

VATI RN Maternal Newborn Assessment Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of questions,

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain from reliable sources accurate, complete, and timely information about this product.

SAMPLE

Table of Contents

| | |
|------------------------------------|-----------|
| Copyright | 1 |
| Table of Contents | 2 |
| Introduction | 3 |
| How to Use This Guide | 4 |
| Questions | 6 |
| Answers | 9 |
| Explanations | 11 |
| Next Steps | 17 |

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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

SAMPLE

Questions

- 1. What intervention should be included in a plan of care for a client in the latent phase of labor to manage pain?**
 - A. Encourage the client to walk the halls.**
 - B. Encourage the client to listen to music.**
 - C. Provide pharmacological pain relief.**
 - D. Promote visualization techniques.**
- 2. What action should a nurse take for a client who is 6 hours postpartum, experiences tachycardia, and reports excessive bleeding?**
 - A. Administer an infusion of oxytocin**
 - B. Measure vital signs every 15 minutes**
 - C. Apply a warm compress to the abdomen**
 - D. Order a complete blood count**
- 3. What is an expected assessment finding in a client during labor regarding uterine contractions?**
 - A. Contractions become less frequent**
 - B. Contractions will become more intense and closer together**
 - C. Contractions may be irregular and weak**
 - D. Contractions will not change in duration**
- 4. What is an important nursing intervention for a newborn with jaundice?**
 - A. Ensure adequate hydration**
 - B. Provide cold blankets**
 - C. Minimize feeding**
 - D. Decrease ambient light**
- 5. Which laboratory test should be monitored for a postpartum client receiving warfarin?**
 - A. Prothrombin time (PT)**
 - B. Activated partial thromboplastin time (aPTT)**
 - C. International normalized ratio (INR)**
 - D. Complete blood count (CBC)**

- 6. What characteristic finding would a nurse expect to assess in a client with genital herpes?**
- A. Clear, fluid-filled blisters on the abdomen**
 - B. Ulcerated lesions on the labia**
 - C. Thickened skin patches on the thighs**
 - D. Red, raised bumps on the chest**
- 7. What could indicate a need for further evaluation in a newborn's neurological function?**
- A. Strong reflex responses**
 - B. Absence of the Moro reflex**
 - C. Healthy weight gain**
 - D. Good breastfeeding pattern**
- 8. While using a Doppler device at 12 weeks of gestation, what action should the nurse take?**
- A. Count the fetal heart rate while auscultating.**
 - B. Count the radial pulse of the client while auscultating FHTs.**
 - C. Use a different device to check heart tones.**
 - D. Ask the client to hold their breath during auscultation.**
- 9. What laboratory finding should a nurse report for a client at 31 weeks of gestation with gestational hypertension?**
- A. Platelet count 99,000/mm³**
 - B. Hct 34%**
 - C. Blood glucose 70 mg/dL**
 - D. CBC normal ranges**
- 10. What finding during assessment at 33 weeks of gestation should be reported to the provider?**
- A. Regular fetal heart rate**
 - B. Epigastric pain**
 - C. Leg cramps**
 - D. Increased weight gain**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What intervention should be included in a plan of care for a client in the latent phase of labor to manage pain?

- A. Encourage the client to walk the halls.**
- B. Encourage the client to listen to music.**
- C. Provide pharmacological pain relief.**
- D. Promote visualization techniques.**

Encouraging the client to listen to music is a valid intervention during the latent phase of labor as it can be an effective non-pharmacological method for pain management. Music can provide a calming environment, help the client relax, and distract from discomfort. It creates a soothing atmosphere which may alleviate feelings of anxiety and tension, thereby reducing the perception of pain. This approach is particularly beneficial in the early stages of labor, where clients may seek comfort measures that do not involve medications, allowing them to be more active participants in their birthing experience. Other options may have their benefits, but in the specific context of the latent phase, listening to music enhances emotional and psychological comfort, making it a suitable choice for pain management.

2. What action should a nurse take for a client who is 6 hours postpartum, experiences tachycardia, and reports excessive bleeding?

- A. Administer an infusion of oxytocin**
- B. Measure vital signs every 15 minutes**
- C. Apply a warm compress to the abdomen**
- D. Order a complete blood count**

Administering an infusion of oxytocin is the correct action for a client who is 6 hours postpartum, experiencing tachycardia, and reporting excessive bleeding. In the immediate postpartum period, one of the primary concerns is the prevention and management of postpartum hemorrhage, which can be a life-threatening condition. Oxytocin is a uterotonic agent that promotes uterine contraction and helps to control bleeding by stimulating the contraction of the uterus. This is especially important when a patient exhibits signs of excessive bleeding, as effective uterine contractions can significantly reduce blood loss. While monitoring vital signs every 15 minutes is important in this clinical scenario, it does not directly address the underlying issue of uterine atony (lack of uterine tone), which is likely contributing to the excessive bleeding. Similarly, applying a warm compress to the abdomen might provide some comfort but does not address the urgent need for hemostatic control. Ordering a complete blood count may be useful for assessing blood loss and determining the need for further interventions, but it does not provide immediate action to halt the bleeding. Therefore, the administration of oxytocin is the most appropriate and direct intervention to address the excessive bleeding and to stabilize the client postpartum.

3. What is an expected assessment finding in a client during labor regarding uterine contractions?

- A. Contractions become less frequent**
- B. Contractions will become more intense and closer together**
- C. Contractions may be irregular and weak**
- D. Contractions will not change in duration**

During labor, an expected assessment finding is that contractions will become more intense and closer together. This pattern of contractions is a natural part of the labor process. Initially, contractions may be infrequent and mild, but as labor progresses, they increase in strength, frequency, and duration. This intensifying pattern helps to facilitate the process of cervical dilation and effacement, which are crucial for the delivery of the baby. As labor approaches the active phase, it's typical for contractions to occur every 2 to 5 minutes and last for 60 to 90 seconds, demonstrating a rhythm of increasing intensity. This timing and strength indicate that the body is effectively working through the stages of labor. In addition, regular and strong contractions signal the progress of labor and provide essential feedback for both the healthcare team and the laboring individual regarding the effectiveness of contractions in helping to move the fetus down the birth canal.

4. What is an important nursing intervention for a newborn with jaundice?

- A. Ensure adequate hydration**
- B. Provide cold blankets**
- C. Minimize feeding**
- D. Decrease ambient light**

Ensuring adequate hydration is crucial for a newborn with jaundice because it helps to promote proper liver function and facilitates the excretion of bilirubin, the substance responsible for jaundice. Newborns with jaundice often have elevated levels of bilirubin, which can be toxic if not adequately processed and eliminated by the body. Hydration can help to dilute bilirubin levels in the bloodstream and supports the infant's overall health. In addition to hydration, continued feeding is important because it helps stimulate bowel movements, promoting the elimination of bilirubin through the stool. The more a newborn is fed and kept hydrated, the more likely that the bilirubin will be managed effectively and levels will decrease. In contrast, the other interventions listed do not effectively address the management of jaundice. Providing cold blankets may not have a connection to the treatment of jaundice and could potentially lead to hypothermia. Minimizing feeding would not support bilirubin reduction and could hinder the infant's progress. Decreasing ambient light would not be beneficial since phototherapy often involves exposing a newborn to specific light wavelengths to help break down bilirubin more rapidly. Overall, ensuring adequate hydration directly supports the physiological processes involved in overcoming jaundice and is a fundamental nursing intervention in managing this condition in newborn.

5. Which laboratory test should be monitored for a postpartum client receiving warfarin?

- A. Prothrombin time (PT)**
- B. Activated partial thromboplastin time (aPTT)**
- C. International normalized ratio (INR)**
- D. Complete blood count (CBC)**

Monitoring the International Normalized Ratio (INR) is essential for a postpartum client receiving warfarin because the drug is an anticoagulant that affects the body's blood clotting mechanisms. The INR is specifically utilized to assess the effectiveness and safety of warfarin therapy, guiding dose adjustments to ensure that the patient's blood clotting ability remains within a therapeutic range. Maintaining an appropriate INR is crucial, as it reflects the balance between reducing the risk of thrombosis and preventing excessive bleeding. Warfarin therapy typically targets a specific INR range depending on the condition being treated, and frequent monitoring helps adjust the dosage to achieve this desired level consistently. Other tests, while relevant in specific clinical contexts, do not provide the same direct insight into the anticoagulation effects of warfarin. Prothrombin time (PT) is often used to derive the INR but can vary based on the laboratory methods used. The activated partial thromboplastin time (aPTT) test primarily evaluates the intrinsic pathway of coagulation and is not the standard measure for warfarin therapy; rather, it is typically used for monitoring heparin. A complete blood count (CBC) provides information about the overall health and blood components but does not specifically assess coagulation.

6. What characteristic finding would a nurse expect to assess in a client with genital herpes?

- A. Clear, fluid-filled blisters on the abdomen**
- B. Ulcerated lesions on the labia**
- C. Thickened skin patches on the thighs**
- D. Red, raised bumps on the chest**

In a client with genital herpes, one of the hallmark characteristics is the presence of ulcerated lesions on the labia. Genital herpes, caused by the herpes simplex virus (HSV), commonly manifests with painful sores or blisters in the genital area. These lesions often start as small vesicles that can rupture, leading to painful ulcerations. The presence of these ulcerated lesions is significant as they are associated with the typical symptoms of herpes, which may include itching, burning sensation, and discomfort. The lesions may also be accompanied by systemic symptoms such as fever and lymphadenopathy during an outbreak. Recognizing the appearance and location of these lesions is crucial for diagnosis and management. It emphasizes the need for patient education regarding the nature of the disease, its transmission, and methods of controlling outbreaks.

7. What could indicate a need for further evaluation in a newborn's neurological function?

- A. Strong reflex responses**
- B. Absence of the Moro reflex**
- C. Healthy weight gain**
- D. Good breastfeeding pattern**

The absence of the Moro reflex is indeed a significant indicator that may suggest a need for further evaluation of a newborn's neurological function. The Moro reflex, also known as the startle reflex, is an involuntary response that typically appears in infants at birth and usually disappears by about six months of age. This reflex is a critical aspect of neurological development and indicates the functioning of the brain and spinal cord. When assessing a newborn, the presence of reflex responses is expected and helps evaluate the neurological integrity. If the Moro reflex is absent, it can suggest potential neurological issues such as central nervous system disruptions, which warrant further assessment and intervention. Recognizing the absence of this reflex could lead to timely investigations into the infant's neurological status and overall health. Healthy weight gain and a good breastfeeding pattern are positive signs of a newborn's well-being and do not indicate the need for neurological evaluation. Strong reflex responses would also suggest that the neurological functions are intact rather than signaling a need for further evaluation.

8. While using a Doppler device at 12 weeks of gestation, what action should the nurse take?

- A. Count the fetal heart rate while auscultating.**
- B. Count the radial pulse of the client while auscultating FHTs.**
- C. Use a different device to check heart tones.**
- D. Ask the client to hold their breath during auscultation.**

When using a Doppler device at 12 weeks of gestation to assess fetal heart tones, counting the radial pulse of the client while auscultating fetal heart tones provides a method for distinguishing between the mother's heart rate and the fetal heart rate. This is crucial because, at this early stage in pregnancy, it can be challenging to obtain clear fetal heart tones due to factors such as the position of the fetus, maternal body habitus, or the equipment being used. By monitoring the mother's pulse simultaneously, the nurse can more accurately identify the source of the sound they are hearing. This helps ensure that the assessment is reliable and allows for better interpretation of the findings. It reinforces the need for critical assessment skills when determining fetal well-being, especially given the gestational age. The ability to recognize and differentiate between the maternal and fetal heart rates is vital in early pregnancy assessments. It enables healthcare providers to provide appropriate care and education to the client based on the fetal heart activity observed.

9. What laboratory finding should a nurse report for a client at 31 weeks of gestation with gestational hypertension?

A. Platelet count 99,000/mm³

B. Hct 34%

C. Blood glucose 70 mg/dL

D. CBC normal ranges

In the context of a client at 31 weeks of gestation with gestational hypertension, a platelet count of 99,000/mm³ is a critical laboratory finding that warrants immediate reporting. This finding indicates thrombocytopenia, or a low platelet count, which can be concerning for the development of severe gestational hypertension or HELLP syndrome (Hemolysis, Elevated Liver enzymes, Low Platelet count), a serious complication during pregnancy. Monitoring platelet levels in a patient with gestational hypertension is essential as a declining platelet count may indicate worsening maternal or fetal condition, necessitating further evaluation and potential intervention. In this scenario, the client's platelet count being below the normal threshold—where typically a count should be higher than 150,000/mm³—highlights the need for close monitoring and possible escalation of care. The other findings do not raise immediate red flags. For example, a hematocrit of 34% could be considered within a range that many obstetric clients may present with, particularly as pregnancy progresses. A blood glucose level of 70 mg/dL is well within the normal range and therefore is not a concern in the context of hypertension. Reporting a CBC with normal ranges does not indicate any abnormalities requiring intervention. Each of

10. What finding during assessment at 33 weeks of gestation should be reported to the provider?

A. Regular fetal heart rate

B. Epigastric pain

C. Leg cramps

D. Increased weight gain

Epigastric pain at 33 weeks of gestation is a significant finding that should be reported to the provider. This symptom may indicate a potential issue such as preeclampsia, which is a pregnancy-related condition characterized by high blood pressure and signs of damage to other organ systems, often the kidneys. Epigastric pain can occur when the liver is affected or when there is elevated pressure on the diaphragm, resulting from the enlarged uterus. This makes it critical for healthcare providers to assess the woman further to rule out any complications that could pose risks to both the mother and the fetus. In contrast, regular fetal heart rates are typically a reassuring sign of fetal well-being and would not necessitate immediate concern. Leg cramps, while uncomfortable, are a common occurrence in pregnancy and are usually not indicative of serious complications. Increased weight gain can be typical during pregnancy, and while excessive weight gain could require monitoring, it is not as urgent an issue as epigastric pain, which signals a more immediate need for evaluation of potential complications.

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://vatirnmatalnewbornassmt.examzify.com>

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