

RELIAS NURSING MANAGEMENT OF HYPERTENSIVE DISORDERS IN PREGNANCY PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 an accurate statement regarding the initiation of antihypertensive treatment in patients with chronic hypertension during early pregnancy?**
 - A. All patients should start medication immediately upon diagnosis.
 - B. Medication should only be started if blood pressures are persistently above certain thresholds.
 - C. Patients are to be treated with beta-blockers exclusively.
 - D. Patients can self-manage their blood pressure with lifestyle changes alone.
- 2. What signs would concern you for magnesium toxicity in a patient receiving magnesium sulfate?**
 - A. Hyperreflexia
 - B. Severe headache
 - C. Shortness of breath
 - D. Decreased fetal movement
- 3. When should delivery be considered in a patient with severe preeclampsia?**
 - A. At 34 weeks of gestation
 - B. If the patient is 30 weeks or less
 - C. If the patient is 37 weeks or further along or if condition deteriorates
 - D. After monitoring for an additional 2 weeks
- 4. Following the delivery of a patient diagnosed with gestational hypertension, what postpartum management is typically anticipated?**
 - A. Routine discharge after 24 hours
 - B. Close inpatient surveillance of maternal BP for the first 72 hours postpartum
 - C. Immediate resumption of all activities
 - D. Outpatient follow-up in 2 weeks
- 5. What is the primary ongoing evaluation for patients with established hypertension in pregnancy?**
 - A. Frequent blood samples
 - B. Regular blood pressure monitoring
 - C. Calorie intake assessment
 - D. Thermal imaging

- 6. In the management of preeclampsia, what is the primary goal of therapy?**
- A. To prevent all forms of hypertension
 - B. To stabilize the mother's condition and prepare for safe delivery
 - C. To ensure fetal well-being only
 - D. To manage parental anxiety
- 7. What is a common initial treatment for mild hypertension in pregnancy?**
- A. Aspirin therapy
 - B. Lifestyle modifications
 - C. Immediate hospitalization
 - D. Increasing physical activity levels
- 8. For a patient with preeclampsia with severe features and BP readings despite treatment, what is the recommended course of action?**
- A. Increase exercise
 - B. Immediate delivery
 - C. Outpatient monitoring
 - D. Medication adjustment only
- 9. During pregnancy, which range of blood pressure is considered abnormal for the second trimester?**
- A. 120/80 mmHg
 - B. 140/90 mmHg or higher
 - C. 130/85 mmHg
 - D. 115/75 mmHg
- 10. At what gestational age does the development of severe features in pregnancy prompt consideration for delivery?**
- A. 32 weeks
 - B. 34 weeks
 - C. 36 weeks
 - D. 38 weeks

Answers

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

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Explanations

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1. What is an accurate statement regarding the initiation of antihypertensive treatment in patients with chronic hypertension during early pregnancy?

- A. All patients should start medication immediately upon diagnosis.
- B. Medication should only be started if blood pressures are persistently above certain thresholds.**
- C. Patients are to be treated with beta-blockers exclusively.
- D. Patients can self-manage their blood pressure with lifestyle changes alone.

Starting antihypertensive treatment in patients with chronic hypertension during early pregnancy is nuanced, and the correct statement highlights that medication should only be initiated if blood pressure readings consistently exceed certain established thresholds. This approach is crucial because it helps balance the risks and benefits of pharmacological intervention during early pregnancy. It acknowledges that not all patients with chronic hypertension require immediate medication; instead, a careful monitoring strategy can be adopted for those with mildly elevated blood pressure. This strategy aligns with current clinical guidelines, which recommend initiating treatment when blood pressures surpass specific limits, typically around 140/90 mmHg, considering the potential risks to both the mother and fetus of untreated hypertension. Initiating medication too prematurely may expose the mother to unnecessary side effects without clear benefits to fetal health if blood pressures are not critically high. Therefore, consistent monitoring and treatment based on persistent high blood pressure offers a targeted approach to managing chronic hypertension in pregnancy. The other options do not align with this understanding; for instance, immediately starting medication for all patients could lead to overtreatment, while restricting treatment exclusively to beta-blockers overlooks the potential use of other antihypertensives deemed safe during pregnancy. Lastly, suggesting that patients can manage their condition through lifestyle changes alone diminishes the seriousness of chronic hypertension's

2. What signs would concern you for magnesium toxicity in a patient receiving magnesium sulfate?

- A. Hyperreflexia**
- B. Severe headache
- C. Shortness of breath
- D. Decreased fetal movement

In considering signs of magnesium toxicity in a patient receiving magnesium sulfate, hyperreflexia is a significant concern. Magnesium sulfate is often used as a tocolytic agent or to prevent seizures in conditions like preeclampsia and eclampsia. Monitor reflexes is part of the management because magnesium acts as a neuromuscular blocker. Under normal conditions, a patient should exhibit normal reflexes, and hyperreflexia, which indicates heightened reflex responses, may suggest that the magnesium level is approaching toxicity. This condition can lead to serious complications such as respiratory depression, cardiac arrest, and neurological impairments if not addressed promptly. The other choices, while relevant in clinical settings, do not directly indicate magnesium toxicity. Severe headache may suggest other conditions such as worsening hypertension or tension but is not a classic sign of magnesium toxicity. Shortness of breath could indicate a respiratory issue or heart problem but would not specifically suggest magnesium toxicity. Decreased fetal movement is concerning for fetal distress but again does not point directly to magnesium toxicity itself. Monitoring for hyperreflexia is crucial as it serves as an immediate indicator of toxicity and necessitates prompt clinical intervention to prevent serious complications.

3. When should delivery be considered in a patient with severe preeclampsia?

- A. At 34 weeks of gestation
- B. If the patient is 30 weeks or less
- C. If the patient is 37 weeks or further along or if condition deteriorates**
- D. After monitoring for an additional 2 weeks

Delivery should be considered in a patient with severe preeclampsia if the patient is 37 weeks or further along or if the condition deteriorates. This is because severe preeclampsia poses significant risks to both the mother and the fetus. The management guidelines suggest that once a pregnancy reaches 37 weeks, the risks associated with continuing the pregnancy, such as the potential for maternal complications like stroke or organ failure, outweigh the benefits. If the condition of the patient worsens at any gestational age—regardless of whether they are past 37 weeks—delivery becomes essential to protect the health of both the mother and the baby. The main goal is to prevent complications that could arise from severe hypertension and associated symptoms, making timely delivery crucial. In contrast, delivering at 34 weeks or considering monitoring for an additional 2 weeks may delay necessary intervention when the health of the mother and fetus is at stake, and delivering before 37 weeks generally reflects a more cautious approach unless there are other strong indications for early delivery.

4. Following the delivery of a patient diagnosed with gestational hypertension, what postpartum management is typically anticipated?

- A. Routine discharge after 24 hours
- B. Close inpatient surveillance of maternal BP for the first 72 hours postpartum**
- C. Immediate resumption of all activities
- D. Outpatient follow-up in 2 weeks

Following the delivery of a patient diagnosed with gestational hypertension, close inpatient surveillance of maternal blood pressure for the first 72 hours postpartum is critical. This monitoring is essential because even though the immediate postpartum period may appear stable, the patient remains at risk for the development of postpartum hypertension or even postpartum preeclampsia. Blood pressure can fluctuate significantly, and proper management in this time frame helps to ensure the patient's safety and to address any issues before discharge. By keeping the patient under close surveillance during this initial period, healthcare providers can identify and manage any complications promptly, thus reducing the risks associated with hypertensive disorders in the postpartum context. This approach allows for timely interventions, ensuring that the patient's blood pressure is adequately controlled before moving to outpatient care. Additionally, careful monitoring can assist in determining if there is a need for medication adjustments or continued observation beyond the standard monitoring duration.

5. What is the primary ongoing evaluation for patients with established hypertension in pregnancy?

- A. Frequent blood samples
- B. Regular blood pressure monitoring**
- C. Calorie intake assessment
- D. Thermal imaging

The primary ongoing evaluation for patients with established hypertension in pregnancy is regular blood pressure monitoring. This practice is crucial because managing hypertension effectively is key to reducing the risk of complications for both the mother and the fetus. High blood pressure during pregnancy can lead to serious conditions, such as preeclampsia and eclampsia, which can have significant adverse outcomes. Regular monitoring allows healthcare providers to detect any changes in blood pressure promptly, facilitating timely interventions, which might include medication adjustments or additional treatments. Keeping track of blood pressure trends gives insight into the effectiveness of current management strategies and is essential for ensuring both maternal and fetal wellbeing throughout the pregnancy. While other assessments may have relevance in specific situations, blood pressure monitoring directly addresses the critical nature of hypertension management in pregnancy, making it the most important ongoing evaluation. This focused approach helps in maintaining optimal health throughout the gestational period.

6. In the management of preeclampsia, what is the primary goal of therapy?

- A. To prevent all forms of hypertension
- B. To stabilize the mother's condition and prepare for safe delivery**
- C. To ensure fetal well-being only
- D. To manage parental anxiety

The primary goal of therapy in the management of preeclampsia is to stabilize the mother's condition and prepare for a safe delivery. Preeclampsia presents significant risks to both the mother and the fetus, including the potential for severe hypertension, organ dysfunction, and complications such as eclampsia. Therefore, the management primarily focuses on monitoring and controlling maternal blood pressure, assessing for signs of worsening disease, and preparing for delivery when necessary. In preeclampsia, the safest course often involves delivering the baby, particularly if the condition progresses or if the gestational age is sufficient to allow for fetal development. By stabilizing the mother's condition and addressing the complications associated with preeclampsia, healthcare providers can significantly reduce risks for both the mother and the infant. This comprehensive approach ensures both the safety of the mother, who may require medical interventions, and the well-being of the fetus, as delivery can often resolve the hypertensive disorder. Other potential goals, such as preventing all forms of hypertension, ensuring fetal well-being only, or managing parental anxiety, are secondary to the immediate need to safely manage the health of the mother and prepare for effective delivery, which addresses all aspects of maternal-fetal well-being in a critical situation.

7. What is a common initial treatment for mild hypertension in pregnancy?

- A. Aspirin therapy
- B. Lifestyle modifications**
- C. Immediate hospitalization
- D. Increasing physical activity levels

Mild hypertension in pregnancy is typically managed with lifestyle modifications as the initial approach. This method is beneficial because it encourages the patient to adopt healthier practices that can help control blood pressure and improve overall health. Lifestyle modifications may include dietary changes, such as reducing sodium intake, increasing intake of fruits and vegetables, ensuring adequate hydration, and maintaining a healthy weight. Additionally, techniques to manage stress and ensure regular prenatal care may be emphasized. This approach is considered first-line because it is non-invasive and can be quite effective in managing mild hypertension without the need for medication. It also supports the overall well-being of both the mother and the fetus during pregnancy. Though options like aspirin therapy can be beneficial for certain pregnant individuals, such as those at high risk for preeclampsia, they are not universally recommended as the first step in every case of mild hypertension. Immediate hospitalization is reserved for more severe cases or when there are concerning symptoms. Increasing physical activity is also a part of lifestyle modifications but should be approached with caution, particularly in the context of pregnancy and should be tailored to individual circumstances.

8. For a patient with preeclampsia with severe features and BP readings despite treatment, what is the recommended course of action?

- A. Increase exercise
- B. Immediate delivery**
- C. Outpatient monitoring
- D. Medication adjustment only

For a patient diagnosed with preeclampsia with severe features, immediate delivery is the recommended course of action due to the significant risks associated with this condition both for the mother and the fetus. Preeclampsia is characterized by elevated blood pressure and can lead to serious complications such as stroke, liver damage, and placental abruption if not managed promptly. When the features are classified as severe, the risks increase substantially, necessitating urgent intervention. Delivering the baby is the most effective way to resolve the mother's condition and alleviate the potential for further complications. The gestational age of the fetus will be a consideration, but once severe features are present and the mother's well-being is at risk, delivering the baby, regardless of gestational age, is often prioritized to protect both the mother and child. In contrast, increasing exercise is not appropriate as it could exacerbate the mother's condition. Outpatient monitoring may not provide the necessary immediate care required in a severe situation, and medication adjustments alone are generally insufficient to address the risks posed by severe preeclampsia. Timely delivery ensures that both the patient and the fetus are safeguarded against the complications of the disorder.

9. During pregnancy, which range of blood pressure is considered abnormal for the second trimester?

- A. 120/80 mmHg
- B. 140/90 mmHg or higher**
- C. 130/85 mmHg
- D. 115/75 mmHg

During the second trimester of pregnancy, the expected range for blood pressure typically lies around 120/80 mmHg. A blood pressure reading of 140/90 mmHg or higher is considered abnormal and may indicate the presence of hypertension. This is important because detecting abnormal blood pressures is critical for managing potential complications such as preeclampsia, which can have serious consequences for both the mother and the fetus. High blood pressure in pregnancy can lead to various health issues, so understanding the thresholds for abnormal readings is crucial. The other options present blood pressure readings within the normal range or close enough to it, which do not raise immediate concerns or warrant intervention as hypertension would. Recognizing and responding to elevated blood pressure readings form an essential part of prenatal care to ensure the safety and health of both mother and child.

10. At what gestational age does the development of severe features in pregnancy prompt consideration for delivery?

- A. 32 weeks
- B. 34 weeks**
- C. 36 weeks
- D. 38 weeks

The consideration for delivery due to severe features of hypertension in pregnancy typically arises around 34 weeks of gestation. Severe features may indicate a risk for complications not only for the mother but also for the fetus, thus necessitating timely intervention. At 34 weeks, the fetus is usually developed enough to survive outside the womb with appropriate medical support, and the risks associated with prolonged exposure to the severe hypertensive state often outweigh the risks of early delivery. Delivering at this point can help prevent potential severe outcomes such as eclampsia, placental abruption, and other complications of severe hypertension. Therefore, the decision to deliver around 34 weeks aligns with guidelines and practices aimed at optimizing both maternal and fetal health outcomes.

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:

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

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