LABOR AND DELIVERY 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.

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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!

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Questions

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1. Which fontanelle is smaller and triangular, normally closing by about 2 months of age?

A. Posterior fontanelle

B. Anterior fontanelle

C. Mastoid fontanelle

D. Sphenoidal fontanelle

2. The relationship of the cephalocaudal (head-to-buttocks) axis of the fetus to the cephalocaudal axis of the mother is known as what?

A. Fetal Lie

B. Fetal Position

C. Linea Terminalis

D. Process of Labor

3. PROM stands for rupture of membranes before labor at term. Which option best defines PROM?

A. Rupture of membranes before labor at term

B. Rupture of membranes after delivery

C. Rupture of membranes during labor only

D. Rupture of membranes with placenta previa

4. Which condition crosses the skull sutures?

A. Caput succedaneum

B. Cephalhematoma

C. Epstein's pearls

D. Ophthalmia neonatorum

5. Which of the following best differentiates gestational hypertension from preeclampsia?

A. Proteinuria is present

B. Onset occurs before 20 weeks of gestation

C. New-onset hypertension after 20 weeks with no proteinuria

D. Edema is required for diagnosis

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6. The anterior fontanelle is normally large and diamond-shaped and closes at approximately how many months of age?

A. 6 months

B. 24 months

C. 18 months

D. 3 months

7. Which event occurs as the shoulders and body move through the birth canal, using the same maneuvers as the head?

A. External Rotation

B. Descent

C. Engagement

D. Expulsion

8. Which uterine condition is a contraindication to vaginal delivery?

A. Prior low transverse incision

B. Prior myomectomy with rupture risk

C. Prior cesarean with low risk

D. Classical uterine incision

9. Which term describes bluish coloration of the newborn's hands and feet?

A. Jaundice

B. Vernix caseosa

C. Acrocyanosis

D. Harlequin sign

10. Descent of the uterus into the pelvic cavity late in pregnancy is called what?

A. Lightening

B. Braxton Hicks Contractions

C. Effacement

D. Fetal Lie

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Answers

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

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Explanations

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1. Which fontanelle is smaller and triangular, normally closing by about 2 months of age?

A. Posterior fontanelle

B. Anterior fontanelle

C. Mastoid fontanelle

D. Sphenoidal fontanelle

Fontanelle size and timing of closure reflect skull growth in a newborn. The small, triangular soft spot at the back of the head that typically closes around two months is the posterior fontanelle. It sits where the lambdoid and sagittal sutures meet and is much smaller than the anterior fontanelle. The anterior fontanelle, in contrast, is large and diamond-shaped and remains open until about 18–24 months to accommodate brain growth. The other fontanelles (sphenoidal and mastoid) are smaller too, but their closure timing differs: sphenoidal closes in the early months, and mastoid later, not by two months. Therefore, the description points to the posterior fontanelle.

2. The relationship of the cephalocaudal (head-to-buttocks) axis of the fetus to the cephalocaudal axis of the mother is known as what?

A. Fetal Lie

B. Fetal Position

C. Linea Terminalis

D. Process of Labor

The concept is fetal lie—the orientation of the fetus's long (cephalocaudal) axis relative to the mother's long axis. When they align along the same length, that's a longitudinal lie; when the fetus lies across the uterus, perpendicular to the mother's axis, that's a transverse lie (and oblique lies are in between). This is distinct from fetal position, which describes where the presenting part is in relation to the maternal pelvis (for example, occiput anterior). Linea terminalis is a pelvic boundary, and the process of labor refers to the stages of labor.

3. PROM stands for rupture of membranes before labor at term. Which option best defines PROM?

A. Rupture of membranes before labor at term

B. Rupture of membranes after delivery

C. Rupture of membranes during labor only

D. Rupture of membranes with placenta previa

PROM means rupture of the amniotic membranes before labor begins. The key point is the timing: the membranes rupture prior to the onset of labor in a term pregnancy. This distinguishes it from rupture that occurs during labor or after delivery, or from scenarios tied to conditions like placenta previa. At term, rupture before labor typically leads to labor initiation or induction, and management focuses on monitoring for infection and fetal well-being, with decisions about induction or expectant management depending on the clinical situation. The other options describe events that don't fit the definition of PROM since they occur after birth, during labor, or in association with placenta previa.

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4. Which condition crosses the skull sutures?

A. Caput succedaneum

B. Cephalhematoma

C. Epstein's pearls

D. Ophthalmia neonatorum

Crossing the skull sutures happens with caput succedaneum. This is diffuse edema of the scalp tissue caused by pressure during labor, so the swelling lies in the soft tissues above the skull bone and extends freely across the suture lines. Because it's in the superficial scalp, it can cross all sutures and even the midline, and it typically resolves within a few days after birth. In contrast, a cephalhematoma is a subperiosteal bleed that lies beneath the periosteum of a single cranial bone. The periosteum firmly anchors at the sutures, so the swelling stays confined to one bone and does not cross sutures, often taking weeks to months to resolve. Epstein's pearls are benign mucous membrane inclusions in the gums or palate, not related to skull swelling, and ophthalmia neonatorum is a neonatal eye infection.

5. Which of the following best differentiates gestational hypertension from preeclampsia?

A. Proteinuria is present

B. Onset occurs before 20 weeks of gestation

C. New-onset hypertension after 20 weeks with no proteinuria

D. Edema is required for diagnosis

The key distinction is whether protein in the urine (and other end-organ signs) accompanies the high blood pressure after 20 weeks. Gestational hypertension is new high blood pressure after 20 weeks without proteinuria or other features of end-organ involvement. Preeclampsia, on the other hand, requires new hypertension after 20 weeks plus proteinuria or evidence of end-organ dysfunction (such as liver enzyme elevation, renal impairment, thrombocytopenia, pulmonary edema, or cerebral/visual symptoms). Therefore, the statement describing new-onset hypertension after 20 weeks with no proteinuria best differentiates gestational hypertension from preeclampsia, since the absence of proteinuria suggests gestational hypertension rather than preeclampsia. The other options point toward preeclampsia (proteinuria), atypical timing (before 20 weeks), or non-diagnostic symptoms (edema alone).

6. The anterior fontanelle is normally large and diamond-shaped and closes at approximately how many months of age?

A. 6 months

B. 24 months

C. 18 months

D. 3 months

The anterior fontanelle is the large, diamond-shaped soft spot at the top of the infant's head. It remains open to allow for rapid brain and skull growth after birth and to ease birth canal passage. It normally remains open through the first year and typically closes around 18 months, though some children may close by about 24 months. The posterior fontanelle, by contrast, closes much earlier, usually by 2–3 months. So, the best approximate age for closure of the anterior fontanelle is 18 months.

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7. Which event occurs as the shoulders and body move through the birth canal, using the same maneuvers as the head?

A. External Rotation

B. Descent

C. Engagement

D. Expulsion

The event being tested is how the baby rotates as it moves through the birth canal, following the same sequence of maneuvers the head used. After the head is delivered, it undergoes restitution, an external rotation that realigns the head with the shoulders so the shoulders can follow through the pelvis. This rotation helps position the shoulders to pass under the pubic arch and then deliver one after the other. So, the rotation of the head back toward alignment with the shoulders—external rotation—occurs as the shoulders and body continue to move through the birth canal. Descent and engagement describe entry and progress through the pelvis, and expulsion is the final delivery of the rest of the body; neither captures the rotating realignment moment that accompanies the head's passage.

8. Which uterine condition is a contraindication to vaginal delivery?

A. Prior low transverse incision

B. Prior myomectomy with rupture risk

C. Prior cesarean with low risk

D. Classical uterine incision

The key idea is that the type of uterine scar from a prior operation determines whether vaginal delivery is safe. A classical uterine incision is a vertical cut in the upper segment of the uterus. This scar weakens the myometrium where contractions are strongest, so labor greatly raises the risk of uterine rupture. Because rupture can be life-threatening to both mother and baby, a vaginal delivery is contraindicated after a classical incision; the typical plan is to deliver by scheduled cesarean. In contrast, a low transverse incision is in the lower uterus and leaves the walls stronger during labor, making vaginal delivery a feasible option with appropriate monitoring. A prior cesarean with a low risk profile also supports the possibility of a VBAC. A prior myomectomy may carry rupture risk depending on scar location, but it is not an absolute contraindication in the same way a classical incision is.

9. Which term describes bluish coloration of the newborn's hands and feet?

A. Jaundice

B. Vernix caseosa

C. Acrocyanosis

D. Harlequin sign

Acrocyanosis describes bluish coloration of the hands and feet in a newborn, reflecting peripheral vasomotor immaturity and lower oxygen saturation in the distal circulation. It is a common, benign finding in the first hours after birth and usually resolves as blood flow and body temperature stabilize, typically within 24 to 48 hours. This differs from central cyanosis, where blue coloring involves the lips, tongue, and trunk and can indicate hypoxemia requiring evaluation. Jaundice is yellow skin from bilirubin, vernix caseosa is the protective white coating on the newborn's skin, and Harlequin sign is a transient half-red, half-pale flushing pattern from autonomic tone.

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10. Descent of the uterus into the pelvic cavity late in pregnancy is called what?

A. Lightening

B. Braxton Hicks Contractions

C. Effacement

D. Fetal Lie

Lightening is the descent of the presenting part, usually the fetal head, into the maternal pelvis late in pregnancy, causing the uterus to settle lower in the abdomen. This shift often makes breathing easier by relieving diaphragm pressure, but can increase pelvic pressure and urinary frequency. It tends to occur a week or two before labor in first pregnancies (timing can vary with parity). This term is distinct from Braxton Hicks contractions (false labor), effacement (thinning of the cervix), and fetal lie (the baby's position relative to the mother's spine).

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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://laboranddelivery.examzify.com

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

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