

Swift River Simulations 2.0 Maternal Newborn Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	9
Explanations	11
Next Steps	17

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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. Which of the following is listed as a physiological client concern for Jesse Harris?**
 - A. Physiological: Nutrition**
 - B. Physiological: Sensory**
 - C. Physiological: Elimination**
 - D. Physiological: Comfort**

- 2. In the initial assessment for suspected placental problems, which action is first?**
 - A. Obtain the client's vital signs**
 - B. Apply an external fetal monitor**
 - C. Palpate the uterus for hypertonicity and tenderness**
 - D. Administer betamethasone 12 mg IM now**

- 3. Which combination of tests is commonly used to confirm rupture of membranes in labor?**
 - A. Nitrazine test and fern test**
 - B. Nitrazine test and kerning test**
 - C. Ultrasound assessment and fetal well-being test**
 - D. Cervical swab culture and pH testing**

- 4. Prolapse of the umbilical cord is best described as which of the following?**
 - A. Umbilical cord wraps around the fetal chest.**
 - B. Umbilical cord lies below the presenting part, risking fetal hypoxia.**
 - C. Umbilical cord is abnormally short.**
 - D. Umbilical cord remains attached to placenta after birth.**

- 5. Which test is mentioned in Susie Smith's Scenario Action #5?**
 - A. Nitrazine paper test on vaginal fluid**
 - B. Ultrasound localization of fetus**
 - C. Maternal blood glucose check**
 - D. Fetal kick count charting**

- 6. Which fetal heart rate pattern during labor is usually associated with head compression and is typically benign?**
- A. Late decelerations**
 - B. Accelerations**
 - C. Early decelerations**
 - D. Variable decelerations**
- 7. Which statement about postpartum blues is true?**
- A. Mood swings, depression, and anxiety within weeks after birth.**
 - B. Postpartum blues are a chronic condition.**
 - C. Postpartum blues require long-term hospitalization.**
 - D. Postpartum blues affect only fathers.**
- 8. In magnesium sulfate therapy, which action should be taken if the respiratory rate falls below 12 breaths per minute?**
- A. Maintain bedrest**
 - B. Implement seizure precautions**
 - C. Administer calcium gluconate if respiratory rate is less than 12/min**
 - D. Decrease environmental stimuli**
- 9. In a patient with preeclampsia, which condition could occur as a complication or reflection of the same pathophysiology?**
- A. Eclampsia**
 - B. Placental abruption**
 - C. DIC**
 - D. All of the above**

10. A G2P3 at 38 weeks with complete placenta previa diagnosed at 18 weeks presents with contractions and large amounts of bright red vaginal bleeding. The fetal heart rate baseline is 100/min with variability and late decelerations. What is the most likely diagnosis?

- A. Placenta previa**
- B. Separation of the placenta**
- C. Uterine rupture**
- D. Fetal distress without placental complication**

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Answers

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

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Explanations

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1. Which of the following is listed as a physiological client concern for Jesse Harris?

- A. Physiological: Nutrition**
- B. Physiological: Sensory**
- C. Physiological: Elimination**
- D. Physiological: Comfort**

Nutrition is the physiological area because feeding and the body's energy needs are fundamental bodily functions that directly affect growth, metabolism, and overall health. In Jesse Harris's case, the focus on physiological concerns centers on how well intake is meeting needs—calorie and fluid intake, feeding patterns, weight trends, and hydration status—all of which are measurable, physical indicators of well-being. This is why nutrition stands out as the physiological concern here. The other domains—sensory, elimination, and comfort—relate to different aspects of care (perception and nervous system processing, waste removal, and relief of discomfort, respectively) and are not the physiological focus highlighted in Jesse Harris's listed concerns.

2. In the initial assessment for suspected placental problems, which action is first?

- A. Obtain the client's vital signs**
- B. Apply an external fetal monitor**
- C. Palpate the uterus for hypertonicity and tenderness**
- D. Administer betamethasone 12 mg IM now**

When a placental problem is suspected, the priority is to assess maternal stability first. Obtaining the patient's vital signs right away gives a quick snapshot of how she is faring—look for signs of hemodynamic instability such as tachycardia, hypotension, or fever. These findings help determine the urgency of further actions and guide immediate management, like fluid resuscitation or rapid assessment for hemorrhage. Once vitals are known, you can move on to other important steps such as monitoring fetal status and assessing uterine activity and tone. Applying an external fetal monitor can provide real-time information about the fetus and contractions, and palpating the uterus for hypertonicity and tenderness helps evaluate for placental abruption. Administering betamethasone is a targeted therapy to promote fetal lung maturity in anticipated preterm delivery. It is not an immediate assessment step and would be considered after establishing maternal stability and confirming there's a need based on gestational age and obstetric status.

3. Which combination of tests is commonly used to confirm rupture of membranes in labor?

- A. Nitrazine test and fern test**
- B. Nitrazine test and kerning test**
- C. Ultrasound assessment and fetal well-being test**
- D. Cervical swab culture and pH testing**

Detecting rupture of membranes relies on two clues that point to the presence of amniotic fluid: its alkaline environment and its distinctive drying pattern. The nitrazine test checks the vaginal secretions' pH; amniotic fluid is more alkaline than normal vaginal secretions, so a color change on the nitrazine strip toward blue/green suggests ROM. But this test can yield false positives if semen, blood, vaginal infections, or certain products are present, or false negatives if the sample is not representative. The fern test involves examining a sample under a microscope after it dries. Amniotic fluid forms a characteristic fern-like crystallization pattern, so a positive fern test strongly supports ROM. The fern test helps confirm the nitrazine result and reduces ambiguity from factors that can affect pH alone. Using both tests together increases diagnostic accuracy: a positive nitrazine test plus a positive fern test makes rupture of membranes much more likely than either test alone. The other options don't provide a reliable combination for confirming ROM—ultrasound and fetal well-being assessments monitor fluid status or fetal health rather than definitively confirming rupture, and a cervical swab culture isn't used to diagnose ROM (pH testing alone can be misleading without the fern-pattern confirmation).

4. Prolapse of the umbilical cord is best described as which of the following?

- A. Umbilical cord wraps around the fetal chest.**
- B. Umbilical cord lies below the presenting part, risking fetal hypoxia.**
- C. Umbilical cord is abnormally short.**
- D. Umbilical cord remains attached to placenta after birth.**

The situation tested is that when the umbilical cord slips into the birth canal ahead of the presenting part, it can be compressed as the baby descends, cutting off blood flow and risking fetal hypoxia. The best description is that the cord lies below the presenting part, which creates direct pressure and jeopardizes oxygen delivery to the fetus. This underscores why prolapse is a true obstetric emergency requiring rapid management to relieve compression and move toward delivery. The other scenarios reflect different issues: a cord wrapped around the fetal neck is a nuchal cord, a short cord is a separate anomaly, and remaining attached to the placenta after birth is a postpartum condition not describing prolapse during labor.

5. Which test is mentioned in Susie Smith's Scenario Action #5?

- A. Nitrazine paper test on vaginal fluid**
- B. Ultrasound localization of fetus**
- C. Maternal blood glucose check**
- D. Fetal kick count charting**

When membranes rupture is suspected, confirming leakage of amniotic fluid is essential. The nitrazine paper test on vaginal fluid is used because amniotic fluid is alkaline, which turns the nitrazine paper blue, while normal vaginal secretions are acidic and stay yellow. This color change helps distinguish true rupture of membranes from other causes of discharge. In Susie Smith's Scenario Action #5, this test is the best fit because it directly assesses whether amniotic fluid is leaking. Other options don't fit this specific situation: ultrasound localization of the fetus is about fetal position or growth, not confirming fluid leakage; checking maternal blood glucose is for glucose control and not related to rupture; fetal kick count charting tracks fetal well-being, not the presence of amniotic fluid leakage.

6. Which fetal heart rate pattern during labor is usually associated with head compression and is typically benign?

- A. Late decelerations**
- B. Accelerations**
- C. Early decelerations**
- D. Variable decelerations**

Early decelerations reflect a vagal response to fetal head compression during contractions. As the head is squeezed, intracranial pressure rises and briefly slows the heart rate. The timing is aligned with the contraction—the decline begins with the contraction, reaches its lowest point at or near the peak, then returns to baseline as the contraction ends. This pattern usually indicates normal labor progression and is typically benign, requiring no intervention. In contrast, late decelerations occur after the peak of contractions and can signal uteroplacental insufficiency, accelerations are reassuring increases in rate during activity, and variable decelerations are abrupt drops caused by cord compression and can be more concerning depending on timing and severity.

7. Which statement about postpartum blues is true?

- A. Mood swings, depression, and anxiety within weeks after birth.**
- B. Postpartum blues are a chronic condition.**
- C. Postpartum blues require long-term hospitalization.**
- D. Postpartum blues affect only fathers.**

Postpartum blues are a common, short-lived emotional change after delivery. The statement that mood swings, depression, and anxiety occur within weeks after birth captures what many new mothers experience: these feelings can begin in the first few days and usually peak around the first week, then fade within about one to two weeks. It's driven by hormonal shifts, fatigue, and the stress of new motherhood, and it's distinct from postpartum depression, which is more persistent and can affect functioning. Because of its transient nature, postpartum blues do not require long-term hospitalization or ongoing treatment. They also affect mothers, not only fathers, since the term describes the typical postpartum mood changes seen in mothers after birth.

8. In magnesium sulfate therapy, which action should be taken if the respiratory rate falls below 12 breaths per minute?

A. Maintain bedrest

B. Implement seizure precautions

C. Administer calcium gluconate if respiratory rate is less than 12/min

D. Decrease environmental stimuli

Magnesium sulfate therapy can cause respiratory depression if magnesium levels rise too high. A respiratory rate below 12 indicates potential toxicity and requires addressing the excess magnesium directly. The antidote is calcium gluconate, which counteracts magnesium's effects on the nerves and muscles. So the appropriate action is to stop the magnesium infusion and administer calcium gluconate per protocol, while providing respiratory support if needed and monitoring the patient closely. Other basic measures like bedrest or reducing stimuli don't treat the magnesium toxicity, and while seizure precautions are important in preeclampsia, they don't correct respiratory depression caused by excess magnesium.

9. In a patient with preeclampsia, which condition could occur as a complication or reflection of the same pathophysiology?

A. Eclampsia

B. Placental abruption

C. DIC

D. All of the above

Preeclampsia involves systemic endothelial dysfunction from abnormal placentation, leading to vasospasm, hypertension, and a proinflammatory state. This same pathophysiology can affect multiple organ systems and lead to serious complications. Seizures from cerebral edema and vasospasm describe eclampsia, which is a progression of the same disease process. Hypertensive damage and placental ischemia increase the risk of placental abruption, where the placenta prematurely separates from the uterine wall, causing bleeding and fetal distress. The widespread endothelial injury and tissue factor release in severe preeclampsia can trigger a consumptive coagulopathy, or disseminated intravascular coagulation, with bleeding and microthrombi throughout the circulation. Because these events all arise from the same underlying dysfunction, any of them can occur in the setting of preeclampsia, making all listed conditions possible complications.

10. A G2P3 at 38 weeks with complete placenta previa diagnosed at 18 weeks presents with contractions and large amounts of bright red vaginal bleeding. The fetal heart rate baseline is 100/min with variability and late decelerations. What is the most likely diagnosis?

A. Placenta previa

B. Separation of the placenta

C. Uterine rupture

D. Fetal distress without placental complication

Contractions with heavy, bright red bleeding in the third trimester, plus a fetal heart tracing showing late decelerations, point to placental separation (placental abruption). Late decelerations reflect fetal hypoxia from reduced placental perfusion, which is a hallmark of abruption. The uterus is typically tense and painful with placental separation, and bleeding can be brisk. Placenta previa, by contrast, usually presents with painless vaginal bleeding because the placenta lies over the cervical os and bleeding is not driven by contractions or placental perfusion problems in the same way. Uterine rupture would present with sudden severe abdominal pain, a typically rigid or hypertonic uterus, and rapid fetal deterioration—not just bleeding with late decelerations. Fetal distress without placental complication wouldn't account for the vaginal bleeding and the contractions observed.

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://swiftriversim2maternalnewborn.examzify.com>

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

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