

# Pharmacology Maternity HESI Final (Evolve) Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

**This is a sample study guide. To access the full version with hundreds of 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. Don't worry about getting everything right, 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, and take breaks to retain information better.**

## 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.**

## 7. Use Other Tools

**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!**

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## **Questions**

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- 1. A client taking oral contraceptives for several years expresses the desire to postpone children. What finding indicates a potential risk with continued use?**
  - A. Weight loss**
  - B. Increased blood pressure**
  - C. Fatigue**
  - D. Decreased libido**
- 2. What effect does betamethasone have on fetal development when administered to pregnant women?**
  - A. Decreases birth weight**
  - B. Promotes lung maturity**
  - C. Increases risk of preterm labor**
  - D. Enhances fetal circulation**
- 3. What is a priority nursing action after administering Rho(D) immune globulin?**
  - A. Reassure the client**
  - B. Monitor for signs of reaction**
  - C. Document the administration**
  - D. Schedule follow-up appointment**
- 4. Which drug is used to counteract drug toxicity caused by magnesium sulfate during preterm labor management?**
  - A. Calcium gluconate**
  - B. Magnesium oxide**
  - C. Phosphate buffer solution**
  - D. Penicillin**
- 5. What class of medication is commonly used for symptomatic treatment of mild preeclampsia?**
  - A. Diuretics**
  - B. Anticoagulants**
  - C. Antihypertensives**
  - D. Beta-blockers**

**6. Which fertility drug regimen may be prescribed to a woman diagnosed with primary ovarian failure?**

- A. Clomiphene citrate**
- B. Gonadotropins**
- C. Estrogens and progestins**
- D. Progesterone only therapy**

**7. What is the main reason magnesium sulfate is administered to a pregnant client with severe preeclampsia?**

- A. It acts as a muscle relaxant**
- B. It acts as an anticonvulsant**
- C. It controls hypertension**
- D. It enhances fetal development**

**8. What is a recognized toxic effect of doxorubicin in breast cancer treatment?**

- A. Cardiac dysrhythmias**
- B. Nausea and vomiting**
- C. Alopecia**
- D. Bone marrow suppression**

**9. During which gestational period is the administration of corticosteroids appropriate for preterm labor?**

- A. 20 to 30 weeks**
- B. 24 to 34 weeks**
- C. 28 to 36 weeks**
- D. 30 to 40 weeks**

**10. In which clinical situation would cervical ripening drugs be indicated?**

- A. Bishop score of 0**
- B. Bishop score of 4**
- C. Bishop score of 6**
- D. Bishop score of 10**

## **Answers**

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

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## **Explanations**

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**1. A client taking oral contraceptives for several years expresses the desire to postpone children. What finding indicates a potential risk with continued use?**

- A. Weight loss**
- B. Increased blood pressure**
- C. Fatigue**
- D. Decreased libido**

The identification of increased blood pressure as a potential risk in a client taking oral contraceptives is significant due to the relationship between hormonal contraceptives and cardiovascular health. Oral contraceptives can lead to hemodynamic changes, including an increase in blood pressure, particularly in women who are predisposed to hypertension or have other risk factors. Elevated blood pressure can increase the risk of serious conditions such as stroke and thromboembolism, making it crucial to monitor this physiological change. In women with well-controlled hypertension, some healthcare providers may still prescribe oral contraceptives, but they generally warrant careful evaluation and ongoing assessment. If a client is experiencing this side effect, especially after years of use, it indicates a need for re-evaluation of their contraceptive method to ensure their health and safety, as prolonged elevated blood pressure could further complicate future pregnancy or lead to other adverse health outcomes. In contrast, weight loss, fatigue, and decreased libido may be side effects of oral contraceptives, but they do not generally indicate an immediate or significant risk that would prompt urgent clinical intervention, compared with the implications of elevated blood pressure.

**2. What effect does betamethasone have on fetal development when administered to pregnant women?**

- A. Decreases birth weight**
- B. Promotes lung maturity**
- C. Increases risk of preterm labor**
- D. Enhances fetal circulation**

Betamethasone is a corticosteroid that is often administered to pregnant women at risk of preterm labor or those delivering preterm infants. Its primary role in this context is to promote fetal lung maturity. When given to women in preterm labor, betamethasone stimulates the production of surfactant in the fetal lungs, which is crucial for adequate respiratory function after birth. This process significantly reduces the risk of respiratory distress syndrome and other complications associated with premature delivery.

Promoting lung maturity is particularly vital as it facilitates the development of alveoli and enhances the lung's ability to function effectively after birth. This action can play a critical role in improving outcomes for premature infants. The other options relate to different potential implications of corticosteroid use during pregnancy, but they do not accurately describe the primary effect of betamethasone on fetal development.

Understanding the specific action of betamethasone in enhancing lung maturity underscores its importance in obstetric care for women experiencing preterm labor.

**3. What is a priority nursing action after administering Rho(D) immune globulin?**

- A. Reassure the client**
- B. Monitor for signs of reaction**
- C. Document the administration**
- D. Schedule follow-up appointment**

The priority nursing action after administering Rho(D) immune globulin is to monitor for signs of reaction. This is crucial because Rho(D) immune globulin can potentially cause adverse reactions in some patients, such as allergic responses. Monitoring the client allows the nurse to quickly identify any signs of a reaction, which could range from mild symptoms to more severe reactions that may require immediate intervention. By remaining vigilant and observing the patient closely after the administration, the nurse can ensure patient safety and respond appropriately if any complications arise. While reassuring the client and documenting the administration are important actions in the overall nursing process, they do not take precedence over the immediate need to monitor for any adverse responses. Scheduling a follow-up appointment is also significant but typically occurs after addressing any immediate concerns. Thus, prioritizing the observation of the patient directly after the injection is critical to ensure their safety and well-being.

**4. Which drug is used to counteract drug toxicity caused by magnesium sulfate during preterm labor management?**

- A. Calcium gluconate**
- B. Magnesium oxide**
- C. Phosphate buffer solution**
- D. Penicillin**

Calcium gluconate is the correct choice for counteracting drug toxicity caused by magnesium sulfate during preterm labor management because it acts as an antagonist to magnesium. When magnesium sulfate is administered, it can lead to elevated serum magnesium levels, which may result in adverse effects such as respiratory depression, diminished reflexes, and even cardiac issues. Calcium gluconate helps to restore calcium levels and counteract the neuromuscular blocking effects of excess magnesium, making it an essential drug in clinical settings where magnesium toxicity is a concern. In contrast, magnesium oxide and phosphate buffer solution do not address the issue of magnesium toxicity; magnesium oxide is another form of magnesium that could potentially exacerbate the problem. Penicillin, an antibiotic, is unrelated to the management of magnesium toxicity and is used for treating bacterial infections, not electrolyte disturbances. Thus, calcium gluconate specifically targets the effects of excessive magnesium, making it the appropriate choice in this situation.

**5. What class of medication is commonly used for symptomatic treatment of mild preeclampsia?**

- A. Diuretics**
- B. Anticoagulants**
- C. Antihypertensives**
- D. Beta-blockers**

The use of antihypertensives in the management of mild preeclampsia is essential because this condition is characterized by elevated blood pressure and can lead to more severe complications if left untreated. Antihypertensive medications help to lower blood pressure to safer levels, thereby reducing the risk of damage to maternal organs and decreasing the likelihood of progression to severe preeclampsia or eclampsia. Managing blood pressure effectively is crucial in preeclampsia, as high blood pressure can lead to significant risks for both the mother and the fetus, including placental abruption, reduced blood flow to the placenta, and increased risk of fetal growth restriction. Common antihypertensive medications used in this context may include medications such as labetalol, nifedipine, or methyldopa, which are considered safe for use during pregnancy. Other classes of medications listed, such as diuretics, anticoagulants, and beta-blockers, may have roles in different contexts but are not first-line treatments specifically aimed at managing blood pressure in mild preeclampsia. Diuretics are not generally recommended as they do not directly address blood pressure control in this condition, while anticoagulants are used specifically for preventing

**6. Which fertility drug regimen may be prescribed to a woman diagnosed with primary ovarian failure?**

- A. Clomiphene citrate**
- B. Gonadotropins**
- C. Estrogens and progestins**
- D. Progesterone only therapy**

For a woman diagnosed with primary ovarian failure, the appropriate fertility drug regimen involves the use of estrogens and progestins. This condition is characterized by the ovaries not producing sufficient hormones or eggs, which leads to issues with fertility. Estrogens help to alleviate symptoms associated with low estrogen levels, such as hot flashes and other menopausal-like symptoms. Meanwhile, progestins are critical for inducing a regular menstrual cycle and preparing the uterine lining for potential implantation of an embryo, should conception occur. While clomiphene citrate is used to stimulate ovulation in women with ovulatory dysfunction, it would not be effective in cases of primary ovarian failure since the primary issue is the lack of viable eggs rather than problems with the ovulation process. Gonadotropins, which contain hormones that stimulate the ovaries, are also not suitable for primary ovarian failure as they require functional ovaries to be effective. Progesterone only therapy does not address the need for estrogen and is not designed to promote fertility. Therefore, estrogens and progestins provide the necessary hormonal supplementation in managing primary ovarian failure.

**7. What is the main reason magnesium sulfate is administered to a pregnant client with severe preeclampsia?**

- A. It acts as a muscle relaxant**
- B. It acts as an anticonvulsant**
- C. It controls hypertension**
- D. It enhances fetal development**

Magnesium sulfate is primarily administered to pregnant clients with severe preeclampsia as an anticonvulsant. Preeclampsia can lead to severe complications, including seizures or eclampsia, which pose significant risks to both the mother and the fetus. By using magnesium sulfate, healthcare providers can effectively reduce the risk of seizures in women with severe preeclampsia. The mechanism by which magnesium sulfate exerts its anticonvulsant effects involves stabilizing the neuronal membranes and inhibiting the release of neurotransmitters that can lead to excitatory activity in the central nervous system. This is critical in managing severe preeclampsia, where the risk of seizures is heightened. While magnesium sulfate may have some mild muscle relaxant properties and can have effects on blood pressure, its primary and most crucial role in this clinical situation is its ability to prevent seizures, ensuring the safety and stability of the pregnant individual and the fetus. Enhancing fetal development is not a recognized indication for the use of magnesium sulfate in this context.

**8. What is a recognized toxic effect of doxorubicin in breast cancer treatment?**

- A. Cardiac dysrhythmias**
- B. Nausea and vomiting**
- C. Alopecia**
- D. Bone marrow suppression**

Doxorubicin, a powerful chemotherapeutic agent commonly used in the treatment of breast cancer, is known for its potential toxic effects on cardiac function. It can lead to dose-dependent cardiotoxicity, which manifests as cardiac dysrhythmias and, in some cases, heart failure. The mechanism behind this toxicity involves the generation of free radicals that damage myocardial cells. Because of this risk, patients receiving doxorubicin are often monitored closely for cardiac function throughout their treatment. While nausea and vomiting, alopecia, and bone marrow suppression are all side effects associated with doxorubicin and other chemotherapy agents, they are not as distinctive to doxorubicin as the risk of cardiac dysrhythmias. Nausea and vomiting can occur with many chemotherapeutic agents, alopecia is a common side effect of various cancer treatments, and bone marrow suppression is a frequent concern with many antineoplastic drugs. However, the cardiotoxic potential of doxorubicin is particularly significant and is a critical consideration in the management of patients undergoing treatment for breast cancer.

**9. During which gestational period is the administration of corticosteroids appropriate for preterm labor?**

- A. 20 to 30 weeks**
- B. 24 to 34 weeks**
- C. 28 to 36 weeks**
- D. 30 to 40 weeks**

The administration of corticosteroids is most appropriate for preterm labor between 24 to 34 weeks of gestation because this is when they can significantly enhance fetal lung maturity and reduce the risk of complications associated with premature birth. The corticosteroids help accelerate the development of surfactant in the fetal lungs, which is crucial for breathing stability after birth. Outside of the 24 to 34 weeks window, the likelihood of respiratory distress syndrome decreases as the fetus approaches term, making corticosteroid administration less critical. Administration before 24 weeks may not be as beneficial due to fetal immaturity, and after 34 weeks, delivery risks and maturity concerns often outweigh potential benefits.

**10. In which clinical situation would cervical ripening drugs be indicated?**

- A. Bishop score of 0**
- B. Bishop score of 4**
- C. Bishop score of 6**
- D. Bishop score of 10**

Cervical ripening drugs are indicated for use in situations where the cervix is not favorable for labor, and this is typically assessed using the Bishop score. A Bishop score provides a quantitative assessment of cervical readiness, taking into account factors such as cervical position, consistency, effacement, dilation, and the fetal station. A Bishop score of 6 indicates that the cervix has started to soften and has some degree of effacement and dilation but may not be fully ripe for labor. In this scenario, the use of cervical ripening agents can help enhance the readiness of the cervix, facilitating a more effective labor induction. Scores below 6 generally indicate less readiness and may warrant the use of cervical ripening drugs to improve conditions for labor. Conversely, a Bishop score of 10 signifies that the cervix is very favorable for labor, and typically, cervical ripening drugs would not be necessary in such advanced circumstances. A score of 4 is still relatively unfavorable, but at 6, the partial readiness justifies the use of ripening agents.

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

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

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