



NCLEX ARCHER MATERNITY PRACTICE TEST

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QUIZZPREP

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1. When caring for a client new to the general practice clinic, the nurse notes that the woman is "nulliparous." The nurse knows that the term "nullipara" describes:

- A) A woman who had one pregnancy loss at 25 weeks and no children are alive.
- B) A woman who has never given birth to a child.
- C) A woman who had three prior pregnancies.
- D) A woman who has never been pregnant.

Correct Answer: B

2. A client who is pregnant at 39 weeks gestation spontaneously ruptured her membranes while ambulating to the bathroom. After the client returns to bed, which of the following should be the nurse's initial action?

- A) Assess the color of the amniotic fluid
- B) Perform a vaginal examination to assess the cervix for dilation
- C) Inform the client she is now on strict bed rest until further notice
- D) Assess the fetal heart tones

Correct Answer: D

3. The nurse is attending to a client who is 20 weeks pregnant and has completed client education. Which of the following statements by the client indicates that she has a good understanding of her baby's development?

- A) "My baby is able to breathe now."
- B) "My baby can open his eyes."
- C) "My baby is about 7 ½ inches long."
- D) "My baby has fully grown fingernails."

Correct Answer: C

4. While working in the nursery, a nurse assesses a newborn born less than two hours ago. Which of the following findings by the nurse would necessitate further investigation?

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- A) A diamond-shaped soft area present at the top of the newborn's head
- B) Greasy, white substance that resembles cheese on the newborn's neck, back, and thighs
- C) A single crease on the palm
- D) Acrocyanosis

Correct Answer: C

5. The nurse is caring for a client in labor who just received epidural analgesia. The nurse should monitor the client for which adverse effects?

- A) Hypertension
- B) Bladder distention
- C) Hypothermia
- D) Precipitous labor

Correct Answer: B

6. The nurse just finished receiving the shift report from the night nurse. Which of the following newborns should the nurse assess first?

- A) A 3-hour old newborn weighing 6 pounds
- B) A 4-hour old newborn delivered at 42 weeks
- C) A 6-hour old newborn that is 21 inches long
- D) An 8-hour old newborn delivered at 40 weeks

Correct Answer: B