

MEDNAX Neonatal Nurse Practitioner (NNP) 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. In healthy term neonates, how does fractional excretion of sodium (FENA) compare to adults?**
 - A. Similar to adults**
 - B. Greater than adults**
 - C. Less than adults**
 - D. Not defined**

- 2. Blood volume in a preterm infant is approximately:**
 - A. 65 to 70 mls/kg**
 - B. 80 to 85 mls/kg**
 - C. 100 to 120 mls/kg**
 - D. 140 to 160 mls/kg**

- 3. What is the mechanism of action of Clindamycin?**
 - A. Alters cell wall metabolism**
 - B. Inhibits intracellular synthesis of DNA**
 - C. Inhibits RNA transcription**
 - D. Inhibits bacterial protein synthesis**

- 4. The preferred site for preductal pulse oximetry is which location?**
 - A. Right Upper Limb**
 - B. Left Upper Limb**
 - C. Lower Limb**
 - D. Ear Lobe**

- 5. From birth to 6 months, term infants require approximately how many kcal/kg/day for normal growth and activity?**
 - A. 100-110 kcal/kg/day**
 - B. 105-110 kcal/kg/day**
 - C. 108 kcal/kg/day**
 - D. 110-120 kcal/kg/day**

- 6. Which adverse effect is commonly observed in neonates treated with Prostaglandin E1, particularly in those under 2000 g?**
- A. Hypertension**
 - B. Seizures**
 - C. Tachycardia**
 - D. Apnea**
- 7. In utero, meconium is released into the amniotic fluid in response to:**
- A. Fetal asphyxia**
 - B. Maternal medications**
 - C. Placental insufficiency**
 - D. Infection**
- 8. Which of the following is a potential complication of a vaginal breech delivery?**
- A. Entrapment of the fetal head after delivery of the pelvis and shoulders**
 - B. Respiratory depression**
 - C. Uterine rupture**
 - D. Cord prolapse**
- 9. Infants with chronic lung disease requiring medical therapy are eligible for RSV prophylaxis up to what age?**
- A. <12 months**
 - B. <18 months**
 - C. <24 months**
 - D. <36 months**
- 10. If a baby reaches the stage of secondary apnea which of the following will occur?**
- A. The blood pressure will rise**
 - B. The blood pressure will fall**
 - C. The heart rate will rise**
 - D. The heart rate will fall**

Answers

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

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Explanations

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1. In healthy term neonates, how does fractional excretion of sodium (FENA) compare to adults?

- A. Similar to adults**
- B. Greater than adults**
- C. Less than adults**
- D. Not defined**

Fractional excretion of sodium reflects how the kidneys balance sodium filtration and reabsorption. In healthy term neonates, the tubular mechanisms responsible for reclaiming sodium are mature enough to resemble those of adults. This means that, under normal hydration and intake, the proportion of filtered sodium excreted in the urine is similar to adults. Keep in mind that FENA can shift with volume status or kidney injury (low in prerenal states, higher in intrinsic renal injury) and that preterm infants may show different patterns due to immaturity, but in healthy term neonates, the expectation is comparable to adults.

2. Blood volume in a preterm infant is approximately:

- A. 65 to 70 mls/kg**
- B. 80 to 85 mls/kg**
- C. 100 to 120 mls/kg**
- D. 140 to 160 mls/kg**

In preterm infants, the amount of blood present per kilogram of body weight is higher than in term babies. A typical estimate for a preterm newborn is about 100 to 120 mL per kilogram. This comes from the fact that preterm infants have a larger proportion of body water and extracellular fluid, and their circulatory system is still maturing, so maintaining adequate perfusion requires a relatively larger circulating volume per unit body weight. Clinically, this higher per-kg blood volume helps guide fluid management and transfusion decisions in these infants. Values well below this range would underestimate circulating volume and risk under-resuscitation, while substantially higher ranges are not consistent with neonatal physiology.

3. What is the mechanism of action of Clindamycin?

- A. Alters cell wall metabolism**
- B. Inhibits intracellular synthesis of DNA**
- C. Inhibits RNA transcription**
- D. Inhibits bacterial protein synthesis**

Clindamycin works by targeting the ribosome to stop making proteins. It binds to the 50S subunit of the bacterial ribosome and blocks the elongation of the peptide chain (translocation/peptidyl transferase steps), so bacteria can't synthesize proteins properly. That's why its action is described as inhibition of bacterial protein synthesis. This sets it apart from drugs that disrupt cell walls, DNA, or RNA processes. Clindamycin is generally bacteriostatic and is particularly active against anaerobes and many Gram-positive cocci, but it carries a risk of *C. difficile* infection.

4. The preferred site for preductal pulse oximetry is which location?

- A. Right Upper Limb**
- B. Left Upper Limb**
- C. Lower Limb**
- D. Ear Lobe**

Preductal pulse oximetry is meant to measure oxygen saturation in blood before it passes through the ductus arteriosus. The right upper limb is the preferred site because its arterial supply comes from the brachiocephalic trunk, which branches off the aortic arch proximal to the ductus arteriosus. This means the right hand reflects preductal systemic arterial oxygenation, making it the best site to screen for ductus-dependent or left-to-right shunt lesions. Measuring in the left upper limb or lower limbs would reflect postductal blood after potential mixing through the ductus, which can hide or confound true preductal oxygenation. The ear lobe is not routinely used due to reliability issues like perfusion and measurement variability.

5. From birth to 6 months, term infants require approximately how many kcal/kg/day for normal growth and activity?

- A. 100-110 kcal/kg/day**
- B. 105-110 kcal/kg/day**
- C. 108 kcal/kg/day**
- D. 110-120 kcal/kg/day**

Infants from birth to six months have energy needs that are best described per kilogram of body weight because growth and metabolism are rapid and weight-based. The standard estimate for healthy term babies is about 108 kcal per kilogram per day to support normal growth and activity. This value sits within a narrow range (roughly 105-110 kcal/kg/day) used in pediatric nutrition to guide feeding during this period. Breast milk and infant formula are designed to meet this level of energy when fed in typical amounts, with breast milk providing about 0.65-0.67 kcal/mL and formula having a similar energy density. The other options are broader or imply a higher energy need than what is typically recommended, so 108 kcal/kg/day is the best match.

6. Which adverse effect is commonly observed in neonates treated with Prostaglandin E1, particularly in those under 2000 g?

- A. Hypertension**
- B. Seizures**
- C. Tachycardia**
- D. Apnea**

Prostaglandin E1 is used to keep the ductus arteriosus open in certain newborns with congenital heart defects, but it often comes with respiratory side effects. The most common adverse effect in neonates, especially those weighing less than 2000 g, is apnea. This happens because PGE1 can affect the immature respiratory centers and airway control in preterm infants, leading to pauses in breathing or desaturation that may require temporary ventilatory support. The risk is higher in very low birth weight babies due to their immature lungs and central nervous system control. Hypertension is not the usual concern with PGE1 in this setting, and while tachycardia can occur because of vasodilation and hemodynamic effects, it is not as prominently associated as apnea. Seizures are not a typical adverse effect of PGE1 therapy in neonates. Therefore, apnea stands out as the most common and clinically significant complication to monitor for, particularly in those under 2000 g.

7. In utero, meconium is released into the amniotic fluid in response to:

- A. Fetal asphyxia**
- B. Maternal medications**
- C. Placental insufficiency**
- D. Infection**

Fetal hypoxia (asphyxia) triggers a vagal-mediated response in the fetus that increases intestinal motility and relaxes the anal sphincter, causing meconium to be released into the amniotic fluid. This meconium in the amniotic fluid is a sign of fetal distress and compromise. While placental insufficiency or infection can contribute to distress, the direct trigger for in utero meconium passage is the hypoxic/asphyxic state of the fetus. Maternal medications do not directly cause meconium release in utero.

8. Which of the following is a potential complication of a vaginal breech delivery?

- A. Entrapment of the fetal head after delivery of the pelvis and shoulders**
- B. Respiratory depression**
- C. Uterine rupture**
- D. Cord prolapse**

In vaginal breech delivery, the trunk can pass more readily than the head, which remains the largest part and is delivered last. After the pelvis and shoulders are out, the head may become trapped high in the birth canal or at the vaginal introitus because there isn't enough space or the neck isn't flexed properly. This head entrapment can delay delivery and compromise the baby's oxygen supply, making it a well-known and dangerous potential complication of a breech vaginal birth. Prompt recognition and specific maneuvers to facilitate head delivery—or a switch to cesarean if needed—are essential to resolve it. Cord prolapse can occur with breech births but is not the classic, defining complication described here. Respiratory depression is a general neonatal risk and not specific to breech delivery, and uterine rupture, while serious, is not unique to breech deliveries.

9. Infants with chronic lung disease requiring medical therapy are eligible for RSV prophylaxis up to what age?

- A. <12 months**
- B. <18 months**
- C. <24 months**
- D. <36 months**

The test is about who qualifies for RSV prophylaxis in infants with chronic lung disease. For those infants who require ongoing medical therapy to manage their lung condition, protection with palivizumab is recommended through the second year of life—that is, up to 24 months of age. This reflects the continued risk of severe RSV disease in this group beyond the first year, making prophylaxis beneficial during that whole period. Once a child is older than 24 months, the proven benefit diminishes and routine prophylaxis isn't typically recommended.

10. If a baby reaches the stage of secondary apnea which of the following will occur?

- A. The blood pressure will rise**
- B. The blood pressure will fall**
- C. The heart rate will rise**
- D. The heart rate will fall**

During secondary apnea, the newborn experiences severe hypoxemia with no respiratory effort. As oxygen delivery worsens, myocardial function becomes depressed and perfusion declines, leading to a fall in blood pressure. This stage reflects advancing respiratory and circulatory collapse, so a drop in BP is the expected hemodynamic change. Immediate assisted ventilation is essential to reverse the hypoxia and stabilize both heart rate and blood pressure.

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://mednaxnp.examzify.com>

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

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