

RASMUSSEN MATERNAL CHILD PRACTICE EXAM (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. A third-trimester patient presents with painless, bright red vaginal bleeding and a soft uterus. What is the likely diagnosis and the immediate nursing action?**
 - A. Placenta previa; avoid vaginal examination and notify the provider immediately.
 - B. Placental abruption; perform vaginal examination to assess detachment.
 - C. Uterine fibroid; administer oxytocin and monitor.
 - D. Ectopic pregnancy; begin IV fluids and prepare for surgery.
- 2. At what age do the epiphyseal lines typically close in females?**
 - A. 18-20 years
 - B. 16-17 years
 - C. 12-14 years
 - D. 20-22 years
- 3. Which action supports reducing childhood obesity?**
 - A. Limit physical activity
 - B. Encourage sports to increase exercise
 - C. Increase refined sugars in the diet
 - D. Avoid family meals
- 4. Describe the typical progression of lochia after delivery.**
 - A. Lochia rubra (red) for 3-4 days, then lochia serosa (pink/brown) for about 10-14 days, then lochia alba (yellow/white) for several weeks.
 - B. Lochia alba (yellow/white) for 3-4 days, then rubra (red) for 10-14 days, then serosa (pink/brown).
 - C. Lochia rubra is red for several weeks, followed by alba for 1-2 months.
 - D. Lochia appears only as a single red discharge for 6-8 weeks.
- 5. What type of specimen is commonly used for drug screening in pregnant individuals?**
 - A. Blood
 - B. Urine
 - C. Saliva
 - D. Hair

- 6. Which of the following is a sign of placental abruption?**
- A. Fresh vaginal bleeding
 - B. Hypotension
 - C. Sharp abdominal pain with contractions that do not relax
 - D. Decreased FHR
- 7. Which action is a nursing task during a blood transfusion?**
- A. Administer antibiotics if fever develops
 - B. Stay with patient for 15 minutes after starting transfusion and monitor for reaction
 - C. Remove IV if fever occurs
 - D. Draw a new sample for crossmatching every 5 minutes
- 8. If a newborn mother is Rh-negative and the baby is Rh-positive, which statement is true regarding newborn management?**
- A. The infant must be isolated to prevent infection
 - B. The mother should not receive Rhogam postpartum
 - C. The infant always requires exchange transfusion
 - D. The infant should be monitored for anemia and hyperbilirubinemia
- 9. Which statement best describes the signs of chorioamnionitis and the appropriate nursing response?**
- A. Maternal fever, fetal tachycardia, and uterine tenderness; respond by notifying physician, obtaining cultures, starting antibiotics, and monitoring.
 - B. Maternal fever alone; notify physician and observe.
 - C. Fetal tachycardia alone; start antibiotics and monitor.
 - D. No signs indicate infection.
- 10. Glycemic control in pregnancy helps prevent which complications?**
- A. Hypertension and preeclampsia.
 - B. Fetal macrosomia and neonatal hypoglycemia.
 - C. Postpartum infection.
 - D. Neonatal jaundice due to ABO incompatibility.

Answers

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

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Explanations

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1. A third-trimester patient presents with painless, bright red vaginal bleeding and a soft uterus. What is the likely diagnosis and the immediate nursing action?

- A. Placenta previa; avoid vaginal examination and notify the provider immediately.
- B. Placental abruption; perform vaginal examination to assess detachment.**
- C. Uterine fibroid; administer oxytocin and monitor.
- D. Ectopic pregnancy; begin IV fluids and prepare for surgery.

Painless vaginal bleeding in the third trimester with a soft, non-tender uterus points to placenta previa, which occurs when the placenta implants near or over the cervical os and can bleed with little or no pain. The immediate nursing action is to avoid vaginal examination because inserting anything through the cervix can trigger heavy bleeding from the placental hemorrhage. Notify the provider right away for further evaluation, typically with ultrasound to locate placental position and to plan delivery. In the meantime, position the patient on the left side to improve uteroplacental blood flow, establish IV access, and monitor maternal vitals and fetal status while preparing for possible cesarean delivery if placenta previa is confirmed.

2. At what age do the epiphyseal lines typically close in females?

- A. 18-20 years
- B. 16-17 years**
- C. 12-14 years
- D. 20-22 years

Growth plates close when a person finishes growing in height. In females, puberty starts earlier and estrogen speeds up the fusion of these growth plates, so the long bones stop lengthening sooner than in males. By about 16 to 17 years, most epiphyseal plates have fused, and a thin epiphyseal line is typically seen on radiographs. This timing can vary a bit by bone and individual, but 16–17 years is the conventional average for females.

3. Which action supports reducing childhood obesity?

- A. Limit physical activity
- B. Encourage sports to increase exercise**
- C. Increase refined sugars in the diet
- D. Avoid family meals

Increasing regular physical activity through sports is a powerful way to reduce childhood obesity. When kids participate in sports, they burn more calories, which helps balance the energy equation that governs body weight. Sports also build endurance, strength, and metabolic health, and they tend to reduce sedentary time by providing enjoyable, structured ways to move. This combination makes it easier for children to meet recommendations for daily activity, typically about 60 minutes of moderate to vigorous activity most days, which supports healthier growth and weight. While other choices involve aspects that can worsen weight or eating habits—like cutting back on activity, consuming more refined sugars, or skipping family meals—the key idea here is that increasing exercise through sports raises energy expenditure, promotes longer-term healthy behavior, and contributes directly to reducing obesity risk.

4. Describe the typical progression of lochia after delivery.

- A. Lochia rubra (red) for 3-4 days, then lochia serosa (pink/brown) for about 10-14 days, then lochia alba (yellow/white) for several weeks.
- B. Lochia alba (yellow/white) for 3-4 days, then rubra (red) for 10-14 days, then serosa (pink/brown).
- C. Lochia rubra is red for several weeks, followed by alba for 1-2 months.
- D. Lochia appears only as a single red discharge for 6-8 weeks.

After delivery the uterus heals by shedding tissue and cleaning out remnants in a staged way, which is reflected in the lochia sequence. The first discharge is lochia rubra, a bright red bleed that contains blood and placental debris and typically lasts about 3–4 days. Next comes lochia serosa, a pink to brown discharge that consists of serum, leukocytes, and degraded blood products, usually lasting around 10–14 days. Finally, lochia alba appears as a yellowish-white, mucus-rich discharge as healing progresses, and it can persist for several weeks. This progression—red for a few days, then pink/brown for a couple of weeks, then white/yellow for several weeks—matches the described pattern. Other patterns, such as alba appearing first or red discharge lasting weeks without the serosa stage, don't align with how the uterus involutes and heals after birth.

5. What type of specimen is commonly used for drug screening in pregnant individuals?

- A. Blood
- B. Urine
- C. Saliva
- D. Hair

Urine is the most common specimen for prenatal drug screening because it's noninvasive, easy to collect, and inexpensive, allowing rapid screening for many substances. It provides a practical detection window for recent use and can be tested quickly with immunoassays, with confirmatory testing (like GC-MS or LC-MS/MS) if needed. Blood, while informative, requires a more invasive draw and often has a shorter window for some drugs, making it less convenient for routine screening. Saliva and hair have their own limitations—saliva can be less reliable for some drugs and has a shorter or variable window, while hair shows long-term use rather than recent exposure. For timely, broad screening in pregnancy, urine remains the preferred choice.

6. Which of the following is a sign of placental abruption?

- A. Fresh vaginal bleeding
- B. Hypotension
- C. Sharp abdominal pain with contractions that do not relax
- D. Decreased FHR

Placental abruption occurs when the placenta starts to separate from the uterine wall before delivery, causing uterine irritation and bleeding. The most telling sign is sudden, sharp abdominal pain with a uterus that feels firm or tender and contractions that continue without relief. This persistent, painful tightening reflects ongoing placental separation and maternal uterine irritability, making it the best indicator of abruption. Vaginal bleeding can occur with abruption, but it isn't always present and isn't as specific. Low blood pressure indicates blood loss and can happen with heavy bleeding, but it isn't unique to abruption. A decreased fetal heart rate can occur due to fetal distress from the placental separation, but it's not the defining maternal sign and may appear later.

7. Which action is a nursing task during a blood transfusion?

- A. Administer antibiotics if fever develops
- B. Stay with patient for 15 minutes after starting transfusion and monitor for reaction**
- C. Remove IV if fever occurs
- D. Draw a new sample for crossmatching every 5 minutes

Monitoring the patient during the initial phase of a blood transfusion is essential because most transfusion reactions occur early. By staying with the patient for the first 15 minutes, the nurse can observe for signs such as fever, chills, flushing, hives, back or chest pain, shortness of breath, or changes in vital signs and respond immediately if a reaction begins. This hands-on observation and quick intervention are the most important safety steps to protect the patient during transfusion. Other actions aren't appropriate nursing tasks during this time. Administering antibiotics for fever isn't standard treatment during transfusion unless an infection is confirmed independently. Removing the IV line would interrupt monitoring and delay necessary action. Drawing a new crossmatch sample every few minutes isn't required and wastes time. The core idea is vigilant observation and rapid response to any transfusion reaction.

8. If a newborn mother is Rh-negative and the baby is Rh-positive, which statement is true regarding newborn management?

- A. The infant must be isolated to prevent infection
- B. The mother should not receive Rhogam postpartum
- C. The infant always requires exchange transfusion
- D. The infant should be monitored for anemia and hyperbilirubinemia**

Rh incompatibility causes the mother's anti-D antibodies to attack the baby's red cells, leading to neonatal anemia and increased bilirubin from red cell breakdown. Because of this, the newborn's care focuses on detecting and managing anemia and hyperbilirubinemia, with phototherapy for jaundice and exchange transfusion only if the disease is severe. Isolation isn't needed to prevent infection, and postpartum Rhogam should be given to the mother to prevent sensitization in future pregnancies. An exchange transfusion isn't automatically required; it's reserved for cases with significant anemia or very high bilirubin levels.

9. Which statement best describes the signs of chorioamnionitis and the appropriate nursing response?

- A. Maternal fever, fetal tachycardia, and uterine tenderness; respond by notifying physician, obtaining cultures, starting antibiotics, and monitoring.
- B. Maternal fever alone; notify physician and observe.
- C. Fetal tachycardia alone; start antibiotics and monitor.**
- D. No signs indicate infection.

Chorioamnionitis is an intra-amniotic infection, and fetal tachycardia is a key sign that the fetus may be affected by that infection. When this fetal sign appears, the most appropriate nursing response is to start antibiotics promptly and monitor both mother and fetus closely. Early antibiotic treatment helps control the infection and reduces the risk of neonatal sepsis and maternal complications, while ongoing monitoring (vital signs, fetal heart rate, uterine status, and labor progress) guides further management and escalation if needed. While fever is a common finding, it does not by itself dictate the immediate action as effectively as recognizing fetal tachycardia does in signaling potential infection. Choosing to observe or waiting for additional signs could delay treatment, which is why initiating antibiotics and maintaining vigilant monitoring best fits the scenario.

10. Glycemic control in pregnancy helps prevent which complications?

- A. Hypertension and preeclampsia.
- B. Fetal macrosomia and neonatal hypoglycemia.**
- C. Postpartum infection.
- D. Neonatal jaundice due to ABO incompatibility.

Maintaining blood sugar within target ranges during pregnancy prevents the fetus from being exposed to high glucose levels. When maternal glucose is elevated, the fetus increases insulin production, which promotes fetal growth. This leads to macrosomia (a larger baby) and, after birth, neonatal hypoglycemia because the baby still has high insulin while the maternal glucose supply has stopped. By achieving good glycemic control, you reduce fetal hyperinsulinemia and excessive growth, lowering the risk of these two complications. Hypertension and preeclampsia involve placental and vascular factors rather than just glucose control. Postpartum infection relates to maternal infection risk and wound healing, not directly to glycemic levels in the same way. Neonatal jaundice due to ABO incompatibility stems from blood-type incompatibility, not maternal glucose status.

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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://rasmussenmaternalchild.examzify.com>

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

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