

GOMIDWIFE PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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. When a woman's water breaks and she experiences vaginal bleeding, which complication should be considered?**
 - A. Ectopic pregnancy
 - B. Vasa previa
 - C. Placenta accreta
 - D. Uterine rupture
- 2. Which of the following terms relates to the swelling of an infant's scalp?**
 - A. Cephalhematoma
 - B. Caput succedaneum
 - C. Ventriculomegaly
 - D. Microcephaly
- 3. Which method is NOT a recommended action when diagnosing suspected partial separation of the placenta?**
 - A. Administering Pitocin
 - B. Providing nipple stimulation
 - C. Using a sterile glove to follow the cord
 - D. Manual palpation of the abdomen
- 4. What does the term "lie" refer to in relation to the fetus?**
 - A. The relationship of fetal parts to each other
 - B. The relationship of the long axis of the fetus to the long axis of the mother
 - C. The position of the fetus in the womb
 - D. The type of birth presentation
- 5. Which symptom indicates marginal abruption?**
 - A. Consistent abdominal pain with no visible bleeding
 - B. Bright red bleeding with intense abdominal pain
 - C. Pale vaginal discharge with low hCG levels
 - D. Severe headaches and nausea without cramping

- 6. What does the term "gravida" signify in obstetrics?**
- A. A woman's age during pregnancy
 - B. The number of pregnancies
 - C. The number of live births
 - D. The duration of the last pregnancy
- 7. What is the term used to describe a pregnant woman?**
- A. Gestational carrier
 - B. Gravida
 - C. Parturient
 - D. Nullipara
- 8. What is the average length of the umbilical cord in centimeters?**
- A. 30 cm
 - B. 50 cm
 - C. 60 cm
 - D. 40 cm
- 9. What is the primary function of the yolk sac during early pregnancy?**
- A. It is a protective barrier for the embryo
 - B. It provides the embryo with oxygen
 - C. It provides the embryo with nutrients
 - D. It forms the initial structure of the placenta
- 10. What is the smooth, membrane-covered inner fetal side of the placenta called?**
- A. Chorion
 - B. Amnion
 - C. Decidua
 - D. Villous chorion

Answers

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

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Explanations

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1. When a woman's water breaks and she experiences vaginal bleeding, which complication should be considered?

- A. Ectopic pregnancy
- B. Vasa previa**
- C. Placenta accreta
- D. Uterine rupture

When a woman's water breaks and she experiences vaginal bleeding, vasa previa is a significant complication to consider. Vasa previa occurs when the fetal blood vessels lie across or near the internal cervical os, at risk of rupture when the membranes break. This situation can lead to catastrophic bleeding and fetal distress because the fetal blood vessels are very fragile and can easily rupture during labor, especially when the amniotic sac ruptures. In cases where water breaks early, such as before labor begins, monitoring the condition becomes crucial. If the membranes have ruptured and there is accompanying bleeding, vasa previa may be indicated, and it's essential to identify it early to prevent fetal loss. The other conditions listed typically do not manifest with this particular combination of symptoms. Ectopic pregnancy generally occurs outside the uterus and would not present in this scenario, while placenta accreta is associated with abnormal implantation in the uterus rather than directly causing bleeding upon membrane rupture. Uterine rupture is a serious emergency but is less common than vasa previa and usually presents with more severe abdominal pain or changes in the fetal heart rate rather than vaginal bleeding alone following the rupture of membranes.

2. Which of the following terms relates to the swelling of an infant's scalp?

- A. Cephalhematoma
- B. Caput succedaneum**
- C. Ventriculomegaly
- D. Microcephaly

Caput succedaneum refers to the swelling that occurs on an infant's scalp, typically as a result of the pressure exerted by the mother's pelvic bones during delivery. This condition is characterized by edema and is usually soft and diffuse, covering the entire head or a large part of it, and it crosses suture lines, which distinguishes it from other conditions. The swelling happens because of the accumulation of fluid, and it is generally a benign condition that resolves itself within a few days after birth. It is often seen in infants who experience prolonged labor or when there is a use of forceps during delivery. In contrast, a cephalhematoma is a collection of blood between the skull and the periosteum and does not typically cross suture lines. Ventriculomegaly refers to an enlargement of the brain's ventricles, indicating potential neurological issues, while microcephaly is a condition where the head is smaller than expected due to a variety of causes, often related to brain development issues. Therefore, caput succedaneum is the specific term that accurately describes the soft swelling found on an infant's scalp after birth.

3. Which method is NOT a recommended action when diagnosing suspected partial separation of the placenta?

- A. Administering Pitocin
- B. Providing nipple stimulation
- C. Using a sterile glove to follow the cord
- D. Manual palpation of the abdomen**

When diagnosing a suspected partial separation of the placenta, using manual palpation of the abdomen is not a recommended action. The examination of the abdomen through palpation may provide some information regarding uterine tone or contractions, but it does not specifically help in diagnosing placenta separation. In cases of partial placental separation, it's crucial to focus on the potential risk factors and signs such as bleeding or fetal heart rate changes. Other methods, such as administering Pitocin to help the uterus contract, providing nipple stimulation to encourage uterine activity, or using a sterile glove to examine the cord for any signs of abnormality, are more aligned with managing the situation and monitoring for issues like hemorrhage or fetal distress. These actions are more directly related to assessing and managing the condition effectively. Thus, manual palpation does not offer specific insights into the status or complications of a suspected placental separation and is therefore not recommended in this diagnostic context.

4. What does the term "lie" refer to in relation to the fetus?

- A. The relationship of fetal parts to each other
- B. The relationship of the long axis of the fetus to the long axis of the mother**
- C. The position of the fetus in the womb
- D. The type of birth presentation

The term "lie" specifically refers to the orientation or relationship of the long axis of the fetus to the long axis of the mother. This concept is crucial in obstetrics, as it helps determine the positioning of the fetus during labor and delivery. The lie can be classified into several types, including longitudinal (where the fetal spine is parallel to the mother's spine), transverse (where the fetal spine is perpendicular to the mother's spine), and oblique (an angle between the longitudinal and transverse lies). Understanding the lie is fundamental for predicting potential delivery complications and planning appropriate birthing strategies. The other options refer to related but distinct concepts. The relationship of fetal parts to each other pertains to fetal attitude. The position of the fetus in the womb refers to its orientation within the maternal pelvis and is more concerned with specific physical location rather than the overall alignment of the long axes. The type of birth presentation deals with how the fetus is positioned for birth, which can include vertex, breech, or shoulder presentations, but does not define the lie itself.

5. Which symptom indicates marginal abruption?

- A. Consistent abdominal pain with no visible bleeding
- B. Bright red bleeding with intense abdominal pain**
- C. Pale vaginal discharge with low hCG levels
- D. Severe headaches and nausea without cramping

Marginal abruption refers to a partial separation of the placenta from the uterine wall. One of the classic signs of this condition is bright red bleeding, which occurs as the blood from the separated area accumulates between the placenta and the uterine wall. This bleeding often indicates that there is significant placental distress, which can lead to severe abdominal pain. In cases of marginal abruption, the intense abdominal pain accompanies the bright red bleeding, which is a key indicator of this condition. Recognizing this symptom is critical, as it often requires immediate medical attention to ensure the safety of both the mother and the fetus. The other choices do not align with the classic presentation of marginal abruption. Consistent abdominal pain without visible bleeding may suggest other complications but not specifically marginal abruption. Pale vaginal discharge with low hCG levels could indicate a miscarriage or ectopic pregnancy but doesn't relate to abruption. Severe headaches and nausea without cramping could point to other issues such as preeclampsia or other conditions, but not directly to marginal abruption. Thus, the presence of bright red bleeding combined with intense abdominal pain is the hallmark symptom indicating marginal abruption.

6. What does the term "gravida" signify in obstetrics?

- A. A woman's age during pregnancy
- B. The number of pregnancies**
- C. The number of live births
- D. The duration of the last pregnancy

The term "gravida" refers specifically to the total number of times a woman has been pregnant, regardless of the outcome of those pregnancies. This includes all pregnancies—current, previous, and any that may have ended in miscarriage or abortion. It is a fundamental concept in obstetrics as it helps healthcare providers understand a woman's reproductive history. Knowing a woman's gravida status can assist in evaluating her healthcare needs and potential complications associated with pregnancy. The other options do not accurately reflect the definition of "gravida": a woman's age during pregnancy relates to her age, the number of live births refers to a different term called "parity," and the duration of the last pregnancy would pertain to the gestational age or obstetric history, but not to gravida itself. Thus, the correct answer provides a precise understanding of what "gravida" signifies in an obstetric context.

7. What is the term used to describe a pregnant woman?

- A. Gestational carrier
- B. Gravida**
- C. Parturient
- D. Nullipara

The term used to describe a pregnant woman is "gravida." This term originates from Latin and refers specifically to a woman who is pregnant, with "Gravida" being followed by a numeral to indicate the number of pregnancies she has had. For example, a woman who is pregnant for the first time is referred to as "Gravida 1," while one who has been pregnant multiple times is indicated by a higher number. In the context of obstetrics, understanding this terminology is essential, as it helps healthcare providers communicate effectively about patients' reproductive histories. The different terms can also convey important clinical information, such as the risk factors associated with or the management of pregnancy based on the woman's obstetric history. Other options refer to different concepts within obstetric terminology. A gestational carrier is a woman who carries a pregnancy for another person or couple, usually through assisted reproductive technologies. The term parturient refers to a woman who is in labor or about to give birth, highlighting a different stage in the maternity continuum. Nullipara describes a woman who has never given birth, thus indicating her obstetric history but not her current pregnant status. These distinctions illustrate the importance of precise terminology in the field of obstetrics and midwifery.

8. What is the average length of the umbilical cord in centimeters?

- A. 30 cm
- B. 50 cm**
- C. 60 cm
- D. 40 cm

The typical average length of the umbilical cord is around 50 centimeters. This measurement is significant as it provides the necessary length to facilitate fetal movement and flexibility within the amniotic sac, while also ensuring adequate circulation between the placenta and the developing fetus. Understanding this average is important for midwives in assessing fetal health and the condition of the umbilical cord during pregnancy and delivery. Variations in length can also provide insights into specific conditions or potential complications, making this knowledge vital for safe midwifery practice.

9. What is the primary function of the yolk sac during early pregnancy?

- A. It is a protective barrier for the embryo
- B. It provides the embryo with oxygen
- C. It provides the embryo with nutrients**
- D. It forms the initial structure of the placenta

The yolk sac plays a critical role during early pregnancy, primarily by providing essential nutrients to the developing embryo. During the first few weeks of gestation, before the placenta is fully formed and functional, the yolk sac serves as an important source of nourishment. It is involved in the transfer of nutrients such as proteins and carbohydrates to the embryo from the maternal environment, facilitating early embryonic development. While the other options describe various functions that are important during pregnancy, none match the primary nutritional role of the yolk sac. For example, while the placenta eventually takes over many of these functions, the yolk sac is crucial prior to its establishment. The implication that the yolk sac serves as a protective barrier highlights its role but does not underscore its primary function, which is nutrition. Similarly, while it is associated with gas exchange and can contribute to this process early on, providing oxygen is not its main purpose. The formation of the placenta is an essential aspect of pregnancy but occurs after the yolk sac has already fulfilled its role in nourishing the developing embryo.

10. What is the smooth, membrane-covered inner fetal side of the placenta called?

- A. Chorion
- B. Amnion**
- C. Decidua
- D. Villous chorion

The smooth, membrane-covered inner fetal side of the placenta is called the amnion. This structure plays a crucial role in protecting the developing fetus, as it forms a sac that contains amniotic fluid, providing cushioning and helping to maintain a stable temperature. The amnion is derived from the fetal tissue and is essential for fetal development, facilitating movement and allowing for the proper growth of the fetus within the uterus. The other terms refer to different aspects of the placenta and its associated tissues: chorion refers to the outer fetal membrane and is involved in nutrient exchange, decidua is the maternal tissue that forms the uterine lining after implantation, and villous chorion includes the projections that facilitate nutrient transfer between the mother and fetus. Understanding these distinctions is vital for grasping the anatomy and function of the placenta during pregnancy.

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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://gomidwife.examzify.com>

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

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