

SWIFT RIVER SIMULATIONS 2.0 MATERNAL NEWBORN 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. Which item listed under Erin Corney's Client Concerns is psychosocial?**
 - A. Physiological: Nutrition
 - B. Psychosocial: Mood and Affect
 - C. Health Promotion: Client Education
 - D. Physiological: Tissue Integrity

- 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. In Renee Workman's priority assignments, which domain is designated as Low priority alongside Airway/Breathing/Circulation?**
 - A. Airway, Breathing, Circulation: Low priority
 - B. Safety and Risk Reduction: High priority
 - C. Urgent vs nonurgent: High priority
 - D. Chronic vs Acute/Stable vs Unstable: High priority

- 4. Which of the following is NOT a potential complication of preeclampsia?**
 - A. Seizures.
 - B. Placental abruption.
 - C. Oliguria.
 - D. Gestational diabetes.

- 5. In Jenny Smith's Scenario Action #1, which action involves education for the client?**
 - A. Monitor B-human chorionic gonadotropin (hCG) levels.
 - B. Educate the client regarding a transvaginal ultrasound.
 - C. Assist with a speculum examination of the client's cervix.
 - D. Monitor the client's complete blood count (CBC).

- 6. Which stage of labor is defined as the onset of regular contractions to complete dilation?**
- A. Second stage of labor
 - B. Third stage of labor
 - C. Fourth stage of labor
 - D. First stage of labor
- 7. What is the initial recommended oxygen concentration for resuscitating a term infant with depressed respiration?**
- A. 21% room air
 - B. 100% oxygen
 - C. 30%
 - D. 15%
- 8. Which action signals corticosteroid use for fetal lung maturity in preterm labor management?**
- A. Admit the client for further evaluation and treatment
 - B. Lactated Ringer's at 150 mL/hr via continuous IV infusion
 - C. Administer betamethasone 12 mg IM now
 - D. Insert an indwelling urinary catheter and measure hourly output
- 9. Which medication is commonly used to prevent seizures in preeclampsia?**
- A. Labetalol
 - B. Magnesium sulfate
 - C. Hydralazine
 - D. Calcium gluconate
- 10. What is the antidote for magnesium sulfate toxicity?**
- A. Naloxone
 - B. Calcium chloride
 - C. Potassium chloride
 - D. Calcium gluconate

Answers

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

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Explanations

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1. Which item listed under Erin Corney's Client Concerns is psychosocial?

- A. Physiological: Nutrition
- B. Psychosocial: Mood and Affect**
- C. Health Promotion: Client Education
- D. Physiological: Tissue Integrity

Psychosocial concerns focus on a patient's emotional well-being, mood, coping, and social interactions. Mood and Affect directly describe the patient's emotional state and outward expression, which are core to psychosocial assessment. By contrast, Nutrition and Tissue Integrity are physiological—they relate to body structure and function—while Client Education falls under Health Promotion, emphasizing teaching and promoting healthy behaviors. So, Mood and Affect is the psychosocial item.

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

The first action is to assess the mother's condition by obtaining vital signs. This establishes whether the mother is hemodynamically stable or showing signs of hemorrhage or shock, which dictates how urgently you need to act and guides subsequent steps. Stabilizing and understanding maternal status takes priority before focusing on fetal status or performing further examinations. External fetal monitoring and palpating the uterus for hypertonicity or tenderness are important parts of ongoing assessment, but they depend on first confirming the mother's stability. Monitoring the fetal heart and contractions helps evaluate fetal well-being, yet it cannot substitute for knowing if the mother needs immediate intervention. Palpating for uterine rigidity or tenderness can reveal potential placental issues, but it is not the initial action when rapid assessment of maternal status is required. Administering betamethasone is a therapeutic measure aimed at accelerating fetal lung maturity in certain preterm scenarios and isn't the immediate first step in the initial assessment of suspected placental problems.

3. In Renee Workman's priority assignments, which domain is designated as Low priority alongside Airway/Breathing/Circulation?

- A. Airway, Breathing, Circulation: Low priority**
- B. Safety and Risk Reduction: High priority
- C. Urgent vs nonurgent: High priority
- D. Chronic vs Acute/Stable vs Unstable: High priority

Understanding how Renee Workman assigns urgency to different domains helps you see why this pairing is correct. In her framework, each domain is given a priority level that guides what gets attention first. The question asks which domain is designated as Low priority alongside Airway/Breathing/Circulation. The correct choice shows Airway/Breathing/Circulation labeled as Low priority, while the other domains—Safety and Risk Reduction, Urgent vs nonurgent, and Chronic vs Acute/Stable vs Unstable—are labeled High priority. This setup teaches that, in this specific scheme, even a core domain like Airway/Breathing/Circulation can be considered low priority relative to the others depending on the current assessment context. It also emphasizes that the higher-priority domains are the ones flagged for more immediate focus in the scenario described, such as managing safety risks, distinguishing urgent from nonurgent needs, and evaluating chronic versus acute or stable versus unstable status.

4. Which of the following is NOT a potential complication of preeclampsia?

- A. Seizures.
- B. Placental abruption.
- C. Oliguria.
- D. Gestational diabetes.**

Preeclampsia can cause widespread end-organ dysfunction, leading to several serious maternal complications. Seizures occur when cerebral involvement progresses to eclampsia, a danger sign of worsening disease. Placental abruption happens because abnormal placental blood flow and vasospasm can cause the placenta to detach from the uterus, risking heavy bleeding and fetal distress. Oliguria signals kidney involvement from the disease, reflecting reduced renal perfusion and injury. Gestational diabetes, however, is a separate condition characterized by glucose intolerance first recognized in pregnancy; it is not caused by preeclampsia and is not a direct complication of it, though the two conditions can co-occur or share risk factors.

5. In Jenny Smith's Scenario Action #1, which action involves education for the client?

- A. Monitor B-human chorionic gonadotropin (hCG) levels.
- B. Educate the client regarding a transvaginal ultrasound.**
- C. Assist with a speculum examination of the client's cervix.
- D. Monitor the client's complete blood count (CBC).

This item tests recognizing when an action is patient education rather than a procedure or lab task. Educating the client about a transvaginal ultrasound means you're informing her about what the test is, why it's done, how to prepare, what she may experience during the scan, and what the results could indicate. That focus on explaining, guiding, and preparing the patient is education. The other tasks are not education—they involve performing or coordinating care: monitoring hCG levels and monitoring a CBC are about assessing and tracking laboratory values, while assisting with a speculum examination is a hands-on procedure. Thus, the action that involves teaching the client about the ultrasound best fits the category of education.

6. Which stage of labor is defined as the onset of regular contractions to complete dilation?

- A. Second stage of labor
- B. Third stage of labor
- C. Fourth stage of labor
- D. First stage of labor**

Stage I of labor is defined as the interval from the onset of regular contractions to complete dilation of the cervix (10 cm). During this stage the cervix gradually effaces and dilates to allow the baby to pass, encompassing the early, active, and transition phases as contractions become stronger and more regular. The key boundary is reaching full dilation, after which the next stage begins with the birth of the baby. The other stages are different: once the cervix is fully dilated, delivery of the baby marks the start of the second stage; the third stage ends with placental delivery; and the fourth stage refers to the immediate postpartum recovery period. So the description fits the first stage.

7. What is the initial recommended oxygen concentration for resuscitating a term infant with depressed respiration?

- A. 21% room air**
- B. 100% oxygen
- C. 30%
- D. 15%

Initiate resuscitation with room air (about 21% oxygen) for a term infant with depressed respiration. This starting point provides sufficient oxygen while reducing the risk of oxygen toxicity that comes with high concentrations. After beginning, monitor the infant with a pulse oximeter and titrate oxygen upward only if the preductal saturations remain low or the heart rate does not improve, aiming for progressively normal ranges over the first several minutes. In many term babies, ventilation and gentle stimulation with room air are enough, and escalating to higher oxygen is reserved for situations where oxygenation stays inadequate or there is poor perfusion. The goal is to balance adequate oxygen delivery with avoiding unnecessary hyperoxia.

8. Which action signals corticosteroid use for fetal lung maturity in preterm labor management?

- A. Admit the client for further evaluation and treatment
- B. Lactated Ringer's at 150 mL/hr via continuous IV infusion
- C. Administer betamethasone 12 mg IM now**
- D. Insert an indwelling urinary catheter and measure hourly output

Initiating antenatal corticosteroid therapy is the action that signals aiming for fetal lung maturity. Administering betamethasone intramuscularly is the standard approach when preterm birth is anticipated within about a week and the pregnancy is before 34 weeks. This treatment speeds up the fetus's production of surfactant, reducing the risk of respiratory distress syndrome and improving other neonatal outcomes. The typical regimen is 12 mg given IM, with a second dose 24 hours later for a total course that supports lung development within the preterm period. Other actions, like admitting for evaluation, giving IV fluids, or catheterization, address monitoring or fluid management and do not indicate corticosteroid use.

9. Which medication is commonly used to prevent seizures in preeclampsia?

- A. Labetalol
- B. Magnesium sulfate**
- C. Hydralazine
- D. Calcium gluconate

Magnesium sulfate is used to prevent seizures in preeclampsia because it directly reduces neuronal excitability and stabilizes the central nervous system, lowering the risk that cerebral irritability will progress to an eclamptic seizure. It has long been the standard prophylaxis for women with preeclampsia or severe features, typically given as a loading dose followed by a maintenance infusion to maintain protective levels. The other medications have different roles: labetalol and hydralazine are used to lower blood pressure, not to prevent seizures, and calcium gluconate is the antidote for magnesium toxicity, not a prophylactic agent. So magnesium sulfate directly targets the seizure prevention in this condition.

10. What is the antidote for magnesium sulfate toxicity?

- A. Naloxone
- B. Calcium chloride
- C. Potassium chloride
- D. Calcium gluconate**

When magnesium sulfate accumulates to toxic levels, it depresses neuromuscular transmission and heart conduction. The antidote is IV calcium gluconate, which provides calcium ions that oppose magnesium's effects. Giving calcium gluconate rapidly reverses the impaired neuromuscular function and helps stabilize the heart, reversing symptoms like reduced reflexes and respiratory or cardiovascular depression. Calcium gluconate is preferred because it is effective and safer to administer IV than some other calcium salts. Naloxone would address opioid overdose, not magnesium toxicity; potassium chloride has no role as an antidote for magnesium toxicity; calcium chloride can counteract magnesium but is less favored due to higher risk of tissue irritation and other concerns.

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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