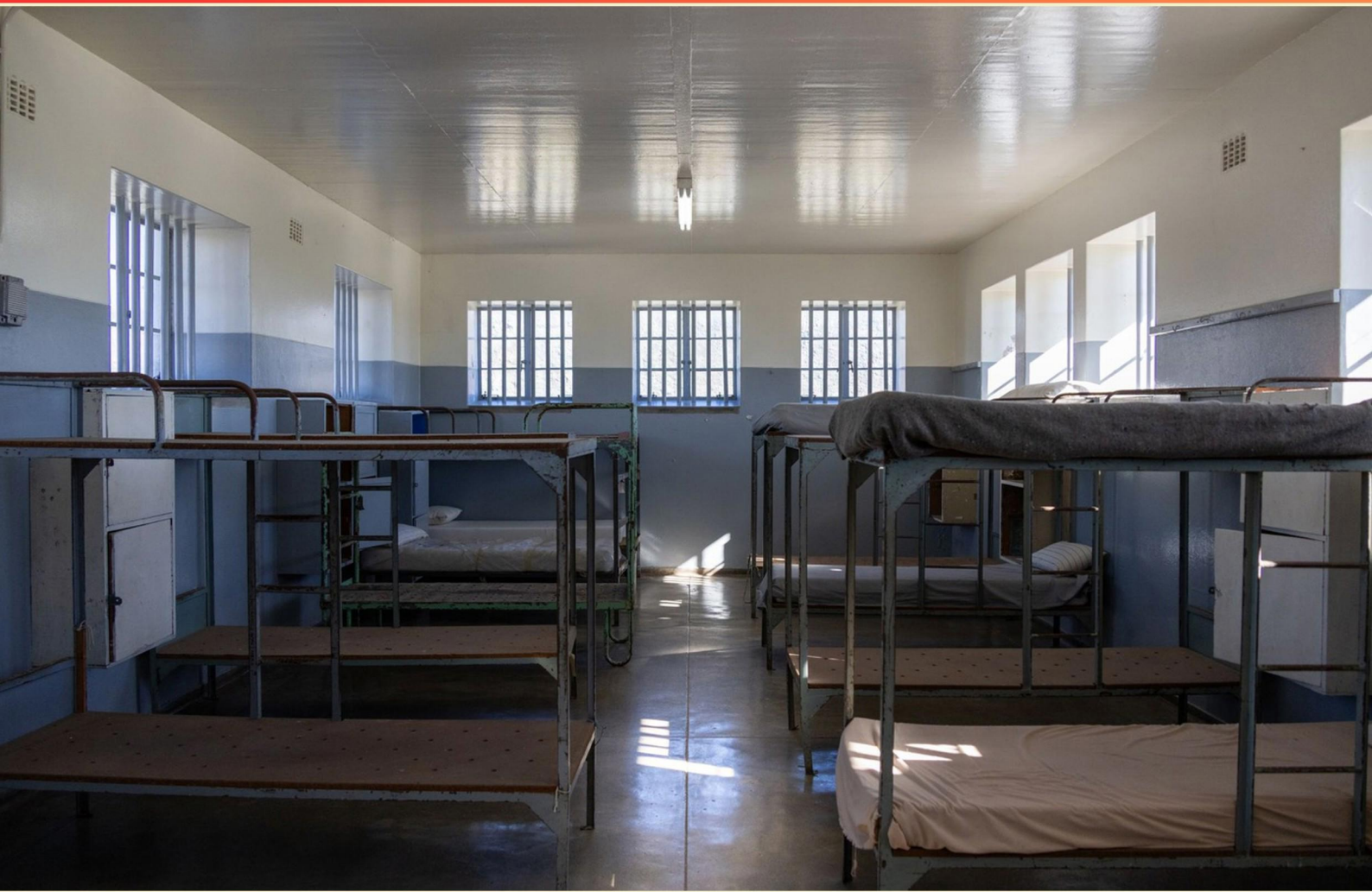


VATI RN MATERNAL NEWBORN ASSESSMENT PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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. After a client delivers and saturates a perineal pad in 15 minutes, which action should a nurse take first?**
 - A. Administer pain medication
 - B. Firmly massage the fundus
 - C. Dim the lights in the room
 - D. Notify the healthcare provider
- 2. What is the most accurate indication of organ perfusion in a client experiencing postpartum hemorrhagic shock?**
 - A. Blood pressure readings
 - B. Heart rate
 - C. Respiratory rate
 - D. Clients urine output
- 3. What is an important aspect to monitor in a newborn to ensure proper adaptation following delivery?**
 - A. Changes in feeding habits.
 - B. Presence of reflexes.
 - C. Breathing pattern and stability.
 - D. Weight gain in the first week.
- 4. How often should prenatal visits occur in the first 28 weeks of pregnancy?**
 - A. Every two weeks
 - B. Monthly
 - C. Weekly
 - D. Every six weeks
- 5. When administering methotrexate 1 mg/kg IM to a client weighing 110 lbs, how many mL should the nurse administer if the available concentration is 25 mg/mL?**
 - A. 1 mL.
 - B. 2 mL.
 - C. 4 mL.
 - D. 5 mL.

- 6. How does a nurse assess for congenital hip dysplasia in an infant?**
- A. By measuring hip circumference
 - B. By performing the Ortolani and Barlow tests
 - C. Through parental interviews
 - D. By observing limb movement
- 7. Which vaccine should the nurse discuss with a client who is at 8 weeks of gestation?**
- A. Influenza vaccine.
 - B. Hepatitis B vaccine.
 - C. Tetanus-diphtheria-acellular pertussis (Tdap) vaccine.
 - D. Measles, mumps, rubella (MMR) vaccine.
- 8. What are common signs indicating breastfeeding problems?**
- A. Frequent feeding and excessive weight gain
 - B. Good latch and no pain during breastfeeding
 - C. Poor latch, pain during breastfeeding, and insufficient weight gain
 - D. Proper positioning and comfort during feeding
- 9. What is an appropriate recommendation for clients prescribed methadone during pregnancy?**
- A. Advise clients to avoid breastfeeding
 - B. Encourage clients who are prescribed methadone to breastfeed
 - C. Inform clients to stop breastfeeding immediately
 - D. Suggest clients use formula instead of breastfeeding
- 10. For a postpartum client, what is a normal finding when assessing the uterus?**
- A. It should be firm and midline
 - B. It should be soft and lateral
 - C. It should be hard and above the umbilicus
 - D. It should be boggy and displaced

Answers

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

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Explanations

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1. After a client delivers and saturates a perineal pad in 15 minutes, which action should a nurse take first?

- A. Administer pain medication
- B. Firmly massage the fundus**
- C. Dim the lights in the room
- D. Notify the healthcare provider

When a client saturates a perineal pad in a short period following delivery, this can be a sign of postpartum hemorrhage or significant bleeding. The nurse's priority in this scenario is to assess and intervene to ensure the safety and stability of the client. Massaging the fundus is critical because a firm, contracted uterus helps control bleeding. If the uterus is boggy or atonic, it can lead to increased blood loss, and gentle but firm massage can help stimulate uterine contraction and minimize the risk of hemorrhage. This action should be taken immediately in response to the saturation of the pad to assess the condition of the uterus and control any bleeding. Other options, while important in their own right, do not take precedence in this urgent situation. Administering pain medication may be necessary later, but it does not address the immediate concern of potential hemorrhage. Dimming the lights can help create a calming environment but also does not address the urgent need to assess and manage potential bleeding. Notifying the healthcare provider is critical for further management, but the nurse must first take immediate action to control the bleeding by assessing the fundal tone. Therefore, massaging the fundus is the most appropriate and urgent first action.

2. What is the most accurate indication of organ perfusion in a client experiencing postpartum hemorrhagic shock?

- A. Blood pressure readings
- B. Heart rate
- C. Respiratory rate
- D. Clients urine output**

The most accurate indication of organ perfusion in a client experiencing postpartum hemorrhagic shock is urine output. This is because urine output serves as a crucial indicator of kidney perfusion and overall systemic perfusion. In cases of shock, blood flow is prioritized to vital organs, and kidneys are often one of the first organs to show signs of compromised perfusion. When the kidneys are not receiving adequate blood flow, urine production decreases. Thus, monitoring urine output allows healthcare providers to assess renal function and general organ perfusion in the setting of shock. In contrast, blood pressure readings can be misleading in the early stages of shock, as patients may still maintain a normal blood pressure despite significant fluid loss. Heart rate is another measure that may show tachycardia during shock; however, it is a less direct indicator of organ perfusion. Respiratory rate can increase due to various stressors in the body but is not specific to organ perfusion either. Therefore, while these other measures provide valuable information, urine output is the most reliable indicator of organ perfusion in this critical scenario.

3. What is an important aspect to monitor in a newborn to ensure proper adaptation following delivery?

- A. Changes in feeding habits.
- B. Presence of reflexes.
- C. Breathing pattern and stability.**
- D. Weight gain in the first week.

Monitoring the breathing pattern and stability of a newborn is crucial for ensuring that the infant is adapting properly after delivery. Immediately after birth, the newborn undergoes significant physiological transitions, including the initiation of independent respiration. It is essential to observe the neonate for any signs of respiratory distress, such as grunting, nasal flaring, or retractions, which could indicate inadequate adaptation or potential complications such as respiratory illnesses. Proper breathing is vital for adequate oxygenation, ensuring that the newborn can effectively transfer oxygen to the blood and eliminate carbon dioxide. Establishing a stable breathing pattern also sets the foundation for the newborn's overall health and well-being as they transition from in-utero to extra-uterine life. While other factors like feeding habits, reflexes, and weight gain are important in the overall assessment and care of the newborn, they are secondary to the immediate need for the baby to maintain stable and adequate respiratory function. This is why monitoring the newborn's breathing pattern and stability is a primary concern in the initial assessment following delivery.

4. How often should prenatal visits occur in the first 28 weeks of pregnancy?

- A. Every two weeks
- B. Monthly**
- C. Weekly
- D. Every six weeks

Prenatal visits during the first 28 weeks of pregnancy are typically scheduled on a monthly basis. This schedule allows healthcare providers to monitor the progress of the pregnancy, check for any potential complications, and provide necessary education and support to the expectant mother. During these early visits, key assessments such as weight, blood pressure, fetal heartbeat, and urinalysis are performed. These appointments also serve as opportunities for discussing lifestyle modifications, nutritional needs, and any concerns the mother may have about her pregnancy. As the pregnancy progresses beyond 28 weeks, the frequency of prenatal visits typically increases to every two weeks, and then to weekly in the later stages. This change reflects the increased monitoring needed as the mother approaches labor. By maintaining a monthly schedule during the first trimester and early second trimester, healthcare professionals can establish a foundation for the ongoing relationship with the patient while ensuring the health and safety of both mother and baby.

5. When administering methotrexate 1 mg/kg IM to a client weighing 110 lbs, how many mL should the nurse administer if the available concentration is 25 mg/mL?

- A. 1 mL.
- B. 2 mL.**
- C. 4 mL.
- D. 5 mL.

To determine how many mL of methotrexate to administer, first, convert the client's weight from pounds to kilograms, as the dosage is given in mg/kg. The conversion factor is approximately 2.2 lbs per kg. Thus, a client weighing 110 lbs would weigh about 50 kg ($110 \text{ lbs} \div 2.2 \text{ lbs/kg}$). The dosage calculation begins by multiplying the weight in kg by the required dose of methotrexate: $1 \text{ mg/kg} \times 50 \text{ kg} = 50 \text{ mg}$. Next, to find out how many mL this amount equates to with the available concentration of 25 mg/mL, divide the total mg needed by the concentration: $50 \text{ mg} \div 25 \text{ mg/mL} = 2 \text{ mL}$. Administering 2 mL achieves the required dosage of 50 mg for this client. Therefore, the correct amount to administer is 2 mL.

6. How does a nurse assess for congenital hip dysplasia in an infant?

- A. By measuring hip circumference
- B. By performing the Ortolani and Barlow tests**
- C. Through parental interviews
- D. By observing limb movement

Assessing for congenital hip dysplasia in an infant is best performed through the Ortolani and Barlow tests, which are specific maneuvers designed to detect hip instability and dislocation. These tests involve locating the hip joint and assessing its function through gentle manipulation. In the Ortolani test, the examiner abducts the hips and applies a gentle pressure to the femur to feel for any slipping back into the acetabulum, which indicates a dislocated hip that can be reduced. The Barlow test, on the other hand, evaluates the hip's stability by adducting the hip while applying a gentle force posteriorly. If the hip is dislocatable, it will slip out of the joint during this maneuver. Using these two tests together provides a reliable assessment of the infant's hip joint, specifically detecting congenital hip dysplasia early, which is crucial for effective treatment and preventing long-term complications. While measuring hip circumference, observing limb movement, and obtaining parental interviews may provide some information, they do not specifically assess the integrity or functionality of the hip joint in the targeted manner that the Ortolani and Barlow tests do. These tests are established clinical practices and the gold standards for this type of assessment.

7. Which vaccine should the nurse discuss with a client who is at 8 weeks of gestation?

- A. Influenza vaccine.
- B. Hepatitis B vaccine.
- C. Tetanus-diphtheria-acellular pertussis (Tdap) vaccine.**
- D. Measles, mumps, rubella (MMR) vaccine.

The correct choice is the Tetanus-diphtheria-acellular pertussis (Tdap) vaccine, which is recommended for pregnant women to receive during each pregnancy, specifically between 27 and 36 weeks of gestation. This timing allows for the development of passive immunity in the infant, helping protect the newborn from whooping cough in the first months of life when they are most vulnerable. While the Tdap vaccine is often discussed in the context of later stages of pregnancy, it is essential during pregnancy due to the increased risk of pertussis to newborns. Therefore, discussing its importance early in gestation reinforces the need for this vaccination later on. Although the other vaccines mentioned are important components of maternal and infant health, they do not align as closely with the guidelines for pregnant women at 8 weeks gestation. The influenza vaccine is recommended and can be given at any time during pregnancy; however, the emphasis on Tdap serves a more specific purpose regarding the direct protection of the newborn. The Hepatitis B vaccine can be administered during pregnancy if the mother is at risk, but it is not a routine immunization during pregnancy. The MMR vaccine, while effective against three serious diseases, is contraindicated during pregnancy due to the

8. What are common signs indicating breastfeeding problems?

- A. Frequent feeding and excessive weight gain
- B. Good latch and no pain during breastfeeding
- C. Poor latch, pain during breastfeeding, and insufficient weight gain**
- D. Proper positioning and comfort during feeding

The presence of a poor latch, pain during breastfeeding, and insufficient weight gain are critical signs that indicate potential breastfeeding problems. A poor latch can lead to ineffective feeding, which results in the infant not getting enough breast milk. This, in turn, may cause inadequate weight gain, a primary concern for newborns who require adequate nutrition for growth and development. Pain during breastfeeding can indicate improper technique or an issue with the positioning of the baby, which can further exacerbate feeding challenges. Recognizing these signs allows healthcare providers and mothers to intervene early to provide necessary support, such as consulting a lactation specialist or adjusting feeding techniques to improve the baby's latch and comfort. This is essential for establishing a successful breastfeeding relationship and ensuring the infant receives adequate nutrition.

9. What is an appropriate recommendation for clients prescribed methadone during pregnancy?

- A. Advise clients to avoid breastfeeding
- B. Encourage clients who are prescribed methadone to breastfeed**
- C. Inform clients to stop breastfeeding immediately
- D. Suggest clients use formula instead of breastfeeding

The recommendation to encourage clients who are prescribed methadone to breastfeed is supported by evidence indicating that breastfeeding can be beneficial for both the mother and the newborn. Methadone is often used to manage opioid dependence, and while it does transfer into breast milk, the levels are generally low enough that it does not pose a significant risk to the nursing infant. Breastfeeding during methadone treatment can provide important benefits such as promoting bonding between mother and infant and providing optimal nutrition. It also helps in minimizing the risk of infant withdrawal symptoms, as breastfed infants might receive a steadier stream of methadone that can help mitigate those effects. Moreover, the World Health Organization and various health authorities suggest that the benefits of breastfeeding typically outweigh the potential risks associated with methadone exposure through breast milk. This approach aligns with the goal of maintaining maternal health while ensuring the infant receives the numerous benefits associated with breastfeeding. In light of this information, recommending breastfeeding for mothers on methadone allows for adequate maternal-infant bonding and nutrition while taking into account the clinical considerations unique to this situation.

10. For a postpartum client, what is a normal finding when assessing the uterus?

- A. It should be firm and midline**
- B. It should be soft and lateral
- C. It should be hard and above the umbilicus
- D. It should be boggy and displaced

After childbirth, a normal finding when assessing the uterus is that it should be firm and midline. This indicates that the uterus is contracting effectively, which is important for reducing the risk of postpartum hemorrhage. A firm uterus helps to control bleeding by compressing the blood vessels that were attached to the placenta, ensuring that they are well-contracted. Being midline is also significant because any lateral displacement can indicate that the bladder is full or that there may be other complications such as retained placental fragments or possible uterine atony. Therefore, a firm and midline uterus is a sign of proper involution, reflecting the body's natural healing process following delivery. In contrast, other options suggest abnormal findings; for example, a soft or boggy uterus can indicate uterine atony, necessitating immediate medical intervention. A uterus that is hard or positioned above the umbilicus may suggest overdistension or other complications that require further assessment. Hence, understanding these normal and abnormal findings is crucial for effective postpartum care.

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!

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