

# Pharmacology Maternity HESI Final (Evolve) 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. What is the typical goal of prenatal care regarding substance use?**
  - A. To increase drug use for stress relief**
  - B. To eliminate substance use during pregnancy**
  - C. To manage substance use disorders**
  - D. To educate about recreational drug use**
  
- 2. Which drug is associated with an increased risk of vaginal cancer in offspring?**
  - A. Estrogen**
  - B. Diethylstilbestrol**
  - C. Progestin**
  - D. Clomid**
  
- 3. Which type of drugs readily crosses the placenta?**
  - A. Lipid-soluble drugs**
  - B. Water-soluble drugs**
  - C. Protein-bound drugs**
  - D. Inhaled anesthetics**
  
- 4. Which supplement is commonly recommended during pregnancy to prevent neural tube defects?**
  - A. Calcium**
  - B. Iron**
  - C. Folic acid**
  - D. Vitamin D**
  
- 5. Which drug should be avoided for prescription in a lactating mother with heart problems?**
  - A. Atenolol**
  - B. Tenormin**
  - C. Lanoxin**
  - D. Verapamil**

- 6. Which medication is used for the management of chronic hypertension in pregnancy?**
- A. Hydrochlorothiazide**
  - B. Labetalol**
  - C. Amlodipine**
  - D. Methyldopa**
- 7. What is the potential fetal risk associated with using topiramate during pregnancy?**
- A. Neural tube defects**
  - B. Cleft lip and cleft palate**
  - C. Fetal heart irregularities**
  - D. Low birth weight**
- 8. What is a common side effect of using oxytocin for labor induction?**
- A. Hypotension**
  - B. Uterine hyperstimulation**
  - C. Headache**
  - D. Nausea**
- 9. What is a common side effect of opioid analgesics used during labor?**
- A. Increased alertness**
  - B. Nausea and vomiting**
  - C. Decreased uterine tone**
  - D. Enhanced sensory perception**
- 10. What medication is used off-label to prevent preterm birth?**
- A. Betamethasone**
  - B. Progesterone injections**
  - C. Magnesium sulfate**
  - D. Terbutaline**

## Answers

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

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## **Explanations**

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**1. What is the typical goal of prenatal care regarding substance use?**

- A. To increase drug use for stress relief**
- B. To eliminate substance use during pregnancy**
- C. To manage substance use disorders**
- D. To educate about recreational drug use**

The typical goal of prenatal care regarding substance use is to eliminate substance use during pregnancy. This objective is grounded in the understanding that the use of substances such as alcohol, tobacco, and illicit drugs can adversely affect both the mother and the developing fetus. Prenatal care aims to ensure the health of the mother and the baby by promoting a drug-free environment, which can lead to better maternal and fetal outcomes. While managing substance use disorders is an important aspect of care, the primary focus during prenatal visits is to support women in completely eliminating substance use. This involves education on the dangers associated with substances, screening for use, and providing resources and referrals for treatment or support when necessary. Encouraging drug use for stress relief or providing education about recreational drug use does not align with the objectives of prenatal care, as both would undermine the health strategies aimed at safeguarding the well-being of pregnant women and their unborn children.

**2. Which drug is associated with an increased risk of vaginal cancer in offspring?**

- A. Estrogen**
- B. Diethylstilbestrol**
- C. Progestin**
- D. Clomid**

Diethylstilbestrol (DES) is a synthetic estrogen that was prescribed to pregnant women in the mid-20th century to prevent complications during pregnancy, such as miscarriage and premature labor. However, research has since revealed that exposure to DES in utero is associated with a specific increased risk of vaginal and cervical cancers in the daughters of women who received this medication. The mechanism is believed to involve the hormone's ability to alter the normal development of the reproductive tract in female fetuses, leading to anomalies that can predispose them to malignancies. This has been well documented through studies that followed women exposed to DES, greatly influencing approaches to prenatal care and signaling the importance of careful medication use during pregnancy. In contrast, while estrogen, progestins, and Clomid (clomiphene citrate) have their own sets of risks and side effects, they are not specifically associated with an increased risk of vaginal cancer in offspring like DES is. This distinguishing feature of DES highlights the critical need for careful evaluation of medications during pregnancy, considering their long-term effects on the developing fetus.

### 3. Which type of drugs readily crosses the placenta?

- A. Lipid-soluble drugs**
- B. Water-soluble drugs**
- C. Protein-bound drugs**
- D. Inhaled anesthetics**

Lipid-soluble drugs are known to readily cross the placenta due to their chemical characteristics. The placenta is composed of lipid membranes, and lipid-soluble substances can diffuse through these membranes more easily than water-soluble drugs. This passive diffusion occurs because lipid solubility allows these drugs to navigate the hydrophobic layers of the placental tissue, thereby entering the fetal circulation. In contrast, water-soluble drugs have a more challenging time passing through the placental barrier because they require specific transport mechanisms or channels to facilitate their movement. Protein-bound drugs are also less likely to cross the placenta efficiently, as their protein binding can limit their free, active form available for passage through the placental membranes. Inhaled anesthetics, while they can cross the placenta, typically do so in the presence of lipid solubility factors, but they do not represent the generalization that lipid-soluble drugs provide. Thus, the primary reason lipid-soluble drugs are the correct answer is their inherent ability to diffuse across lipid membranes freely, making them readily available to the fetus.

### 4. Which supplement is commonly recommended during pregnancy to prevent neural tube defects?

- A. Calcium**
- B. Iron**
- C. Folic acid**
- D. Vitamin D**

Folic acid is a critical supplement recommended during pregnancy to help prevent neural tube defects, which are serious birth defects of the spinal cord and brain. Adequate levels of folate (the natural form of B9 found in food) are essential for cell division and the proper closure of the neural tube during the early stages of fetal development, specifically within the first month after conception. Research indicates that women who receive appropriate amounts of folic acid before conception and during early pregnancy can significantly reduce the risk of neural tube defects, such as spina bifida and anencephaly. The recommended daily intake for pregnant women is typically 400 to 800 micrograms of folic acid, which is often advised even before conception, as many pregnancies are unplanned and early development is crucial. Calcium and iron, while important for maternal health during pregnancy, do not specifically target neural tube defect prevention. Vitamin D also plays a vital role in overall maternal and fetal health but does not have a direct effect on preventing these neural tube defects. Thus, the emphasis on folic acid conveys its unique and essential role in this aspect of prenatal care.

**5. Which drug should be avoided for prescription in a lactating mother with heart problems?**

- A. Atenolol
- B. Tenormin**
- C. Lanoxin
- D. Verapamil

The inquiry pertains to the appropriate management of medications in a lactating mother with heart problems. In this context, the selected drug for avoidance, which is also known as Tenormin, is a beta-blocker that can pass into breast milk. While it might be used in certain circumstances for managing heart conditions, it is typically not the first-line choice due to its potential effects on both maternal and infant health. Atenolol, while sometimes prescribed, presents similar concerns regarding lactation but is generally considered safer as it has been studied more extensively in breastfeeding women. Lanoxin, or digoxin, can be prescribed in lactating women under careful monitoring. Verapamil, a calcium channel blocker, is also reasonably safe for use in breastfeeding but should be used with caution based on the mother's health status and the infant's reaction. In summary, the reason Tenormin is highlighted as a drug to avoid for prescription in this scenario is due to its potential risks and side effects that could impact the lactating mother and her nursing infant, making it less favorable compared to other available options.

**6. Which medication is used for the management of chronic hypertension in pregnancy?**

- A. Hydrochlorothiazide
- B. Labetalol**
- C. Amlodipine
- D. Methyldopa

Labetalol is often used for the management of chronic hypertension during pregnancy due to its effectiveness in controlling blood pressure while minimizing potential risks to the fetus. This medication is a combined alpha and beta-adrenergic blocker, which helps to lower blood pressure without significantly affecting uteroplacental blood flow. It is preferred for its safety profile compared to other antihypertensive agents and the rapid onset of action. In addition, labetalol has been shown to reduce maternal blood pressure and improve outcomes for both the mother and the fetus in cases of chronic hypertension or hypertensive disorders of pregnancy. This makes it a first-line choice among healthcare providers for managing hypertension in pregnant patients. Other options, while they may also be considered in certain situations, do not have the same level of preference or established effectiveness as labetalol. Hydrochlorothiazide, for instance, is generally not recommended for the treatment of hypertension in pregnancy due to concerns regarding its effects on fetal growth. Amlodipine is frequently used for hypertension but may not be as effective or safe as labetalol in the pregnant population. Methyldopa is another medication that can be prescribed but tends to be used less frequently nowadays compared to labetalol, which has

**7. What is the potential fetal risk associated with using topiramate during pregnancy?**

- A. Neural tube defects
- B. Cleft lip and cleft palate**
- C. Fetal heart irregularities
- D. Low birth weight

Topiramate, an anticonvulsant medication, has been associated with an increased risk of both cleft lip and cleft palate when used during pregnancy. This association is particularly significant during the first trimester, a critical period for fetal development when organs and structures are forming. The risk stems from topiramate's mechanism of action, which can interfere with certain metabolic pathways that are essential for proper embryonic development. Research has shown that the use of topiramate in pregnant individuals is linked to these congenital malformations, and clinicians often weigh the benefits of seizure control against the potential for these risks when considering this medication for pregnant patients. This focus on cleft lip and palate is critical given that these conditions can have both physical and psychosocial implications for affected individuals. While other options mention concerns such as neural tube defects, fetal heart irregularities, and low birth weight, the strongest evidence in literature connects topiramate with clefting issues, making this the most relevant fetal risk associated with its use during pregnancy.

**8. What is a common side effect of using oxytocin for labor induction?**

- A. Hypotension
- B. Uterine hyperstimulation**
- C. Headache
- D. Nausea

Uterine hyperstimulation is a well-documented side effect of using oxytocin for labor induction. This occurs when the contractions of the uterus become excessively frequent or intense, potentially affecting both the mother and the fetus. Oxytocin is a potent hormone that stimulates uterine contractions, and if administered in excessive doses or if used without proper monitoring, it can lead to hyperstimulation. This condition can increase the risk for complications such as fetal distress, uterine rupture, or abnormal fetal heart patterns. Continuous fetal monitoring is crucial during oxytocin infusion to promptly identify any signs of hyperstimulation and to adjust the dosage or discontinue the medication if necessary. While other side effects like hypotension, headache, and nausea can occur, they are less specific or common compared to uterine hyperstimulation when using oxytocin in labor induction. Thus, uterine hyperstimulation stands out as a primary concern and a significant reason for close maternal and fetal monitoring during oxytocin administration.

**9. What is a common side effect of opioid analgesics used during labor?**

- A. Increased alertness**
- B. Nausea and vomiting**
- C. Decreased uterine tone**
- D. Enhanced sensory perception**

Opioid analgesics are commonly used during labor to provide pain relief, but one of the notable side effects associated with their use is nausea and vomiting. This side effect can occur due to the manner in which opioids interact with the body, particularly affecting the central nervous system and the gastrointestinal tract. Opioids can stimulate the chemoreceptor trigger zone which can lead to sensations of nausea and cause vomiting. It is important for practitioners to monitor for these symptoms and provide appropriate interventions to manage them, ensuring maternal comfort and safety during labor. While other options such as decreased uterine tone can occur with the use of certain medications in labor, the specific and common experience of nausea and vomiting stands out as a direct result of opioid administration. Enhanced sensory perception does not typically occur with opioids; rather, the central nervous system depressant effect can lead to sedation or decreased awareness instead of increased alertness.

**10. What medication is used off-label to prevent preterm birth?**

- A. Betamethasone**
- B. Progesterone injections**
- C. Magnesium sulfate**
- D. Terbutaline**

Progesterone injections are utilized off-label to help prevent preterm birth, particularly in women who have a history of premature labor or who are at high risk for preterm delivery. The rationale behind using progesterone for this purpose is based on its role in maintaining pregnancy and inhibiting uterine contractions. By providing supplemental progesterone, it can help sustain the uterine lining and reduce the likelihood of early contractions, which is critical for maintaining pregnancy to full term. This use of progesterone is supported by research indicating that women who receive progesterone injections during the second trimester have a reduced risk of preterm birth, especially in cases of cervical insufficiency or a history of preterm deliveries. The clinical guidelines recommend this intervention in specific populations to optimize maternal and fetal outcomes. In contrast, other medications listed serve different purposes. For instance, betamethasone is a corticosteroid primarily used to accelerate fetal lung maturity in the event of anticipated preterm delivery, rather than for prevention. Magnesium sulfate is typically used as a neuroprotective agent for the fetus in the case of imminent preterm labor or to prevent complications such as preeclampsia. Terbutaline, a beta-agonist, can be used for short-term management of preterm

## 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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