

CERTIFIED EXTREMELY LOW BIRTH WEIGHT (C-ELBW) 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. What is a protective strategy to reduce compassion fatigue?**
 - A. Ignoring personal needs
 - B. Increasing workload to build resilience
 - C. Isolating from coworkers
 - D. Regular supervision, peer support, and deliberate self-care
- 2. Which of the following is a benefit of delayed cord clamping?**
 - A. Improved hemodynamics
 - B. Decreased IVH
 - C. Decreased risk for NEC
 - D. Decreased need for blood transfusion
- 3. For 33-36 weeks gestation, the expected daily weight gain is which range?**
 - A. 2 – 5 grams/day
 - B. 25 – 35 grams/day
 - C. 40 – 50 grams/day
 - D. 14 – 15 grams/day
- 4. What is the characteristic skin appearance for neonates with CRS?**
 - A. Blueberry muffin appearance
 - B. Mottled skin
 - C. Erythema toxicum
 - D. Petechiae on face and trunk
- 5. On nasal CPAP, how frequently should skin integrity and nasal care be assessed?**
 - A. Every 12 hours
 - B. Every 2-4 hours
 - C. Every 24 hours
 - D. Only once per shift

- 6. What is a potential advantage of non-nutritive sucking with a pacifier in an ELBW infant?**
- A. Delays transition to PO or BF
 - B. Promotes sensory-motor-oral stimulation
 - C. Increases risk of infection
 - D. Decreases appetite
- 7. Which NICU anti-infective is commonly used for anaerobic infections?**
- A. Metronidazole
 - B. Ampicillin
 - C. Erythromycin
 - D. Cefotaxime
- 8. Which statement describes a common symptom of tracheomalacia in infants?**
- A. Low oxygen saturation during sleep
 - B. Noisy, high pitched breathing
 - C. Persistent cough without wheeze
 - D. Fasting hypoglycemia
- 9. Which is a common management approach for neonatal thrombocytopenia?**
- A. Observe without intervention
 - B. Treat underlying problem, platelet transfusions, IVIG, steroids
 - C. Only antibiotics
 - D. Surgical removal of the spleen
- 10. Which treatment option for ROP is described as burning away the area around the edge of the retina?**
- A. Laser therapy
 - B. Cryotherapy
 - C. Bevacizumab
 - D. Observation

Answers

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

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Explanations

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1. What is a protective strategy to reduce compassion fatigue?

- A. Ignoring personal needs
- B. Increasing workload to build resilience
- C. Isolating from coworkers
- D. Regular supervision, peer support, and deliberate self-care**

Compassion fatigue is kept at bay when you actively protect your own well-being through structured support and self-care. Regular supervision provides a space to reflect on difficult cases, process emotions, get feedback, and normalize reactions, which prevents stress from building up unchecked. Peer support offers a sense of connection, validation, and shared coping strategies, reducing isolation and helping you problem-solve in real time. Deliberate self-care means intentionally prioritizing activities that restore energy and resilience—adequate sleep, good nutrition, physical activity, boundaries around work time, relaxation practices, and pursuits outside of work. Together, these elements create a sustainable rhythm that preserves empathy and energy for ongoing caregiving. In contrast, approaches that ignore personal needs, pile on more work, or isolate you from coworkers remove the protective buffer and tend to worsen fatigue and burnout.

2. Which of the following is a benefit of delayed cord clamping?

- A. Improved hemodynamics
- B. Decreased IVH
- C. Decreased risk for NEC**
- D. Decreased need for blood transfusion

Delaying cord clamping gives the newborn extra placental blood, boosting circulating volume and improving systemic perfusion during the critical transition after birth. That improved perfusion helps deliver more blood flow to the gut, reducing ischemia and inflammation that can trigger necrotizing enterocolitis in preterm infants. While delayed clamping can also support hemodynamics and may lower IVH and the need for transfusions, the link to reduced NEC risk is the most direct and clinically impactful benefit in this context, making it the best answer.

3. For 33-36 weeks gestation, the expected daily weight gain is which range?

- A. 2 – 5 grams/day
- B. 25 – 35 grams/day
- C. 40 – 50 grams/day
- D. 14 – 15 grams/day**

Late gestation fetal growth proceeds at a steady, modest pace. In the window of 33–36 weeks, the typical daily fetal weight gain is about 14–15 grams. That amounts to roughly 100 grams per week, so over these three weeks you'd expect on the order of a few tenths of a kilogram of added fetal weight. This rate fits with continued fat deposition and organ maturation as the fetus prepares for birth, without the rapid surges seen earlier in pregnancy. Other ranges would imply growth that's too slow or too rapid for this late-pregnancy period. A much smaller daily gain would suggest potential growth restriction, while a markedly larger daily gain would be unusual for this stage of gestation.

4. What is the characteristic skin appearance for neonates with CRS?

A. Blueberry muffin appearance

B. Mottled skin

C. Erythema toxicum

D. Petechiae on face and trunk

Congenital rubella syndrome can cause extramedullary hematopoiesis that leads to blue-purple, non-blanching papules scattered over the newborn's skin, giving a blueberry muffin appearance. This distinctive rash arises early, at birth or soon after, and is a classic sign associated with TORCH infections including rubella. In CRS, you may also see other features like heart defects (such as PDA), cataracts, and sensorineural deafness, but the blueberry muffin skin eruption is the hallmark clue. Other common newborn rashes, like erythema toxicum or cutis marmorata, are not specific to CRS and don't have the same diagnostic implication.

5. On nasal CPAP, how frequently should skin integrity and nasal care be assessed?

A. Every 12 hours

B. Every 2-4 hours

C. Every 24 hours

D. Only once per shift

Regular skin checks and nasal care are essential with nasal CPAP to prevent pressure-related skin injury. The interface sits against delicate facial skin and nasal tissue, and continuous positive pressure can cause redness, skin breakdown, or nasal trauma if issues aren't caught early. Checking every 2 to 4 hours provides timely detection of redness, irritation, or pressure points, allowing prompt adjustments to the fit, padding, or care routine. This frequency supports maintaining skin integrity while the patient remains on CPAP, whereas checking only every 12 or 24 hours or once per shift risks missing early signs. In practice, clinicians may tailor the exact timing to the patient's risk and unit protocol, but the standard approach is q2-4h to safeguard skin health.

6. What is a potential advantage of non-nutritive sucking with a pacifier in an ELBW infant?

A. Delays transition to PO or BF

B. Promotes sensory-motor-oral stimulation

C. Increases risk of infection

D. Decreases appetite

Non-nutritive sucking with a pacifier provides sensory-motor-oral stimulation that helps ELBW infants develop the skills they need for feeding. The act of sucking without nutrition trains the mouth muscles, enhances the rhythmic pattern of sucking, and improves coordination of suck, swallow, and breathe. This oral-motor practice supports readiness for oral feeds and can make transitions to PO feeds or breastfeeding smoother. In addition, the soothing effect of non-nutritive sucking helps regulate the infant's state, reducing stress during care and feeding, which further aids the development of feeding skills. The other options aren't advantages: using a pacifier is not primarily about delaying feeding, it does not inherently raise infection risk as a beneficial effect, and it does not directly reduce appetite.

7. Which NICU anti-infective is commonly used for anaerobic infections?

- A. Metronidazole**
- B. Ampicillin
- C. Erythromycin
- D. Cefotaxime

Metronidazole is ideal for anaerobic infections because it specifically targets anaerobic bacteria, such as Bacteroides and Clostridia, which are common in certain NICU infections like intra-abdominal issues. It works by forming reactive metabolites that damage DNA in anaerobes, so it effectively clears infections where oxygen-dependent antibiotics don't reach or aren't active. Ampicillin mainly covers certain Gram-positive cocci and some Gram-negative enterics but not anaerobes, so it isn't the best choice when anaerobes are involved. Erythromycin targets many Gram-positive organisms and some atypical pathogens, but it doesn't provide reliable anaerobic coverage. Cefotaxime broadens Gram-negative coverage and some Gram-positive coverage, yet it also lacks consistent activity against anaerobes. Together, these points explain why metronidazole is the commonly used NICU anti-infective for anaerobic infections.

8. Which statement describes a common symptom of tracheomalacia in infants?

- A. Low oxygen saturation during sleep
- B. Noisy, high pitched breathing**
- C. Persistent cough without wheeze
- D. Fasting hypoglycemia

Tracheomalacia causes the airway to collapse more easily because the tracheal cartilage is soft. This collapse creates turbulent airflow that you hear as a high-pitched sound, or stridor, in infants. The most common symptom is noisy, high-pitched breathing, which may be present at rest or worsen with crying, feeding, or infection. The other options don't reflect this airway-focused sound: low oxygen saturation during sleep points to broader sleep-related or respiratory issues, a persistent cough without wheeze isn't the characteristic audible airway collapse, and fasting hypoglycemia is unrelated to the airway. So, the noisy, high-pitched breathing best describes the typical presentation of tracheomalacia in infants.

9. Which is a common management approach for neonatal thrombocytopenia?

- A. Observe without intervention
- B. Treat underlying problem, platelet transfusions, IVIG, steroids**
- C. Only antibiotics
- D. Surgical removal of the spleen

Neonatal thrombocytopenia is best managed by addressing the underlying cause while supporting the platelet count to prevent bleeding. Treat the root problem (infection, DIC, alloimmune or immune-mediated destruction), give platelet transfusions when there is bleeding or very low counts, use IVIG to counter immune-mediated platelet destruction, and add steroids in selected immune-related cases. Splenectomy isn't a neonatal consideration, and simply observing without intervention isn't appropriate when platelets are low or bleeding risk is present. Antibiotics alone don't raise platelet counts.

10. Which treatment option for ROP is described as burning away the area around the edge of the retina?

- A. Laser therapy
- B. Cryotherapy
- C. Bevacizumab
- D. Observation

In ROP, destroying the peripheral avascular retina to reduce abnormal vessel growth is accomplished with laser photocoagulation. Laser therapy delivers precise burns to the edge of the retina, effectively destroying small areas of tissue. This lowers the retina's metabolic demand and reduces VEGF-driven neovascularization, helping to halt progression toward retinal detachment. Cryotherapy would destroy tissue by freezing, which is a different mechanism and less commonly used today. Bevacizumab (an anti-VEGF drug) reduces neovascularization without ablating tissue, and observation involves no intervention. The described approach specifically matches laser photocoagulation.

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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://celbw.examzify.com>

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

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