third trimester is a critical period in pregnancy, requiring closer monitoring of both the mother and the developing fetus. During these visits, healthcare providers assess the mother's health, check fetal development, monitor for signs of complications such as gestational diabetes or hypertension, and provide necessary education about labor and delivery. As pregnancy progresses, the need for more frequent visits increases due to potential risks and the changes that occur in the mother and fetus. After 36 weeks, the visits usually increase to once a week until delivery, ensuring that any emerging issues can be addressed promptly and safely.

7. Which laboratory result for a client at 33 weeks of gestation with preeclampsia should be reported due to concern for worsening condition?

- A. BUN 35 mg/dL**
- B. Hgb 15 mg/dL
- C. Bilirubin 0.6 mg/dL
- D. Hct 37%

In a pregnant client at 33 weeks of gestation diagnosed with preeclampsia, monitoring kidney function is crucial, as preeclampsia can lead to renal impairment. Blood urea nitrogen (BUN) levels are an important indicator of kidney function. A BUN level of 35 mg/dL is elevated and indicates potential acute kidney injury or worsening renal function. Generally, in healthy individuals, normal BUN levels range from approximately 7 to 20 mg/dL. Thus, this elevated BUN suggests the need for immediate evaluation and intervention, as it reflects possible deterioration in the mother's condition, which could have serious implications for both maternal and fetal health. Other laboratory results provided do not signify an immediate concern in the context of preeclampsia. Hemoglobin levels of 15 mg/dL, while something to monitor, can be considered within a normal range or not alarming in pregnancy. A bilirubin level of 0.6 mg/dL falls well within normal limits and does not indicate any liver dysfunction or hemolysis, while a hematocrit level of 37% also typically falls within a normal range for a pregnant individual. Therefore, the most concerning result that needs to be reported and acted upon is

8. What are the risks associated with advanced maternal age at pregnancy?

- A. Higher risk of gestational diabetes and hypertension
- B. Increased likelihood of chromosomal abnormalities and pregnancy complications**
- C. Higher chances of premature labor and low birth weight
- D. More frequent morning sickness and fatigue

Advanced maternal age is associated with a variety of risks that can affect both the mother and the baby. One of the most significant concerns is the increased likelihood of chromosomal abnormalities, such as Down syndrome, due to the aging of the eggs. As a woman gets older, the chances of having eggs with abnormal chromosomal structures increase, leading to a higher risk of genetic disorders in the offspring. Additionally, pregnancy complications are more prevalent in older mothers. These can include issues such as gestational diabetes, preeclampsia, and complications during labor and delivery. The body's ability to cope with the physiological changes of pregnancy can be diminished with age, contributing to a range of complications that younger mothers might not face. This combination of increased risk for chromosomal abnormalities and a higher frequency of pregnancy complications makes the associated risks with advanced maternal age particularly noteworthy for healthcare providers and expectant mothers. Understanding these risks can help in planning appropriate prenatal care and monitoring throughout the pregnancy.

9. What are some common signs of labor?

- A. Regular contractions
- B. Cervical dilation
- C. Rupture of membranes
- D. All of the above**

The correct choice highlights that all mentioned signs are indicative of labor. Each one of these signs contributes to the recognition of the onset of labor and the progression towards delivery, making them crucial for healthcare practitioners and expectant mothers. Regular contractions are one of the most classic signs of labor. They occur when the uterus contracts in a rhythmic pattern to help push the baby towards the birth canal. These contractions typically become more frequent and intense as labor progresses. Cervical dilation is another essential indicator of labor. During labor, the cervix must open or dilate to allow the baby to pass through the birth canal. Monitoring the dilation of the cervix gives healthcare providers valuable information about how far along a woman is in her labor. Rupture of membranes, commonly referred to as the water breaking, is also a significant sign of labor onset. It can happen before labor starts, during labor, or very rarely, after labor has begun. When the membranes rupture, there is a release of amniotic fluid, which often indicates that labor may begin or intensify shortly thereafter. Together, these signs encompass the physiological changes and events that signal the onset and progression of labor. Recognizing and understanding these signs is vital for timely and appropriate care during childbirth.

10. Which is not a sign of labor?

- A. Regular contractions
- B. Cervical dilation
- C. Increased appetite**
- D. Rupture of membranes

In the context of labor signs, regular contractions, cervical dilation, and rupture of membranes are all well-established indicators that labor is either starting or progressing. Regular contractions are rhythmic uterine tightenings that occur at specific intervals and increase in frequency and intensity as labor approaches. Cervical dilation refers to the opening of the cervix in preparation for childbirth, which is a crucial change that signifies the impending delivery. The rupture of membranes, often referred to as the "water breaking," can occur as labor begins or progresses, indicating that the amniotic sac has ruptured and labor may be imminent. Increased appetite, on the other hand, is not a sign associated with the onset of labor. In fact, many women report a decrease in appetite as labor approaches, partly due to the physical and emotional changes occurring during this period. Stress and physical discomfort can lead to reduced food intake, making increased appetite an unlikely sign of labor. Thus, identifying increased appetite as a sign that is not associated with labor helps clarify the typical indicators that healthcare providers and expectant mothers should be aware of.

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:

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

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