

EMT OBSTETRICS AND NEONATAL CARE PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://emtobstetricsneonatalcare.examzify.com>



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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 type of bleeding could indicate a placenta previa?**
 - A. Painful bright red vaginal bleeding
 - B. Painless bright red vaginal bleeding
 - C. Dark brown discharge
 - D. Mixed colored vaginal bleeding
- 2. What should be done if a newborn is not breathing at birth?**
 - A. Place the baby in a warm environment
 - B. Provide positive pressure ventilation immediately
 - C. Encourage the baby to cry loudly
 - D. Assess the baby's heart rate and monitor
- 3. What should you do for a 34-week pregnant female experiencing a seizure and high blood pressure?**
 - A. Elevate her legs and keep her warm
 - B. Administer oral glucose for hypoglycemia
 - C. Insert an oral airway and ventilate with a BVM
 - D. Place her on her side and administer high flow oxygen
- 4. Which parameter is LEAST reliable when assessing perfusion status in a 2-year-old child with possible shock?**
 - A. distal cap refill
 - B. systolic blood pressure
 - C. skin color and temperature
 - D. presence of peripheral pulses
- 5. What is the term for the first stage of labor?**
 - A. Expulsion stage
 - B. Dilation stage
 - C. Placental stage
 - D. Transition stage

- 6. Once the infant's head has been delivered, what should be done first?**
- A. suction the infant's nose, and then the mouth
 - B. apply oxygen over the mother's vagina
 - C. suction the infant's mouth, then the nose
 - D. apply a nasal cannula at 3 L/min to the infant
- 7. What vital signs are important to monitor in a pregnant patient?**
- A. Blood pressure, heart rate, and respiratory rate
 - B. Blood glucose, temperature, and weight
 - C. Pulse oximetry and blood cholesterol
 - D. Body temperature, muscle strength, and blood pressure
- 8. What is one of the primary indications for a cesarean section?**
- A. Failure to progress in labor
 - B. Mother's preference
 - C. Minor fetal distress
 - D. Elective surgery
- 9. What is a common complication during labor that requires immediate action?**
- A. Excessive bleeding
 - B. Uterine rupture
 - C. Prolonged labor
 - D. Placenta previa
- 10. What can be a psychological sign of potential postpartum complications?**
- A. Increased appetite and energy
 - B. Severe anxiety or lack of bonding with the newborn
 - C. Weight loss and sleeplessness
 - D. Joyful demeanor and excitement

Answers

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

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Explanations

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1. What type of bleeding could indicate a placenta previa?

- A. Painful bright red vaginal bleeding
- B. Painless bright red vaginal bleeding**
- C. Dark brown discharge
- D. Mixed colored vaginal bleeding

Painless bright red vaginal bleeding is a key indicator of placenta previa. This condition occurs when the placenta partially or completely covers the cervix. Since the placenta is not in the normal position, the bleeding often occurs without pain, which distinguishes it from other causes of vaginal bleeding in pregnancy, such as placental abruption or other issues that typically present with pain. In cases of placenta previa, the bright red color of the blood indicates that it is fresh, as opposed to being old blood which would appear darker. Painless bleeding in the third trimester can raise concern for this condition, leading to necessary medical evaluation and intervention to ensure the safety of both the mother and the fetus. Understanding the nature of the bleeding is crucial for diagnosis and appropriate management. This symptom highlights the importance of monitoring patients who present with vaginal bleeding during pregnancy, particularly in the latter stages, to assess for potential complications like placenta previa.

2. What should be done if a newborn is not breathing at birth?

- A. Place the baby in a warm environment
- B. Provide positive pressure ventilation immediately**
- C. Encourage the baby to cry loudly
- D. Assess the baby's heart rate and monitor

In the scenario where a newborn is not breathing at birth, providing positive pressure ventilation immediately is the most critical and appropriate action. This intervention is vital because a newborn relies on effective breathing to oxygenate their blood and support vital organ function. The immediate goal is to establish adequate ventilation to ensure oxygen delivery and prevent hypoxia. Positive pressure ventilation helps inflate the lungs and can stimulate breathing reflexes in the newborn, which is essential for their transition to life outside the womb. This technique can be performed using a bag-mask ventilation device, and it is important to deliver gentle breaths to avoid causing trauma to the delicate lung tissue. While placing the baby in a warm environment is important for maintaining body temperature due to the infant's susceptibility to hypothermia, it does not address the critical need for ventilation if the newborn is not breathing. Encouraging the baby to cry loudly is not a practical method for stimulating breathing; while crying signifies normal respiratory function, it cannot be relied upon as a method to initiate breathing in an asphyxiated infant. Assessing the baby's heart rate and monitoring are important steps but should follow the immediate intervention of ventilation if there is no spontaneous breathing. Therefore, prioritizing positive pressure ventilation is essential for ensuring the newborn's survival and health at

3. What should you do for a 34-week pregnant female experiencing a seizure and high blood pressure?

- A. Elevate her legs and keep her warm
- B. Administer oral glucose for hypoglycemia
- C. Insert an oral airway and ventilate with a BVM
- D. Place her on her side and administer high flow oxygen**

For a 34-week pregnant female experiencing a seizure and high blood pressure, placing her on her side and administering high flow oxygen is the appropriate action. This position is known as the left lateral recumbent position, which is crucial for several reasons. Firstly, placing the patient on her side helps prevent airway obstruction and aspiration, especially important during or after a seizure when the risk of vomiting is increased. This position also aids in improving venous return to the heart and reduces pressure on the aorta and vena cava, contributing to better maternal and fetal circulation. Administering high flow oxygen is vital in this scenario, as it ensures that both the mother and fetus receive adequate oxygenation, especially during a seizure which can lead to reduced oxygen supply. The combination of positioning and oxygen supplementation can help stabilize the patient's condition and mitigate potential harm to the fetus. The other options do not adequately address the immediate needs of a patient in this situation. Elevating the legs might not provide any specific benefit for seizures or hypertensive crises. Administering oral glucose is inappropriate without confirming hypoglycemia, and inserting an airway could be necessary only if she was unable to maintain her own airway—placing her on her side would be the first step to facilitate safe breathing

4. Which parameter is LEAST reliable when assessing perfusion status in a 2-year-old child with possible shock?

- A. distal cap refill
- B. systolic blood pressure**
- C. skin color and temperature
- D. presence of peripheral pulses

In assessing perfusion status in pediatric patients, especially in young children like a 2-year-old, certain parameters provide more reliable indicators than others. Systolic blood pressure can vary significantly in children and may not accurately reflect their perfusion status in cases of shock. Children can maintain their blood pressure until they are significantly compromised, meaning that a normal systolic blood pressure could give a false sense of security regarding their perfusion and hemodynamic stability. Therefore, relying solely on blood pressure can be misleading when evaluating shock in this age group. On the other hand, other parameters such as distal capillary refill time, skin color and temperature, and the presence of peripheral pulses tend to provide a more immediate and reliable assessment of perfusion in children. These factors can often indicate early signs of shock before blood pressure drops, making them more pertinent for the evaluation of a child's circulatory status.

5. What is the term for the first stage of labor?

- A. Expulsion stage
- B. Dilation stage**
- C. Placental stage
- D. Transition stage

The first stage of labor is referred to as the dilation stage, which is marked by the onset of labor contractions that lead to the dilation of the cervix. This stage begins with the onset of true labor and continues until the cervix is fully dilated to 10 centimeters, allowing for the passage of the baby through the birth canal. During this stage, uterine contractions become more frequent and intense, and they help to gradually thin and open the cervix. It is crucial for understanding labor progression, as monitoring the dilation of the cervix helps healthcare providers assess how labor is progressing and when it may be time for the mother to start pushing during the next stage of labor, which is the expulsion stage. The confusion with other terms can come from their definitions. The expulsion stage refers to the second stage when the baby is pushed out, the placental stage follows the birth and involves the delivery of the placenta, and the transition stage is a part of the dilation stage, specifically the late phase right before full dilation, characterized by more intense contractions and significant physical changes. Understanding these distinctions is essential for anyone involved in obstetric care.

6. Once the infant's head has been delivered, what should be done first?

- A. suction the infant's nose, and then the mouth
- B. apply oxygen over the mother's vagina
- C. suction the infant's mouth, then the nose**
- D. apply a nasal cannula at 3 L/min to the infant

When an infant's head has been delivered, the first priority is to clear the airways to ensure that the baby can breathe effectively. Suctioning the mouth first, followed by the nose, is the standard procedure because clearing the mouth helps remove any potential obstructions, such as mucus or amniotic fluid, that could interfere with breathing when the baby takes its first breaths. If the mouth is suctioned first, it prepares the infant to breathe when the rest of the body is delivered. After the mouth is clear, suctioning the nose helps maintain a clear airway, ensuring that the infant is less likely to experience respiratory distress. This approach helps facilitate the transition from fetus to neonate, where the infant must immediately start breathing air and transitioning to extrauterine life. Maintaining a clear airway is crucial for ensuring the infant's health and well-being as soon as they are born.

7. What vital signs are important to monitor in a pregnant patient?

- A. Blood pressure, heart rate, and respiratory rate**
- B. Blood glucose, temperature, and weight
- C. Pulse oximetry and blood cholesterol
- D. Body temperature, muscle strength, and blood pressure

Monitoring vital signs in a pregnant patient is essential to ensure both maternal and fetal well-being. Blood pressure, heart rate, and respiratory rate are critical indicators of the patient's cardiovascular status and overall health during pregnancy. Blood pressure is particularly important because it can indicate conditions such as preeclampsia, which can have serious implications for both the mother and the fetus. An elevated heart rate may suggest potential complications or stress, while respiratory rate helps assess the patient's respiratory function, especially as pregnancy can influence lung capacity and oxygenation. Together, these vital signs provide a comprehensive overview of the patient's physiological status and help in early detection of potential complications that may arise during pregnancy. Other options do not focus on the integral signs that specifically relate to the immediate health status of a pregnant patient or lack relevance in acute care settings.

8. What is one of the primary indications for a cesarean section?

A. Failure to progress in labor

B. Mother's preference

C. Minor fetal distress

D. Elective surgery

The primary indication for a cesarean section is often related to failure to progress in labor. This situation can arise when the cervix does not dilate sufficiently despite adequate contractions, which can lead to complications for both the mother and the baby. When labor is stalled, the risks of interventions increase, and a cesarean section can be the safest option to ensure the well-being of both the mother and the infant. Failure to progress can involve various scenarios, such as inadequate contractions, the baby's position not allowing for safe delivery, or other complications that prevent the baby from descending through the birth canal effectively. In such cases, a cesarean delivery is warranted to prevent potential distress or harm to the fetus and mitigate risks to the mother's health. While the other options could be reasons for considering a cesarean delivery, they do not represent primary medical indications. Mother's preference may come into play, but it usually requires substantial consideration of the associated risks and benefits, as does elective surgery, which is not typically performed unless there is a clear medical need. Minor fetal distress is often managed with different interventions before resorting to a cesarean section unless it escalates or remains unresolved.

9. What is a common complication during labor that requires immediate action?

A. Excessive bleeding

B. Uterine rupture

C. Prolonged labor

D. Placenta previa

Uterine rupture is a severe and life-threatening complication that can occur during labor. It involves a tear in the uterine wall, which can lead to significant maternal and fetal complications, including excessive bleeding, fetal distress, and potential loss of the fetus or the mother's life if not addressed swiftly. The immediate action required in the event of a uterine rupture includes rapid assessment and often an emergency cesarean section to ensure the safety of both the mother and the baby. The urgency stems from the risk of hemorrhage and the need to restore stability to the maternal condition promptly. While excessive bleeding, prolonged labor, and placenta previa are concerning issues that can arise during labor, they typically do not pose the same immediate threat as a uterine rupture. For instance, excessive bleeding needs prompt evaluation and management but may be less acute in its onset compared to a rupture. Prolonged labor could signal various issues that require monitoring and possible intervention but often allows for more time to manage effectively. Placenta previa requires careful handling and may necessitate a cesarean section, but it is usually diagnosed before labor begins and managed accordingly rather than presenting as an acute emergency during active labor.

10. What can be a psychological sign of potential postpartum complications?

- A. Increased appetite and energy
- B. Severe anxiety or lack of bonding with the newborn**
- C. Weight loss and sleeplessness
- D. Joyful demeanor and excitement

Severe anxiety or lack of bonding with the newborn can indicate potential postpartum complications, such as postpartum depression or anxiety disorders. These psychological signs are critical to identify because they reflect the mother's mental health status after childbirth. In the postpartum period, it is normal for new parents to experience a range of emotions, but when feelings of anxiety are overwhelming or when a mother struggles to connect with her baby, it may indicate deeper psychological distress that requires attention. These conditions can significantly impact both the mother's well-being and her ability to care for her newborn. While other options like increased appetite and weight loss could occur under different circumstances, they are less indicative of specific psychological issues. A joyful demeanor and excitement, in contrast, typically align with a healthy adjustment to motherhood rather than highlighting any complications. Identifying symptoms like severe anxiety or difficulties with bonding allows healthcare providers to intervene early and provide the necessary support to improve maternal and neonatal outcomes.

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:

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

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