

EMT Obstetrics and Neonatal Care 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. Which aspect does the second stage of labor primarily focus on?**
 - A. Cervical dilation**
 - B. Contractions**
 - C. Birth of the infant**
 - D. Delivery of the placenta**
- 2. What should be a healthcare provider's first action when presented with a laboring woman?**
 - A. Check fetal heart rate**
 - B. Request pain medication**
 - C. Conduct a pelvic exam**
 - D. Assess the mother's vital signs**
- 3. Which action is NOT performed when caring for a mother with a prolapsed cord?**
 - A. Clamp and cut the cord**
 - B. Provide high-flow oxygen and rapid transport**
 - C. Use fingers to physically hold the infant's head off the cord**
 - D. Position the mother to keep the weight of the infant off the cord**
- 4. What is the recommended ventilation rate for a newborn using a BVM?**
 - A. 20 to 30 breaths/min**
 - B. 30 to 50 breaths/min**
 - C. 35 to 45 breaths/min**
 - D. 40 to 60 breaths/min**
- 5. If your patient is showing signs of labor but there are no visible contractions, what should your priority be?**
 - A. Monitor fetal heart rate**
 - B. Prepare necessary equipment for delivery**
 - C. Offer pain relief options to the patient**
 - D. Assess the patient's vital signs**

6. What should be done if a newborn is not breathing after birth?

- A. Wait for a moment to see if they breathe on their own**
- B. Provide rescue breaths and stimulate the newborn**
- C. Call a doctor immediately**
- D. Monitor for signs of movement**

7. What is the term for a baby born before the completion of 37 weeks gestation?

- A. Preterm**
- B. Term**
- C. Full-term**
- D. Post-term**

8. Which of the following statements is NOT true regarding pregnancy?

- A. Gestational diabetes will clear up in most women after delivery**
- B. The leading cause of abrupt placenta is an ectopic pregnancy**
- C. As pregnancy progresses, the uterus enlarges and raises out of the pelvis**
- D. Some cultures may not permit male EMTs to examine a female patient**

9. What does APGAR stand for in newborn assessment?

- A. Appearance, Pulse, Grimace, Activity, and Respiration**
- B. Assessment, Pulse, Growth, Activity, and Recovery**
- C. Axillary, Pulse, Grimace, Activity, and Reflexes**
- D. Appearance, Pressure, Gait, Activity, and Response**

10. What common fetal position can affect the dynamics of labor?

- A. Occipito-anterior**
- B. Occipito-posterior**
- C. Frontal-occipital**
- D. Transverse**

Answers

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

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Explanations

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1. Which aspect does the second stage of labor primarily focus on?

- A. Cervical dilation**
- B. Contractions**
- C. Birth of the infant**
- D. Delivery of the placenta**

The second stage of labor is specifically centered around the actual birth of the infant. This stage begins once the cervix is fully dilated to 10 centimeters and typically involves the mother actively pushing to help the baby descend through the birth canal. The focus during this stage is on the contraction efforts that aid in moving the baby down and out, culminating in emergence through the vaginal opening. Understanding the role of the second stage of labor is essential because it marks the transition from pregnancy to the delivery of the baby, emphasizing the physical and emotional aspects involved in bringing a new life into the world. The importance of this stage underscores not just the mechanics of delivery, but also the need for appropriate support and care for the mother during this pivotal moment.

2. What should be a healthcare provider's first action when presented with a laboring woman?

- A. Check fetal heart rate**
- B. Request pain medication**
- C. Conduct a pelvic exam**
- D. Assess the mother's vital signs**

The first action a healthcare provider should take when presented with a laboring woman is to check the fetal heart rate. This is a critical step in assessing the well-being of the fetus during labor. Monitoring the fetal heart rate allows the provider to quickly identify any signs of distress or complications, enabling timely interventions if necessary. In labor, fetal monitoring provides essential information about the baby's condition and can help detect any abnormalities that might indicate that the baby is in danger. Continuously assessing the fetal heart rate contributes to ensuring the safety and health of both the mother and the baby throughout the labor process. Although assessing the mother's vital signs and conducting a pelvic exam are also important assessments in the management of labor, the immediate priority is establishing the fetal status. Pain medication can be requested later based on the findings and the woman's needs, and the mother's vital signs will be evaluated as part of ongoing care, but they do not take precedence over fetal monitoring in the initial assessment during labor.

3. Which action is NOT performed when caring for a mother with a prolapsed cord?

- A. Clamp and cut the cord**
- B. Provide high-flow oxygen and rapid transport**
- C. Use fingers to physically hold the infant's head off the cord**
- D. Position the mother to keep the weight of the infant off the cord**

When caring for a mother with a prolapsed cord, clamping and cutting the cord is not an appropriate action to take. In cases of cord prolapse, the priority is to maintain blood flow to the fetus and relieve pressure on the umbilical cord, which is at risk of being compressed. Clamping and cutting the cord would sever the connection between the fetus and the mother, cutting off the vital oxygen and nutrients that the fetus needs during delivery. Maintaining the position of the mother, providing high-flow oxygen, and using the fingers to keep the infant's head off the cord are all essential interventions aimed at preventing fetal distress. These actions help to protect the umbilical cord from compression, ensuring the safety and well-being of the fetus until delivery can be safely achieved.

4. What is the recommended ventilation rate for a newborn using a BVM?

- A. 20 to 30 breaths/min**
- B. 30 to 50 breaths/min**
- C. 35 to 45 breaths/min**
- D. 40 to 60 breaths/min**

The recommended ventilation rate for a newborn using a bag-valve-mask (BVM) is 40 to 60 breaths per minute. This rate is essential because newborns have a high metabolic demand and their respiratory rate is significantly higher than that of older children and adults. The guidelines for neonatal resuscitation emphasize the need for rapid and effective ventilation to provide adequate oxygenation and support for a newborn, especially in situations where they may be experiencing respiratory distress or failure. Maintaining a rate of 40 to 60 breaths per minute allows healthcare providers to ensure that the newborn receives sufficient breaths that match their physiological needs during resuscitation. This specific range helps to prevent hypoxia and supports the transitions they undergo immediately after birth. Therefore, when using a BVM to ventilate a newborn, adhering to this recommended rate is critical for effective resuscitation. Alternative rates, while they may represent appropriate ventilation rates for other populations, do not align with the unique physiological requirements of newborns and could potentially lead to inadequate oxygenation or over-ventilation, both of which could have serious consequences in a neonatal setting.

5. If your patient is showing signs of labor but there are no visible contractions, what should your priority be?

- A. Monitor fetal heart rate**
- B. Prepare necessary equipment for delivery**
- C. Offer pain relief options to the patient**
- D. Assess the patient's vital signs**

When a patient is showing signs of labor without visible contractions, prioritizing the monitoring of the fetal heart rate is essential. This is crucial because the fetal heart rate provides important information about the well-being of the fetus. Changes in the fetal heart rate can indicate stress or distress in the fetus, which requires immediate attention. By continuously monitoring the heart rate, you can identify any potential complications early and be prepared to take necessary actions to ensure the health and safety of both the mother and the baby. While preparing equipment for delivery, offering pain relief, and assessing vital signs are also important actions in the labor process, the health of the fetus takes precedence in this scenario. If contraction activity has not yet begun, the focus should remain on ensuring that the fetus is stable. Thus, monitoring the fetal heart rate allows you to directly assess the baby's condition during this critical time.

6. What should be done if a newborn is not breathing after birth?

- A. Wait for a moment to see if they breathe on their own**
- B. Provide rescue breaths and stimulate the newborn**
- C. Call a doctor immediately**
- D. Monitor for signs of movement**

When a newborn is not breathing after birth, immediate action is necessary to ensure the infant can begin to take in air and establish effective respiration. Providing rescue breaths and stimulating the newborn is vital because newborns may need help to initiate breathing, particularly if they are lethargic or unresponsive at birth. Rescue breaths involve administering gentle breaths to the newborn, which can help clear fluids from the airway and prompt spontaneous breathing. Stimulation, such as gently rubbing the baby's back or tapping the soles of the feet, can also encourage the baby to start breathing on their own. This combined approach is part of the resuscitation protocol for newborns who exhibit signs of respiratory distress. Waiting to see if the newborn breathes on their own is not appropriate, as any delay in initiating care could lead to significant complications, including hypoxia. Similarly, calling a doctor immediately without providing initial resuscitative efforts may waste precious time, as immediate intervention is typically preferred. Monitoring for signs of movement or respiratory effort alone, without taking active steps, also puts the newborn at risk. Therefore, taking proactive measures by providing rescue breaths and stimulating the newborn is the correct course of action in this critical situation.

7. What is the term for a baby born before the completion of 37 weeks gestation?

A. Preterm

B. Term

C. Full-term

D. Post-term

The term for a baby born before the completion of 37 weeks of gestation is "preterm." This classification primarily refers to infants who are delivered between 20 and 36 weeks gestation. Babies born in this timeframe may face various health challenges due to their underdeveloped organs and systems. In contrast, a term birth is typically defined as occurring between 37 and 42 weeks of gestation, while full-term specifically refers to a gestation period that reaches at least 39 weeks. A post-term baby is one that is born after 42 weeks of gestation. Understanding these definitions is critical in obstetric care, as the gestational age at which a baby is born can significantly impact their neonatal health and necessary interventions.

8. Which of the following statements is NOT true regarding pregnancy?

A. Gestational diabetes will clear up in most women after delivery

B. The leading cause of abrupt placenta is an ectopic pregnancy

C. As pregnancy progresses, the uterus enlarges and raises out of the pelvis

D. Some cultures may not permit male EMTs to examine a female patient

The statement regarding the uterus enlarging and rising out of the pelvis as pregnancy progresses is true and accurately describes the physiological changes that occur during pregnancy. As the fetus grows, the uterus expands significantly, which raises it above the pelvic brim around the end of the first trimester and continues to grow throughout the pregnancy. This is an important aspect of maternal physiology as it accommodates the developing fetus. In contrast, the other statements address various aspects of pregnancy and its complications or cultural considerations. Gestational diabetes typically resolves after delivery, which reflects the temporary nature of this condition related to hormonal changes during pregnancy. The leading cause of abrupt placenta is not an ectopic pregnancy, as abruptio placentae is more commonly associated with factors such as trauma or maternal hypertension rather than the site of a developing pregnancy. Finally, cultural beliefs can indeed impose restrictions on who may perform examinations on patients, which highlights the importance of cultural competence in healthcare. Thus, statement C accurately reflects a key aspect of pregnancy development, while the other statements touch on important considerations and conditions that may arise during pregnancy.

9. What does APGAR stand for in newborn assessment?

- A. Appearance, Pulse, Grimace, Activity, and Respiration**
- B. Assessment, Pulse, Growth, Activity, and Recovery**
- C. Axillary, Pulse, Grimace, Activity, and Reflexes**
- D. Appearance, Pressure, Gait, Activity, and Response**

APGAR is a mnemonic used to quickly assess the health status of a newborn immediately after birth. Each letter in APGAR stands for a specific criterion: - **Appearance**: This evaluates the skin color of the baby, indicating oxygenation. A healthy newborn typically shows a pink hue. - **Pulse**: This measures the heart rate, which is crucial for determining if the newborn is adequately perfused. - **Grimace**: This refers to the baby's response to stimulation, which indicates neurological function and alertness. - **Activity**: This assesses the muscle tone and movement of the newborn, with strong flexing of arms and legs being a positive sign. - **Respiration**: This evaluates the baby's breathing effort; effective breathing is critical for survival. This assessment is conducted at one and five minutes after birth, helping healthcare providers determine the need for immediate medical intervention. The other options do not accurately reflect the established terms and criteria used in the APGAR scoring system, making them unsuitable choices.

10. What common fetal position can affect the dynamics of labor?

- A. Occipito-anterior**
- B. Occipito-posterior**
- C. Frontal-occipital**
- D. Transverse**

The occurrence of the occipito-posterior position can significantly influence the dynamics of labor. In this position, the fetus is oriented with its back against the mother's back, which can lead to a longer and potentially more painful labor compared to the more favorable occipito-anterior position, where the fetal head is facing downward, aligning well for descent through the birth canal. When the fetus is in the occipito-posterior position, several complications can arise. The baby's head may not align correctly with the mother's pelvis, leading to challenges in the labor process, increased back pain for the mother, and often a higher likelihood of requiring interventions such as assisted delivery. This position can also lead to ineffective contractions, prolonging labor and increasing maternal fatigue. Understanding the implications of the occipito-posterior position allows healthcare providers to better anticipate and manage potential complications during labor, ensuring that both the mother and baby receive appropriate care. In contrast, the other positions, such as occipito-anterior, typically facilitate a smoother labor process, while frontal-occipital and transverse positions are less common and have their own distinct complications.

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://emtobstetricsneonatalcare.examzify.com>

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

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