

RELIAS NURSING CARE OF PATIENT WITH OBSTETRIC (OB) & POSTPARTUM HEMORRHAGE (PPH) ASSESSMENT PRACTICE TEST (SAMPLE) STUDY GUIDE



Prepare with structure. Pass with confidence



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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. Ms. Brown shows signs of hypovolemia without visual evidence of bleeding. What should the nurse specifically assess for a hematoma?**
 - A. Firm, discolored swelling
 - B. Light vaginal bleeding
 - C. Changes in blood pressure
 - D. Decreased heart rate
- 2. What intervention should be prioritized for Ms. Gupta after her significant bleeding?**
 - A. Drawing lab work to check liver enzymes
 - B. Using the blood warmer for blood products
 - C. Awaiting cross-matched blood before transfusion
 - D. Assessing blood count and coagulation factors
- 3. What is an appropriate nursing diagnosis for a patient experiencing PPH?**
 - A. Risk for Infection
 - B. Ineffective Tissue Perfusion
 - C. Excessive Bleeding
 - D. Impaired Skin Integrity
- 4. What factor can displace the uterus and increase the risk of postpartum hemorrhage?**
 - A. A full bladder
 - B. Excessive exercise
 - C. Low fluid intake
 - D. Sleeping position
- 5. What role does uterine massage play in managing PPH?**
 - A. It increases the risk of hemorrhage
 - B. It helps to stimulate uterine contractions
 - C. It reduces the need for transfusions
 - D. It aids in pain management

6. Based on Ms. Sato's symptoms, which of the 4 Ts of PPH is likely causing her bleeding?
- A. Uterine atony
 - B. Vaginal lacerations
 - C. Retained placental fragments
 - D. Coagulopathy
7. What is a common misconception about PPH that education can address?
- A. That PPH only occurs in first pregnancies
 - B. That PPH is manageable without medical help
 - C. That symptoms only occur after delivery
 - D. That hospitalization is always necessary
8. Which lab result is most concerning in evaluating a patient with suspected PPH?
- A. Increased platelet count
 - B. Decreased hemoglobin and hematocrit level
 - C. Normal white blood cell count
 - D. Elevated blood glucose level
9. What is suggested for managing a hematoma that is expanding or the patient's condition is worsening?
- A. Monitoring and providing ice
 - B. Evacuating the hematoma
 - C. Administering tranexamic acid
 - D. Providing hydration
10. What nursing intervention is critical for managing a patient with signs of PPH?
- A. Immediate delivery of medication
 - B. Assessment of the patient's vital signs and fundal height
 - C. Positioning the patient in a supine position
 - D. Administering blood transfusions immediately

Answers

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

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Explanations

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1. Ms. Brown shows signs of hypovolemia without visual evidence of bleeding. What should the nurse specifically assess for a hematoma?

- A. Firm, discolored swelling**
- B. Light vaginal bleeding
- C. Changes in blood pressure
- D. Decreased heart rate

Assessing for a hematoma involves identifying specific physical signs indicative of the condition. A firm, discolored swelling is critical to look for because a hematoma occurs when blood collects outside of blood vessels, typically due to tissue trauma or injury, which can happen during childbirth or other interventions. This accumulation of blood leads to swelling, which is often palpable and can be firm to the touch. The discoloration arises from the breakdown of red blood cells, causing the area to appear bruised. While light vaginal bleeding may be relevant in some contexts, it is not a direct indicator of a hematoma. Instead, visual signs specific to the hematoma's formation - such as firmness and discoloration - provide clearer evidence of this complication. Changes in blood pressure and decreased heart rate can reflect a patient's overall hemodynamic status but are more general indicators of volume status rather than specifically assessing for the presence of a hematoma. Thus, the firm, discolored swelling is the most direct and relevant sign when evaluating for hematomas in the context of hypovolemia without visual evidence of bleeding.

2. What intervention should be prioritized for Ms. Gupta after her significant bleeding?

- A. Drawing lab work to check liver enzymes
- B. Using the blood warmer for blood products**
- C. Awaiting cross-matched blood before transfusion
- D. Assessing blood count and coagulation factors

Using a blood warmer for blood products is the prioritized intervention for Ms. Gupta after experiencing significant bleeding. In cases of postpartum hemorrhage, timely intervention is crucial, particularly when blood loss is substantial. The body's ability to maintain temperature can be compromised during significant blood loss, leading to hypothermia. This condition can negatively affect coagulation and worsen the bleeding, creating a vicious cycle. Administering blood products that are appropriately warmed is important to prevent further complications during transfusion. A warmer ensures that the blood does not cause a drop in body temperature, which can impact patient outcomes during critical care situations. While drawing lab work and assessing blood counts and coagulation factors are important as part of comprehensive care, they do not address the immediate needs of replenishing the lost volume and maintaining hemostasis effectively. Waiting for cross-matched blood can delay necessary treatment, especially in emergencies where time is of the essence. Therefore, warming blood products for rapid transfusion is the most critical step in managing significant bleeding in this context.

3. What is an appropriate nursing diagnosis for a patient experiencing PPH?

- A. Risk for Infection
- B. Ineffective Tissue Perfusion**
- C. Excessive Bleeding
- D. Impaired Skin Integrity

Ineffective Tissue Perfusion is a suitable nursing diagnosis for a patient experiencing postpartum hemorrhage (PPH) because PPH results in significant blood loss, which can lead to inadequate blood flow to vital organs and tissues. This condition can manifest as signs of decreased perfusion, such as pale skin, rapid heart rate, low blood pressure, and altered mental status. When caring for a patient with PPH, it is vital to monitor for potential complications associated with impaired blood flow, as these can lead to serious health issues. By focusing on ineffective tissue perfusion, the nursing care plan can emphasize interventions designed to stabilize hemodynamic status, such as fluid resuscitation and monitoring vital signs closely. Other options, while relevant in different contexts, do not address the immediate concerns associated with PPH as directly as ineffective tissue perfusion. For instance, risk for infection could be a concern in the postpartum period but is not a direct result of hemorrhage. Excessive bleeding, while describing the situation, is not formulated as a standard nursing diagnosis used for patient care planning. Impaired skin integrity might occur later due to multiple factors but isn't the primary concern in the acute management of PPH.

4. What factor can displace the uterus and increase the risk of postpartum hemorrhage?

- A. A full bladder**
- B. Excessive exercise
- C. Low fluid intake
- D. Sleeping position

A full bladder can displace the uterus by pushing it upwards and laterally, which in turn can interfere with its ability to contract effectively. Proper uterine contraction is crucial for controlling postpartum bleeding, as it helps to compress blood vessels where the placenta was attached. When the uterus is displaced due to a distended bladder, it may not contract as efficiently, leading to an increased risk of postpartum hemorrhage. This is why it's important for healthcare providers to monitor the bladder status of postpartum patients and encourage timely voiding to maintain optimal uterine positioning and function.

5. What role does uterine massage play in managing PPH?

- A. It increases the risk of hemorrhage
- B. It helps to stimulate uterine contractions**
- C. It reduces the need for transfusions
- D. It aids in pain management

Uterine massage plays a significant role in the management of postpartum hemorrhage (PPH) by helping to stimulate uterine contractions. After childbirth, the uterus needs to contract effectively to reduce blood loss and minimize the risk of hemorrhage. Uterine atony, which is the failure of the uterus to contract, is one of the leading causes of PPH. By performing a massage on the uterus externally, healthcare providers encourage it to contract and clamp down on blood vessels that may be bleeding, thereby helping to prevent excessive bleeding. This technique can be particularly effective in the immediate postpartum period when quick intervention is necessary to stabilize the mother and promote uterine tone. While enhancing uterine contractions is its primary role, uterine massage may indirectly affect other areas, such as reducing the need for transfusions, as effective contractions can diminish blood loss. However, the primary mechanism through which uterine massage is beneficial in the context of PPH is its stimulation of uterine contractions.

6. Based on Ms. Sato's symptoms, which of the 4 Ts of PPH is likely causing her bleeding?

- A. Uterine atony
- B. Vaginal lacerations
- C. Retained placental fragments

D. Coagulopathy

Understanding postpartum hemorrhage (PPH) requires a grasp of the causes commonly categorized as the "4 Ts": tone, trauma, tissue, and thrombin. In this context, if Ms. Sato's symptoms point towards coagulopathy as the cause of her bleeding, it would indicate that her body is not producing enough of the proteins needed for blood clotting, leading to excessive bleeding. Coagulopathy can stem from various factors, including underlying health conditions or complications during pregnancy that affect the body's ability to clot blood effectively. This particular cause may result in persistent bleeding despite the absence of obvious trauma, uterine atony, or retained placental fragments. Identifying coagulopathy as the likely cause suggests a need for thorough evaluation and possibly treatment to manage her bleeding effectively. Uterine atony, vaginal lacerations, and retained placental fragments are also important considerations in the context of PPH but would typically present with different clinical findings and patterns. For instance, uterine atony usually presents as a boggy uterus upon examination, while lacerations may be associated with localized pain or visible damage. Retained placental fragments would likely show signs of ongoing bleeding along with a firm uterus but would not necessarily align with the context

7. What is a common misconception about PPH that education can address?

- A. That PPH only occurs in first pregnancies
- B. That PPH is manageable without medical help**
- C. That symptoms only occur after delivery
- D. That hospitalization is always necessary

A common misconception about postpartum hemorrhage (PPH) is that it is manageable without medical help. This belief can lead to dangerous situations for new mothers since PPH can escalate quickly and may become life-threatening if not properly addressed. Education on PPH emphasizes the importance of recognizing the signs, symptoms, and risks associated with excessive bleeding after childbirth. Timely medical intervention can include medications to stimulate uterine contraction, surgical options if necessary, and blood transfusions in severe cases. Understanding that PPH requires medical oversight is critical to ensure that mothers receive the appropriate care when necessary, highlighting the importance of awareness and preparedness among healthcare providers and patients alike. While PPH can have various degrees of severity, the notion that it is a manageable condition without professional intervention minimizes the potential risks and can compromise patient safety.

8. Which lab result is most concerning in evaluating a patient with suspected PPH?

- A. Increased platelet count
- B. Decreased hemoglobin and hematocrit level**
- C. Normal white blood cell count
- D. Elevated blood glucose level

In the context of assessing a patient with suspected postpartum hemorrhage (PPH), a decreased hemoglobin and hematocrit level is particularly concerning. This is because PPH can lead to significant blood loss, which directly affects these values. Hemoglobin and hematocrit levels are key indicators of the body's red blood cell mass and overall oxygen-carrying capacity. When these levels are low, it signals that the patient may be experiencing anemia due to the loss of blood from the hemorrhage. In the case of PPH, monitoring hemoglobin and hematocrit levels helps healthcare providers assess the severity of the blood loss and guides the decision regarding interventions such as fluid resuscitation or blood transfusions. An earlier detection of declining levels can prompt timely therapeutic measures, thereby improving patient outcomes. Therefore, a decrease in hemoglobin and hematocrit is a critical lab result in this scenario, indicating the need for immediate attention and management.

9. What is suggested for managing a hematoma that is expanding or the patient's condition is worsening?

- A. Monitoring and providing ice
- B. Evacuating the hematoma**
- C. Administering tranexamic acid
- D. Providing hydration

Evacuating the hematoma is suggested for managing an expanding hematoma or a worsening patient condition because a growing hematoma can lead to increased pressure on surrounding tissues, including blood vessels, nerves, and organs. This expansion could lead to complications such as tissue ischemia or further hemorrhaging. When a hematoma is discovered, careful monitoring may initially be appropriate; however, if there are signs that it is growing or the patient's condition is deteriorating, surgical intervention is typically required to evacuate the accumulated blood. This can relieve pressure and prevent potential complications, ensuring that the patient can heal properly. In contrast, while providing ice or monitoring may help with minor hematomas, they are generally insufficient if there is significant expansion or worsening symptoms. Administering tranexamic acid helps with clot stability but will not address the immediate issue of an expanding hematoma. Providing hydration is important for overall patient management but does not directly impact the management of a hematoma. Thus, evacuation is the necessary intervention in cases of expanding or symptomatic hematomas.

10. What nursing intervention is critical for managing a patient with signs of PPH?

- A. Immediate delivery of medication
- B. Assessment of the patient's vital signs and fundal height**
- C. Positioning the patient in a supine position
- D. Administering blood transfusions immediately

The assessment of the patient's vital signs and fundal height is crucial in managing signs of postpartum hemorrhage (PPH) because it allows nurses to quickly gauge the patient's hemodynamic stability and the level of uterine involution. Vital signs can reveal early indicators of shock, such as tachycardia or hypotension, which are critical for identifying how well the patient is responding to blood loss. Regular assessment of fundal height can help determine if the uterus is contracting appropriately; a boggy or displaced uterus can lead to significant bleeding. By prioritizing these assessments, nurses can make timely and informed decisions regarding subsequent interventions, thereby enhancing patient safety and outcomes. The other options, while relevant in other contexts, do not provide the immediate necessary information that assessments do, making vital sign checks and monitoring fundal height the most pivotal intervention in the early stages of PPH management.

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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://reliasnursingcareobpphassmt.examzify.com>

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

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