

Relias Nursing Management of Hypertensive Disorders in Pregnancy 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

- 1. What is the definition of gestational hypertension?**
 - A. High blood pressure before 20 weeks of pregnancy**
 - B. High blood pressure with proteinuria before 20 weeks**
 - C. High blood pressure after 20 weeks without proteinuria**
 - D. High blood pressure at any time during pregnancy**
- 2. What is true regarding magnesium sulfate administration during a hypertensive emergency?**
 - A. It is given to increase blood pressure**
 - B. It is used solely to lower blood pressure**
 - C. It is administered to reduce hypertension and prevent seizures**
 - D. It is not effective in managing severe hypertension**
- 3. Which approach is recommended for managing mild gestational hypertension initially?**
 - A. Immediate medication intervention**
 - B. Close monitoring and lifestyle modifications**
 - C. Hospitalization for observation**
 - D. Surgical intervention**
- 4. What assessment finding would suggest to a healthcare provider that a postpartum patient may be developing preeclampsia?**
 - A. Stable vital signs and normal urinalysis.**
 - B. Swelling of the face along with visual changes.**
 - C. Complete recovery from hypertension after childbirth.**
 - D. A mild headache with stable blood pressure.**
- 5. What often indicates that a pregnant patient may have the onset of gestational hypertension?**
 - A. A decrease in blood pressure readings**
 - B. Increase in blood pressure readings above normal baseline levels**
 - C. Frequent urination**
 - D. Episodic headaches**

- 6. Which lab values would support a diagnosis of HELLP syndrome?**
- A. High platelet count and normal AST/ALT levels**
 - B. AST and ALT levels are more than twice the upper limit of normal**
 - C. Platelet count >100,000/ μ L and elevated liver enzymes**
 - D. Normal ALT levels and increased bilirubin levels**
- 7. What fetal monitoring method is commonly utilized in pregnancies affected by hypertensive disorders?**
- A. Ultrasound only**
 - B. Non-stress testing (NST) and biophysical profile (BPP)**
 - C. Standard blood tests**
 - D. Fetal heart rate monitoring alone**
- 8. How is severe preeclampsia defined?**
- A. Blood pressure greater than 140/90 mmHg**
 - B. Blood pressure greater than 160/110 mmHg with significant proteinuria or end-organ dysfunction**
 - C. Blood pressure above 130/80 mmHg without proteinuria**
 - D. Blood pressure between 140/90 mmHg and 160/110 mmHg**
- 9. When is it most critical to supervise blood pressure in women diagnosed with gestational hypertension?**
- A. Only during labor**
 - B. Throughout the entire pregnancy**
 - C. Immediately after delivery**
 - D. During the third trimester**
- 10. During a follow-up appointment, which of the following should be a priority health topic for a patient with a history of preeclampsia?**
- A. Family planning options**
 - B. Long-term blood pressure management**
 - C. Child development milestones**
 - D. Home safety assessments**

Answers

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

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Explanations

1. What is the definition of gestational hypertension?

- A. High blood pressure before 20 weeks of pregnancy**
- B. High blood pressure with proteinuria before 20 weeks**
- C. High blood pressure after 20 weeks without proteinuria**
- D. High blood pressure at any time during pregnancy**

Gestational hypertension is defined specifically as high blood pressure that occurs after 20 weeks of gestation without any accompanying proteinuria. This condition typically arises when a woman, who previously had normal blood pressure readings, develops elevated blood pressure during the latter part of her pregnancy. The absence of protein in the urine is key in differentiating gestational hypertension from other hypertensive disorders in pregnancy, such as preeclampsia, where proteinuria is present. Understanding this definition is crucial for proper diagnosis and management of hypertension during pregnancy. Recognizing that gestational hypertension only develops after the 20-week mark helps in monitoring and implementing appropriate care to prevent potential complications for both the mother and the fetus.

2. What is true regarding magnesium sulfate administration during a hypertensive emergency?

- A. It is given to increase blood pressure**
- B. It is used solely to lower blood pressure**
- C. It is administered to reduce hypertension and prevent seizures**
- D. It is not effective in managing severe hypertension**

Magnesium sulfate administration during a hypertensive emergency is primarily focused on two key objectives: reducing the risk of seizures, particularly in cases of eclampsia or severe preeclampsia, and, to a lesser extent, it can help manage blood pressure. While magnesium sulfate is not primarily a first-line antihypertensive agent, its role in seizure prevention is crucial, making it an important part of the management strategy in hypertensive emergencies associated with pregnancy. By maintaining a steady level of magnesium sulfate, healthcare providers can stabilize the maternal condition, ensuring both maternal safety and fetal wellbeing. The agent works through its effects on the central nervous system, thereby contributing to seizure control rather than acting primarily to lower blood pressure to normal levels. Understanding its dual role underscores the importance of magnesium sulfate in a comprehensive treatment approach for hypertensive conditions during pregnancy, where the prevention of complications like seizures is vital.

3. Which approach is recommended for managing mild gestational hypertension initially?

- A. Immediate medication intervention**
- B. Close monitoring and lifestyle modifications**
- C. Hospitalization for observation**
- D. Surgical intervention**

The recommendation for managing mild gestational hypertension initially involves close monitoring and lifestyle modifications. This approach is preferred because many women with mild gestational hypertension can have successful pregnancies without immediate pharmacological intervention. Monitoring includes regular blood pressure checks and assessments for any symptoms that could indicate worsening conditions, such as severe headaches, visual disturbances, or abdominal pain. Lifestyle modifications play a crucial role and may include dietary changes, increasing physical activity as tolerated, and ensuring adequate rest. This conservative management strategy helps to minimize risks to both the mother and fetus while allowing the healthcare provider to assess the progression of hypertension over time. Immediate medication intervention, while necessary for more severe hypertension or if complications arise, is not the first line of management when the condition is mild. Hospitalization for observation is typically reserved for cases where there are significant concerns about the health of the mother or fetus, and surgical intervention is not a standard treatment for gestational hypertension unless there are complications necessitating delivery. Thus, the approach of monitoring and lifestyle modifications is aligned with guidelines that aim to balance maternal well-being with the natural progression of the pregnancy.

4. What assessment finding would suggest to a healthcare provider that a postpartum patient may be developing preeclampsia?

- A. Stable vital signs and normal urinalysis.**
- B. Swelling of the face along with visual changes.**
- C. Complete recovery from hypertension after childbirth.**
- D. A mild headache with stable blood pressure.**

Swelling of the face and visual changes are significant assessment findings suggesting the development of preeclampsia in a postpartum patient. Preeclampsia is characterized by new hypertension and potential organ dysfunction that can occur up to six weeks postpartum. Facial swelling can indicate fluid retention and increased blood pressure, while visual changes, such as blurred vision or visual disturbances, may be indicative of heightened central nervous system involvement or vasospasm, both commonly associated with preeclampsia. Stable vital signs and normal urinalysis do not indicate a problem and may suggest that the patient is stable. Complete recovery from hypertension after childbirth would imply a resolution of hypertensive issues rather than the emergence of new complications like preeclampsia. A mild headache with stable blood pressure may require monitoring but does not exhibit the severity or specific symptoms associated with preeclampsia. Thus, the combination of facial swelling with visual changes strongly points toward the onset of this condition postpartum.

5. What often indicates that a pregnant patient may have the onset of gestational hypertension?

- A. A decrease in blood pressure readings
- B. Increase in blood pressure readings above normal baseline levels**
- C. Frequent urination
- D. Episodic headaches

The indication that a pregnant patient may have the onset of gestational hypertension is primarily characterized by an increase in blood pressure readings above normal baseline levels. Gestational hypertension is defined as high blood pressure that develops after the 20th week of pregnancy. Monitoring blood pressure is crucial during prenatal visits, and an elevation from what is considered normal for the patient is a key sign that may suggest the development of this condition. The condition may not always present with other clear symptoms, which makes the monitoring of blood pressure vital for diagnosing and managing potential risks associated with gestational hypertension. This increase in blood pressure can affect both the mother and developing fetus, necessitating appropriate intervention and management to ensure safety and health for both. Other options, such as a decrease in blood pressure, frequent urination, and episodic headaches, do not serve as reliable indicators of gestational hypertension. In fact, a decrease in blood pressure would not align with the diagnosis of hypertension. Frequent urination can occur during pregnancy for various reasons unrelated to blood pressure changes, and while headaches can be a symptom of many conditions during pregnancy, they are not specific indicators of gestational hypertension. Therefore, the increase in blood pressure above normal baseline levels remains the most telling sign of the onset of this

6. Which lab values would support a diagnosis of HELLP syndrome?

- A. High platelet count and normal AST/ALT levels
- B. AST and ALT levels are more than twice the upper limit of normal**
- C. Platelet count >100,000/ μ L and elevated liver enzymes
- D. Normal ALT levels and increased bilirubin levels

The diagnosis of HELLP syndrome is characterized by a specific set of laboratory findings that relate to liver function and platelet counts. When evaluating the correct choice, the clue lies in the elevation of liver enzymes, specifically AST (aspartate aminotransferase) and ALT (alanine aminotransferase). For a diagnosis of HELLP syndrome, it is critical that the AST and ALT levels are significantly elevated, specifically more than twice the upper limit of normal. This alteration reflects hepatic cell damage and dysfunction, which are hallmarks of this condition. While other options mention various combinations of platelet counts and enzyme levels, they do not align with the criteria established for HELLP syndrome. For instance, a high platelet count or normal liver enzyme levels would not indicate this syndrome, as HELLP is specifically associated with low platelet counts and elevated liver enzymes. Thus, recognizing that elevated AST and ALT levels are essential for diagnosing HELLP is key to understanding why this choice correctly supports the diagnosis.

7. What fetal monitoring method is commonly utilized in pregnancies affected by hypertensive disorders?

- A. Ultrasound only
- B. Non-stress testing (NST) and biophysical profile (BPP)**
- C. Standard blood tests
- D. Fetal heart rate monitoring alone

The utilization of non-stress testing (NST) and biophysical profile (BPP) in pregnancies affected by hypertensive disorders is crucial for effective fetal monitoring. NST assesses fetal heart rate in response to its own movements, providing insight into the fetus's well-being and indicating how well the fetus is tolerating the intrauterine environment. This is particularly important in the setting of hypertensive disorders where there may be concerns about placental insufficiency or fetal hypoxia. The biophysical profile complements the NST by evaluating not only fetal heart rate but also other factors such as fetal movement, fetal tone, and amniotic fluid volume. The combination of these assessments helps in determining the overall health of the fetus and can guide clinical decision-making, especially when issues related to hypertension may affect the blood flow to the placenta and the fetus. Other methods, such as relying solely on ultrasound or standard blood tests, do not provide real-time monitoring of fetal well-being in the same comprehensive manner as the NST and BPP. While ultrasound can be used for various assessments, it does not directly evaluate fetal heart rate reactivity as the NST does. Blood tests, on the other hand, provide information about maternal health but are not used for continuous fetal assessment. Therefore, utilizing

8. How is severe preeclampsia defined?

- A. Blood pressure greater than 140/90 mmHg
- B. Blood pressure greater than 160/110 mmHg with significant proteinuria or end-organ dysfunction**
- C. Blood pressure above 130/80 mmHg without proteinuria
- D. Blood pressure between 140/90 mmHg and 160/110 mmHg

Severe preeclampsia is characterized by specific criteria that indicate significant health risks for both the mother and the fetus. The correct application of these criteria involves understanding blood pressure thresholds alongside accompanying symptoms or complications. When it comes to severe preeclampsia, the defining characteristic is blood pressure measurements greater than 160/110 mmHg combined with either significant proteinuria or signs of end-organ dysfunction. This classification is critical because it helps healthcare providers identify cases that may require immediate medical intervention to prevent severe complications, such as eclampsia or maternal organ failure. The presence of proteinuria and/or end-organ dysfunction indicates that the disease process is affecting not only the blood pressure but also the overall health of the maternal body. Other choices either do not meet the criteria for severe preeclampsia or describe different stages or related conditions. For example, blood pressure readings greater than 140/90 mmHg do not specify the severity required for the diagnosis of severe preeclampsia, whereas blood pressure above 130/80 mmHg is too vague and does not coincide with the diagnostic criteria for this condition. Similarly, blood pressure measurements that fall between 140/90 mmHg and 160/110 mmHg may indicate mild hypertension

9. When is it most critical to supervise blood pressure in women diagnosed with gestational hypertension?

- A. Only during labor**
- B. Throughout the entire pregnancy**
- C. Immediately after delivery**
- D. During the third trimester**

Supervising blood pressure in women diagnosed with gestational hypertension is most critical throughout the entire pregnancy. This is important because gestational hypertension can develop at any point during pregnancy, and ongoing monitoring allows for timely interventions to manage potential complications. Elevated blood pressure can pose risks to both the mother and fetus, affecting placental perfusion and increasing the risk of preeclampsia or eclampsia. Continuous monitoring ensures that any increases in blood pressure are caught early, allowing healthcare providers to adjust treatment as necessary to mitigate risks and safeguard the health of both the mother and baby. Effective management of blood pressure throughout pregnancy is crucial for positive maternal and fetal outcomes. While monitoring during labor, immediately after delivery, or specifically during the third trimester is important, it does not encompass the comprehensive care required for managing gestational hypertension throughout the pregnancy. Regular checks across all trimesters help identify trends and enable proactive management.

10. During a follow-up appointment, which of the following should be a priority health topic for a patient with a history of preeclampsia?

- A. Family planning options**
- B. Long-term blood pressure management**
- C. Child development milestones**
- D. Home safety assessments**

For a patient with a history of preeclampsia, focusing on long-term blood pressure management is crucial because preeclampsia is associated with an increased risk of developing chronic hypertension and cardiovascular diseases later in life. Proper management of blood pressure can help mitigate these long-term risks and improve overall health outcomes. After experiencing preeclampsia, women may need to monitor their blood pressure regularly and adopt lifestyle changes or medications as necessary to maintain healthy levels. This follow-up care is vital to prevent complications that can arise from uncontrolled hypertension, such as heart disease or stroke. Therefore, emphasizing long-term blood pressure management during follow-up appointments supports proactive health care and underscores the importance of continuous monitoring for patients with past hypertensive disorders in pregnancy.

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://reliasnursmgmthtndisordersinpregnancy.examzify.com>

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