

Relias Nursing Care of Patient with Obstetric (OB) & Postpartum Hemorrhage (PPH) Assessment 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,

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain from reliable sources accurate, complete, and timely information about this product.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	6
Answers	9
Explanations	11
Next Steps	17

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!

SAMPLE

Questions

- 1. What intervention is most likely to follow an emergency hysterectomy due to excessive blood loss?**
 - A. Administer antihypertensive medications**
 - B. Activate the massive transfusion protocol**
 - C. Increase crystalloid resuscitation**
 - D. Delay transfusion until lab results are available**
- 2. What nursing action is appropriate for Ms. Lee who is experiencing a Stage 2 hemorrhage?**
 - A. Continue with aggressive IV fluid resuscitation rather than blood products.**
 - B. Provide second large bore IV access.**
 - C. Change to estimated blood loss (EBL) for accuracy.**
 - D. Delay any interventions until transfusion is considered.**
- 3. What is a significant concern for patients who have undergone an operative vaginal birth?**
 - A. Infection risk only**
 - B. Increased likelihood of coagulopathy**
 - C. Higher risk of soft tissue trauma**
 - D. Decreased need for pain control**
- 4. In the event of brisk bleeding from a vaginal laceration, what should be the immediate nursing action?**
 - A. Continue to monitor symptoms**
 - B. Draw CBC and wait for results**
 - C. Notify the provider for blood transfusion**
 - D. Wait until the pulse is more concerning**
- 5. Which program is designed for participants to discuss traumatic events in a supportive environment?**
 - A. Critical Incident Stress Management (CISM)**
 - B. Debriefing with the healthcare team**
 - C. Debriefing with the patient and family**
 - D. Employee Assistance Program (EAP)**

- 6. If a nurse suspects a patient is experiencing PPH, what should be the immediate response?**
- A. Call for a family member**
 - B. Initiate emergency protocols**
 - C. Reassure the patient and monitor**
 - D. Continue regular assessments**
- 7. What is a critical aspect of patient education regarding PPH before discharge?**
- A. Providing general information about delivery**
 - B. Encouraging them to discuss their symptoms with family only**
 - C. Empowering them to recognize and act on warning signs**
 - D. Forbidding them from contacting their healthcare provider**
- 8. What does a "boggy" uterus indicate in a postpartum patient?**
- A. Normal uterine tone**
 - B. Uterine atony**
 - C. Infection**
 - D. Retained placental fragments**
- 9. In case of PPH, what position should the patient be placed in?**
- A. Sitting upright**
 - B. Prone position**
 - C. Supine with legs elevated**
 - D. Flat on the stomach**
- 10. When should blood products be considered during Stage 2 hemorrhage management?**
- A. Only after IV resuscitation is completed.**
 - B. When the patient remains stable on fluids.**
 - C. If the patient's blood volume is critically low.**
 - D. When IV fluids alone are not sufficient.**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What intervention is most likely to follow an emergency hysterectomy due to excessive blood loss?

- A. Administer antihypertensive medications**
- B. Activate the massive transfusion protocol**
- C. Increase crystalloid resuscitation**
- D. Delay transfusion until lab results are available**

Following an emergency hysterectomy due to excessive blood loss, the immediate concern is to address the critical state of the patient, which often includes severe hemorrhage leading to hypovolemic shock. Activating the massive transfusion protocol is a crucial intervention in such scenarios, as it facilitates the rapid administration of blood products to stabilize the patient. This protocol involves the coordinated efforts of the healthcare team to quickly provide red blood cells, plasma, and platelets in a balanced ratio to restore blood volume and improve coagulation. The urgency of this response is due to the fact that significant blood loss can lead to life-threatening complications, making swift action essential for patient survival. In contrast, other interventions such as administering antihypertensive medications would not be appropriate in this context, as the priority is to address low blood pressure resulting from hemorrhage rather than controlling it. Increasing crystalloid resuscitation may be part of the initial management, but it does not replace the need for blood products, which are necessary for replenishing lost red blood cells and overcoming coagulopathy. Delaying transfusion until lab results are available could result in critical delays in treatment and is not advisable when a patient is in a state of shock from blood loss.

2. What nursing action is appropriate for Ms. Lee who is experiencing a Stage 2 hemorrhage?

- A. Continue with aggressive IV fluid resuscitation rather than blood products.**
- B. Provide second large bore IV access.**
- C. Change to estimated blood loss (EBL) for accuracy.**
- D. Delay any interventions until transfusion is considered.**

In the context of a Stage 2 hemorrhage, the priority is to ensure that the patient has adequate venous access for potential fluid and blood product resuscitation. Providing second large bore IV access is crucial because rapid access to the vascular system is necessary for effective management of significant blood loss. This allows for the administration of IV fluids and blood products quickly, which can be life-saving in a hemorrhagic situation. Having multiple large bore IVs ensures that the healthcare team can respond swiftly, given that time is of the essence in managing hemorrhage. This proactive approach enhances the ability to stabilize the patient's hemodynamic status and manage the volume loss effectively. While other actions could be deemed significant in certain contexts, establishing adequate IV access is foundational in responding to hemorrhagic emergencies and is a best practice in the management of patients experiencing significant blood loss.

3. What is a significant concern for patients who have undergone an operative vaginal birth?

- A. Infection risk only**
- B. Increased likelihood of coagulopathy**
- C. Higher risk of soft tissue trauma**
- D. Decreased need for pain control**

The significant concern for patients who have undergone an operative vaginal birth is the higher risk of soft tissue trauma. Operative vaginal deliveries, which can involve instruments such as forceps or vacuum extraction, increase the likelihood of injury to the perineum, vagina, and surrounding soft tissues due to the force applied during the procedure. These soft tissue injuries can result in lacerations, bruising, and swelling, which may require additional medical intervention or repair. Furthermore, such injuries can lead to complications such as infection, delayed healing, or chronic pain if not properly managed. While other concerns, such as infection risk and potential coagulopathy, are important to consider in the context of childbirth, the specific nature of operative vaginal births significantly raises the risk of soft tissue trauma compared to other delivery methods. This focus on soft tissue injury is crucial to ensure proper prenatal education, preparation, and post-delivery care for the patient.

4. In the event of brisk bleeding from a vaginal laceration, what should be the immediate nursing action?

- A. Continue to monitor symptoms**
- B. Draw CBC and wait for results**
- C. Notify the provider for blood transfusion**
- D. Wait until the pulse is more concerning**

In the scenario of brisk bleeding from a vaginal laceration, the immediate nursing action involves notifying the provider for blood transfusion. This is crucial because brisk bleeding can quickly lead to significant blood loss and compromise the patient's hemodynamic stability. Timely intervention is essential to ensure the patient receives appropriate care to manage potential hypovolemia or hemorrhagic shock. Notifying the healthcare provider allows for rapid assessment and intervention, which may include administering IV fluids or transfusions to replace lost blood and stabilize the patient. In emergencies related to bleeding, swift communication with the medical team is vital to initiate necessary treatments, thereby reducing the risk of severe complications. Other options, such as continuing to monitor symptoms or drawing a CBC and waiting for results, do not address the immediate needs of the patient who is experiencing brisk bleeding. These actions could delay critical interventions, which is why they are not appropriate as the first steps in this urgent situation. Waiting for the pulse to become more concerning also poses a risk, as it may lead to further deterioration of the patient's condition before the necessary actions are taken.

5. Which program is designed for participants to discuss traumatic events in a supportive environment?

A. Critical Incident Stress Management (CISM)

B. Debriefing with the healthcare team

C. Debriefing with the patient and family

D. Employee Assistance Program (EAP)

The Critical Incident Stress Management (CISM) program is specifically designed to help participants process and discuss traumatic events in a supportive and structured environment. CISM aims to alleviate the psychological impact of traumatic experiences, particularly in high-stress situations such as those encountered in healthcare settings. The program typically facilitates group discussions, allowing individuals to share their feelings, experiences, and coping mechanisms related to the trauma, thereby promoting emotional healing and resilience. Participants in CISM sessions can experience normalization of their feelings, which is crucial in helping them understand that their reactions are common responses to stressful events. This peer support is a key component, as it fosters a sense of community and shared understanding among those who have undergone similar experiences. In contrast, other options such as debriefing with the healthcare team or the patient and family focus more on operational concerns or sharing information rather than specifically addressing the psychological aftermath of trauma in a structured support setting. The Employee Assistance Program (EAP), while valuable for providing a range of mental health services, is typically more individualized and broader in scope, rather than focused specifically on collective discussions about traumatic experiences.

6. If a nurse suspects a patient is experiencing PPH, what should be the immediate response?

A. Call for a family member

B. Initiate emergency protocols

C. Reassure the patient and monitor

D. Continue regular assessments

When a nurse suspects that a patient is experiencing postpartum hemorrhage (PPH), the immediate response should be to initiate emergency protocols. This is crucial because PPH can lead to significant and rapid blood loss, resulting in severe complications for the patient if not addressed promptly. Activating emergency protocols ensures that the necessary medical interventions are initiated quickly, which may include IV fluid resuscitation, medication administration (such as oxytocin to promote uterine contraction), and preparing for potential surgical interventions if bleeding does not stop. Other options would not provide the urgency necessary in this critical situation. Calling for a family member does not contribute to the patient's immediate medical needs and can cause delays in treatment. Simply reassuring the patient and monitoring their condition could lead to worsening of the situation, as PPH requires proactive management rather than passive observation. Continuing regular assessments would not adequately address the potential emergency of PPH, which could deteriorate rapidly. Thus, initiating emergency protocols is the most appropriate and immediate response to safeguard the patient's health.

7. What is a critical aspect of patient education regarding PPH before discharge?

- A. Providing general information about delivery**
- B. Encouraging them to discuss their symptoms with family only**
- C. Empowering them to recognize and act on warning signs**
- D. Forbidding them from contacting their healthcare provider**

Empowering patients to recognize and act on warning signs of postpartum hemorrhage (PPH) is a critical aspect of education prior to discharge. This approach ensures that patients and their families are knowledgeable about the specific symptoms that could indicate a complication, such as severe bleeding, changes in vital signs, or other warning signs. By understanding these indicators, patients can seek timely medical attention, which is crucial for their safety and well-being. Educating patients about recognizing PPH symptoms helps to foster a proactive approach to their health care, which can lead to quicker interventions if issues arise, ultimately improving outcomes. This empowerment not only enables patients to take control of their recovery but also strengthens the support system around them, as family members can assist in monitoring for signs of PPH. In contrast, general information about delivery may not directly address the critical aspects of postpartum care and the specific management of PPH. Encouraging discussions with only family may limit the patient's access to professional medical advice, which could be essential for recognizing symptoms effectively. Similarly, forbidding contact with healthcare providers can prevent patients from seeking necessary help, which is detrimental to their health outcomes.

8. What does a "boggy" uterus indicate in a postpartum patient?

- A. Normal uterine tone**
- B. Uterine atony**
- C. Infection**
- D. Retained placental fragments**

A "boggy" uterus in a postpartum patient is indicative of uterine atony, which is a condition where the uterus fails to contract effectively after childbirth. This lack of tone can lead to excessive bleeding, known as postpartum hemorrhage. In the postpartum period, the uterus should feel firm and well-contracted to effectively compress the blood vessels that were attached to the placenta. When the uterus is described as "boggy," it suggests that it is not contracting properly, which could lead to significant complications if not addressed promptly. Uterine atony is the most common cause of early postpartum hemorrhage, making it critical for healthcare providers to assess uterine tone regularly after delivery. Effective interventions, such as uterine massage or medications like oxytocin, can help stimulate uterine contractions and restore appropriate tone, thus preventing further complications for the patient.

9. In case of PPH, what position should the patient be placed in?

- A. Sitting upright**
- B. Prone position**
- C. Supine with legs elevated**
- D. Flat on the stomach**

In the case of postpartum hemorrhage (PPH), placing the patient in a supine position with legs elevated is the most appropriate choice. This position helps to promote venous return to the heart and can enhance cardiac output, which is crucial during a hemorrhagic event when maintaining perfusion and blood flow is vital. Elevating the legs can aid in increasing the blood pressure and improving the overall circulation, potentially offsetting the effects of blood loss. This approach also allows for better access to monitor vital signs and facilitates interventions, such as intravenous fluid administration and medication if needed. This position can be critical in managing hypotension that might occur due to significant blood loss in PPH, thereby providing a supportive measure while further medical attention is organized. Other positions, such as sitting upright, prone, or flat on the stomach, do not provide similar hemodynamic support. While sitting upright can potentially cause pooling of blood in the lower extremities, the prone position is rarely used in PPH and does not allow for effective monitoring or intervention. Finally, lying flat on the stomach does not support the management of hemorrhage since it can obstruct access for appropriate care and could worsen circulatory issues.

10. When should blood products be considered during Stage 2 hemorrhage management?

- A. Only after IV resuscitation is completed.**
- B. When the patient remains stable on fluids.**
- C. If the patient's blood volume is critically low.**
- D. When IV fluids alone are not sufficient.**

In the management of Stage 2 hemorrhage, blood products should be considered specifically when it is determined that intravenous (IV) fluids alone are not achieving the desired response in stabilizing the patient. This implies that despite administering fluids, if the patient's blood pressure remains low, heart rate is elevated, or there are other signs of inadequate perfusion, it suggests that blood loss is significant and the patient's blood volume may not be sufficient to maintain effective circulation. Administering IV fluids can help to some extent in managing blood volume, but in cases of severe hemorrhage, where there is a need for red blood cells, clotting factors, and volume expansion that IV fluids cannot adequately provide, transitioning to blood products becomes essential. This approach ensures that not only is there a replenishment of volume, but also a restoration of the blood's ability to transport oxygen and maintain hemostatic function.

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://reliasnursingcareobpphassmt.examzify.com>

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