

Certified Childbirth Educator Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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 accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

SAMPLE

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

SAMPLE

- 1. The end of the first stage of labor is characterized by which event?**
 - A. Cervical dilation to 10 cm (complete dilation)**
 - B. Onset of contractions**
 - C. Water breaks**
 - D. Delivery of placenta**

- 2. Which of the following is NOT a non-medical comfort technique?**
 - A. Hydrotherapy**
 - B. Epidural anesthesia**
 - C. Aromatherapy**
 - D. Massage and touch**

- 3. The term that refers to the direction toward which the back of the baby's head (the occiput) or other presenting part lies is called what?**
 - A. Position**
 - B. Presentation**
 - C. Station**
 - D. Engagement**

- 4. Which of the following is NOT a method to increase milk supply?**
 - A. More frequent feedings**
 - B. Adequate rest**
 - C. Skipping feeds to rest**
 - D. Hydration**

- 5. Oxytocin is often described as which of the following?**
 - A. "Stress hormone" - "fight or flight"**
 - B. "Digestive hormone" - "metabolism"**
 - C. "Love hormone" - "calm and connection"**
 - D. "Pain hormone" - "increases sensitivity"**

- 6. In active labor, contractions typically occur how often and for how long?**
- A. 3-5 minutes apart, lasting 1 minute**
 - B. 8-12 minutes apart, lasting 3 minutes**
 - C. 1-2 minutes apart, lasting 30 seconds**
 - D. 6-10 minutes apart, lasting 2 minutes**
- 7. Frank breech presentation is defined as which of the following?**
- A. baby's butt is over the cervix and her legs are straight up toward her face**
 - B. feet are presenting ahead of the buttocks**
 - C. the head is presenting first**
 - D. one or both feet are over the cervix**
- 8. Which newborn prophylaxis involves preventing conjunctival infection after birth?**
- A. Eye ointment**
 - B. Vitamin K**
 - C. Hep B vaccine**
 - D. Vitamin D supplementation**
- 9. Primigravida refers to a woman who is**
- A. pregnant for the first time**
 - B. pregnant for the second time**
 - C. pregnant for the third time**
 - D. pregnant with twins**
- 10. The second stage duration for primiparas is approximately what?**
- A. 15 minutes - 3 hours or more**
 - B. 1.5-2 hours**
 - C. Shorter than first birth**
 - D. 30-60 minutes**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. The end of the first stage of labor is characterized by which event?

- A. Cervical dilation to 10 cm (complete dilation)**
- B. Onset of contractions**
- C. Water breaks**
- D. Delivery of placenta**

The key idea is that the first stage ends when the cervix is fully dilated to about 10 cm and ready for the second stage of labor. This full dilation marks the transition from the first stage, which includes cervical effacement and gradual dilation, to pushing and delivery in the second stage. The onset of contractions signals the start of labor, not its end. Water breaking can occur at different times during the first stage and does not define its end. Delivery of the placenta happens later, in the third stage.

2. Which of the following is NOT a non-medical comfort technique?

- A. Hydrotherapy**
- B. Epidural anesthesia**
- C. Aromatherapy**
- D. Massage and touch**

In labor, comfort techniques are often grouped as non-medical (non-pharmacologic) versus medical interventions. The non-medical approaches aim to relieve pain without drugs and include methods like hydrotherapy (water immersion), aromatherapy (scents to promote relaxation), and massage or touch (physical support and comfort). Epidural anesthesia, on the other hand, is a pharmacologic form of pain relief. It involves injecting anesthesia near the spinal cord to block pain signals and typically requires specialized medical staff and monitoring. Because it uses medications and is a medical procedure, it does not fit the category of non-medical comfort techniques. So, the option that is not a non-medical comfort technique is epidural anesthesia.

3. The term that refers to the direction toward which the back of the baby's head (the occiput) or other presenting part lies is called what?

- A. Position**
- B. Presentation**
- C. Station**
- D. Engagement**

Position is the term that describes where the presenting part is oriented inside the pelvis, including the direction toward which the back of the baby's head (the occiput) points. In a cephalic presentation, you'll hear about occipitoanterior, occipitoposterior, or occipitotransverse positions, which tell you whether the occiput is facing toward the front, back, or side of the mother. This is distinct from presentation (which part presents, such as the head), station (how far the presenting part has descended relative to the ischial spines), and engagement (whether the presenting part has entered the pelvic inlet). The position description is what conveys that directional relationship of the occiput to the maternal pelvis.

4. Which of the following is NOT a method to increase milk supply?

- A. More frequent feedings**
- B. Adequate rest**
- C. Skipping feeds to rest**
- D. Hydration**

Milk production is driven by demand: the more the breast is emptied, the more milk the body is signaled to make. When you feed more often and ensure the breast is well emptied, you promote ongoing production. Adequate rest helps by reducing stress and supporting the hormones that regulate milk let-down and production. Hydration supports overall fluid balance and comfort, which can influence milk flow, but it's the regular removal of milk that most strongly signals the body to produce more. Skipping feeds to rest disrupts this signaling. If milk isn't being removed regularly, the body interprets that as a lower need for milk and production can drop. If you need a break, consider pumping or hand expressing to keep milk flowing while you rest, to avoid a temporary drop in supply.

5. Oxytocin is often described as which of the following?

- A. "Stress hormone" - "fight or flight"**
- B. "Digestive hormone" - "metabolism"**
- C. "Love hormone" - "calm and connection"**
- D. "Pain hormone" - "increases sensitivity"**

Oxytocin is best described as a hormone that supports social bonding and a sense of calm and connection. It's released in moments of close contact, caregiving, and bonding—such as between a mother and infant, during affectionate touch, or intimate interactions—and helps promote trust, social closeness, and a soothing feeling. While it plays a crucial role in labor and breastfeeding, its well-known association with forming emotional bonds and feeling calm around others is why it's often called the "love hormone." This label isn't about being a stress hormone, a digestive hormone, or a pain hormone. Cortisol is more typical of stress, the digestive system is governed by other hormones, and oxytocin is not primarily about increasing pain sensitivity.

6. In active labor, contractions typically occur how often and for how long?

- A. 3-5 minutes apart, lasting 1 minute**
- B. 8-12 minutes apart, lasting 3 minutes**
- C. 1-2 minutes apart, lasting 30 seconds**
- D. 6-10 minutes apart, lasting 2 minutes**

Contractions in active labor grow more regular, stronger, and closer together as the cervix opens. The typical rhythm is about every three to five minutes, with each contraction lasting roughly a minute. This pace shows steady progress and helps guide decisions about monitoring and when to seek care. Patterns that are much longer between contractions or much shorter and shorter in duration don't match active labor: for example, long gaps like eight to twelve minutes with very long contractions aren't driving progress quickly enough, contractions that come every one to two minutes but last only about thirty seconds aren't giving enough duration to advance dilation, and contractions that are six to ten minutes apart with two-minute duration are too infrequent for this stage.

7. Frank breech presentation is defined as which of the following?

- A. baby's butt is over the cervix and her legs are straight up toward her face**
- B. feet are presenting ahead of the buttocks**
- C. the head is presenting first**
- D. one or both feet are over the cervix**

In breech presentations, the presenting part is not the head. Frank breech specifically means the buttocks are presenting at the cervix and the legs are extended up toward the baby's face. That description matches the option stating the baby's buttocks are over the cervix with the legs straight up toward the face, so it's the best choice. The other descriptions refer to different presentations: showing feet ahead of the buttocks describes a footling breech, and head presenting first is cephalic presentation. Saying one or both feet are over the cervix also indicates footling breech.

8. Which newborn prophylaxis involves preventing conjunctival infection after birth?

- A. Eye ointment**
- B. Vitamin K**
- C. Hep B vaccine**
- D. Vitamin D supplementation**

Newborn eye prophylaxis is given to prevent conjunctival infection after birth. This protection is provided by applying an antibiotic ointment to each eye within the first hour of life, reducing the risk of ophthalmia neonatorum caused by bacteria such as *Neisseria gonorrhoeae* or *Chlamydia trachomatis* and helping prevent potential vision problems. The other options serve different protective purposes: Vitamin K prevents bleeding due to vitamin K deficiency, the Hepatitis B vaccine protects against hepatitis B infection, and Vitamin D supplementation supports bone health. Therefore, eye ointment directly targets and prevents the conjunctival infection after birth.

9. Primigravida refers to a woman who is

- A. pregnant for the first time**
- B. pregnant for the second time**
- C. pregnant for the third time**
- D. pregnant with twins**

The main concept is obstetric history terminology: gravida indicates the number of pregnancies a woman has carried. Primigravida means the woman is pregnant for the first time. This fits the scenario because it describes a first pregnancy, not the number of fetuses or prior pregnancies. If she had any previous pregnancies, she would be described as multigravida, and after delivery she could be primipara if she has given birth once. So the best description is a first-time pregnancy.

10. The second stage duration for primiparas is approximately what?

- A. 15 minutes - 3 hours or more**
- B. 1.5-2 hours**
- C. Shorter than first birth**
- D. 30-60 minutes**

The main idea here is how long the second stage tends to last in a first pregnancy. The second stage runs from full dilation to the birth of the baby. In a first-time mother with an uncomplicated labor, this stage typically lasts about 1.5 to 2 hours. That's why the best approximate duration is around 1.5-2 hours. While durations can vary, and some labors may be shorter or longer, this range is the standard teaching for primiparas. Shorter times (like 30-60 minutes) are more common in later pregnancies, and very long durations would prompt medical reassessment.

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://childbirthe educator.examzify.com>

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

SAMPLE