

# American Midwifery Certification Board (AMCB) Practice Exam (Sample)

## Study Guide



**Everything you need from our exam experts!**

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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. A vaginal pH greater than 4.5 may indicate the presence of which condition?**
  - A. Normal flora**
  - B. Menopause**
  - C. Bacterial vaginosis**
  - D. Ovarian reserve**
  
- 2. What characterizes an innocent murmur?**
  - A. It is always loud and associated with heart failure**
  - B. It indicates no valvular or pathologic cause**
  - C. It is indicative of severe cardiac disease**
  - D. It usually occurs in the presence of structural heart defects**
  
- 3. What feature of an innocent murmur is commonly observed during physical examination?**
  - A. It is best heard when the patient is standing**
  - B. It disappears with increased cardiac output**
  - C. It occurs with every heartbeat**
  - D. It is associated with high blood pressure**
  
- 4. What is the normal level for total cholesterol in adults?**
  - A. Less than 220 mg/dL**
  - B. Less than 200 mg/dL**
  - C. Less than 240 mg/dL**
  - D. Less than 250 mg/dL**
  
- 5. Low levels of HDL cholesterol are associated with what risk?**
  - A. Increased risk for diabetes**
  - B. Increased risk for heart disease**
  - C. Decreased risk for hypertension**
  - D. No associated risk**

**6. What role do myoepithelial cells play during breastfeeding?**

- A. They absorb breast milk**
- B. They stimulate let-down reflex**
- C. They produce breast milk**
- D. They are not involved in milk ejection**

**7. What role does human placental lactogen play during pregnancy?**

- A. Facilitates insulin production**
- B. Acts as an insulin antagonist, leading to mild glucose intolerance**
- C. Increases body fat storage**
- D. Regulates fetal developmental hormones**

**8. What are common clinical manifestations of Atopic Eczema?**

- A. Xerosis, lichenification, eczematous lesions**
- B. Rash and urticaria**
- C. Flaky skin and redness**
- D. Blisters and crusting**

**9. What marks the onset of labor in the latent phase?**

- A. When cervical dilation reaches 8-10 cm**
- B. Onset of labor until cervical dilation reaches 4-6 cm**
- C. Initiation of contractions with fetal descent**
- D. Breaking of the water**

**10. Which condition contraindicates the use of fetal scalp electrode (FSE)?**

- A. Active diabetes**
- B. Placenta previa**
- C. Normal fetal presentation**
- D. Gestational hypertension**

## **Answers**

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

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## **Explanations**

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**1. A vaginal pH greater than 4.5 may indicate the presence of which condition?**

- A. Normal flora**
- B. Menopause**
- C. Bacterial vaginosis**
- D. Ovarian reserve**

A vaginal pH greater than 4.5 is often associated with bacterial vaginosis (BV). In healthy individuals with a balanced flora, the vaginal pH is typically lower than 4.5 due to the presence of lactobacilli, which produce lactic acid. However, when there is an imbalance in the vaginal microbiome, such as in BV, the population of lactobacilli decreases, leading to a rise in pH levels. The elevated pH is indicative of the shift from a normal acidic environment to a more alkaline one, which facilitates the growth of certain bacteria that are often implicated in BV. This condition is characterized by a fishy odor, especially after intercourse, and a thin, gray discharge. Knowing the role of pH in diagnosing BV helps healthcare providers to identify this condition effectively and can inform appropriate treatment options. In contrast, menopause leads to reduced estrogen levels, which can result in a lower amount of lactobacilli, but vaginal pH changes alone are not a definitive indicator of menopause or ovarian reserve issues. Normal flora would be associated with a pH lower than 4.5, while ovarian reserve is unrelated to pH levels in the vagina.

**2. What characterizes an innocent murmur?**

- A. It is always loud and associated with heart failure**
- B. It indicates no valvular or pathologic cause**
- C. It is indicative of severe cardiac disease**
- D. It usually occurs in the presence of structural heart defects**

An innocent murmur is characterized by the absence of any underlying heart disease or structural abnormalities. This type of murmur is typically found in healthy individuals, especially in children, and is often related to the physiological flow of blood through the heart and great vessels. It does not indicate any valvular or pathological cause, meaning that there are no abnormalities in the heart's structures or functionality contributing to the sound. Innocent murmurs are usually soft and present only when listening closely; they do not result in symptoms or complications such as heart failure. This distinguishes them from abnormal murmurs, which could indicate heart defects or other cardiac issues. The defining aspect of an innocent murmur is its benign nature, which reassures both healthcare professionals and patients regarding the lack of serious medical conditions.

**3. What feature of an innocent murmur is commonly observed during physical examination?**

- A. It is best heard when the patient is standing**
- B. It disappears with increased cardiac output**
- C. It occurs with every heartbeat**
- D. It is associated with high blood pressure**

An innocent murmur is characterized by specific features that make it distinctively benign. One of the key features is that it can often disappear with increased cardiac output, which occurs during situations like exercise or fever when the heart pumps harder and faster. This characteristic reflects the physiological nature of innocent murmurs, which typically arise from increased blood flow across normal heart structures, rather than from inherent structural abnormalities. Innocent murmurs are typically heard when blood flows more rapidly through the heart or major vessels, like during periods of increased heart rate or volume. The fact that the murmur can disappear during higher output situations further supports its classification as innocent, as it denotes that it is not caused by any pathological condition that would persist regardless of the heart's workload. Understanding this aspect of innocent murmurs is crucial, as it helps differentiate them from pathological murmurs that may remain present despite changes in blood flow dynamics and can indicate underlying heart issues.

**4. What is the normal level for total cholesterol in adults?**

- A. Less than 220 mg/dL**
- B. Less than 200 mg/dL**
- C. Less than 240 mg/dL**
- D. Less than 250 mg/dL**

The normal level for total cholesterol in adults is indeed considered to be less than 200 mg/dL. This threshold is established by health organizations as an indicator of cardiovascular health. Maintaining cholesterol levels below this range is important because higher levels may increase the risk of heart disease and other cardiovascular conditions. When discussing cholesterol values, levels below 200 mg/dL are associated with a lower risk of heart disease, while values of 200-239 mg/dL are considered borderline high, and those above 240 mg/dL are classified as high cholesterol. These classifications are crucial since they guide healthcare professionals in assessing a patient's cardiovascular risk and formulating management plans. Regular monitoring and maintaining cholesterol within optimal levels can significantly impact long-term health outcomes. Recognizing the importance of keeping total cholesterol under 200 mg/dL is vital for practitioners and patients alike in promoting cardiovascular health.

## 5. Low levels of HDL cholesterol are associated with what risk?

- A. Increased risk for diabetes
- B. Increased risk for heart disease**
- C. Decreased risk for hypertension
- D. No associated risk

Low levels of HDL cholesterol, often referred to as "good cholesterol," are significantly associated with an increased risk for heart disease. HDL cholesterol plays a crucial role in transporting cholesterol away from the arteries and back to the liver, where it can be processed and removed from the body. Higher levels of HDL are protective against cardiovascular issues because they help reduce the buildup of plaque in the arteries, a condition known as atherosclerosis, which can lead to heart attacks and strokes. When HDL levels are low, this protective mechanism is impaired, leading to an increased likelihood of developing heart disease. This association is supported by numerous studies that have shown that individuals with low HDL cholesterol levels are at higher risk for coronary artery disease and other cardiovascular events. Consequently, monitoring HDL cholesterol levels is an important aspect of assessing cardiovascular health and risk factors.

## 6. What role do myoepithelial cells play during breastfeeding?

- A. They absorb breast milk
- B. They stimulate let-down reflex**
- C. They produce breast milk
- D. They are not involved in milk ejection

Myoepithelial cells play a crucial role in the process of breastfeeding by facilitating the milk ejection reflex, also known as the let-down reflex. Located between the basement membrane and the mammary epithelial cells in the breast, these contractile cells respond to hormonal stimuli, particularly oxytocin, during breastfeeding. When a baby latches and suckles, sensory signals are sent to the mother's brain, triggering the release of oxytocin. This hormone causes the myoepithelial cells to contract, squeezing the milk from the alveoli into the ducts, allowing it to flow towards the nipple for the infant to consume. Understanding the role of myoepithelial cells in milk ejection highlights their importance in successful breastfeeding. While other options mention functions such as absorbing milk or producing breast milk, these activities are not related to myoepithelial cells. The process of milk production occurs in the alveolar cells of the mammary glands, and absorption of breast milk is a function performed by the infant, not the cells within the breast. Thus, emphasizing the function of myoepithelial cells in stimulating the let-down reflex underscores their critical part in the breastfeeding process.

## 7. What role does human placental lactogen play during pregnancy?

- A. Facilitates insulin production**
- B. Acts as an insulin antagonist, leading to mild glucose intolerance**
- C. Increases body fat storage**
- D. Regulates fetal developmental hormones**

Human placental lactogen (hPL), produced by the placenta during pregnancy, primarily acts as an insulin antagonist. This means that it helps to promote a state of mild insulin resistance. By doing so, hPL facilitates increased availability of glucose and fatty acids to supply energy to the growing fetus. The mild glucose intolerance it induces is beneficial over the course of pregnancy because it ensures that the fetus has sufficient nutrients for growth and development, while also balancing maternal energy needs. The other options do not accurately represent the primary functions of hPL. While hPL does have some effects on insulin production, particularly in modulating maternal metabolism, its primary action is not to facilitate insulin production but to create a resistance to its action. Additionally, while hPL can influence body fat metabolism, its role should not be solely categorized as increasing storage; rather, it helps to adjust energy metabolism for both mother and fetus. Moreover, hPL is not directly involved in regulating fetal developmental hormones, but rather, it influences the maternal metabolic environment to support fetal growth.

## 8. What are common clinical manifestations of Atopic Eczema?

- A. Xerosis, lichenification, eczematous lesions**
- B. Rash and urticaria**
- C. Flaky skin and redness**
- D. Blisters and crusting**

Atopic Eczema, also known as atopic dermatitis, is characterized by specific clinical features that align with the choice selected. Common manifestations include xerosis (dry skin), lichenification (thickened skin resulting from chronic rubbing or scratching), and eczematous lesions, which present as inflamed, itchy areas of the skin. This set of symptoms reflects the ongoing inflammation, irritation, and skin barrier dysfunction associated with this condition. Understanding the common clinical manifestations of Atopic Eczema is crucial for healthcare providers to properly recognize, diagnose, and manage the condition effectively. Other options may mention skin irritation or inflammation, but they do not encapsulate the hallmark signs seen in atopic dermatitis, particularly the chronic nature and specific characteristics like lichenification that signify a longstanding issue with skin hydration and inflammation.

**9. What marks the onset of labor in the latent phase?**

- A. When cervical dilation reaches 8-10 cm**
- B. Onset of labor until cervical dilation reaches 4-6 cm**
- C. Initiation of contractions with fetal descent**
- D. Breaking of the water**

The onset of labor in the latent phase is characterized by the beginning of labor until cervical dilation reaches 4-6 cm. During this phase, contractions start, but they tend to be irregular and may not be very strong. The primary focus of the latent phase is the gradual preparation of the cervix as it begins to efface and dilate. This phase often allows individuals to remain at home if desired, as the contractions may be manageable and not as frequent or intense. The latent phase can be relatively lengthy and varies greatly among individuals, typically lasting for many hours or even days before reaching that 4-6 cm dilation milestone. Understanding this allows midwives and healthcare providers to support laboring individuals appropriately during early labor stages and provide guidance on when to seek further assistance or come into the birthing facility.

**10. Which condition contraindicates the use of fetal scalp electrode (FSE)?**

- A. Active diabetes**
- B. Placenta previa**
- C. Normal fetal presentation**
- D. Gestational hypertension**

The use of a fetal scalp electrode (FSE) is contraindicated in the presence of placenta previa. This condition occurs when the placenta partially or completely covers the cervix, posing a risk of hemorrhage during labor. Inserting a scalp electrode requires an invasive procedure that often involves rupture of the membranes and potential manipulation of the cervix, which can lead to bleeding and complications for both the mother and the fetus. Therefore, using an FSE in this situation can endanger the patient due to the risk of exacerbating the bleeding associated with placenta previa. In contrast, conditions like active diabetes, normal fetal presentation, and gestational hypertension do not inherently increase the risks associated with the use of an FSE in the same manner. While careful monitoring is necessary in those conditions, they do not present the same level of immediate risk to mother and fetus as placenta previa does.

# 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://midwiferyamcb.examzify.com>**

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

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