

Midwifery and Obstetrics Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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Questions

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- 1. What is the main purpose of screening for Group B Streptococcus (GBS) during pregnancy?**
 - A. To prepare for potential cesarean delivery**
 - B. To test for infections in the mother**
 - C. To identify risks to the newborn if transmitted during labor**
 - D. To monitor fetal growth patterns**
- 2. What monitoring is crucial immediately after delivering the placenta?**
 - A. Maternal blood pressure assessment**
 - B. Infant heart rate monitoring**
 - C. Umbilical cord examination**
 - D. Feeding the newborn**
- 3. How often should blood pressure be checked for patients with cardiac disease during labor?**
 - A. Every 5 minutes**
 - B. Every 10 minutes**
 - C. Every 15 minutes**
 - D. Every 30 minutes**
- 4. What is the role of folic acid during pregnancy?**
 - A. To enhance fetal brain development**
 - B. To help prevent neural tube defects**
 - C. To regulate maternal blood pressure**
 - D. To promote healthy weight gain**
- 5. What is the common cause of neonatal jaundice?**
 - A. High levels of bilirubin**
 - B. Low birth weight**
 - C. Infection**
 - D. Maternal drug use**

- 6. What position can assist a patient in bearing down during labor?**
- A. Supine position**
 - B. Standing position**
 - C. Flexed position with knees held**
 - D. Stretched position**
- 7. What type of mattress is not recommended for patients with low back pain?**
- A. Firm mattress**
 - B. Soft mattress**
 - C. Waterbed**
 - D. Air mattress**
- 8. What is the drug that is typically instilled for the immediate care of a newborn's eyes?**
- A. Gentamicin**
 - B. Silver nitrate 1%**
 - C. Tetracycline ointment**
 - D. Penicillin**
- 9. What could a midwife provide to a woman experiencing gestational diabetes?**
- A. Information about diet management**
 - B. Strict medication regulations only**
 - C. Referral to a specialist immediately**
 - D. Complete avoidance of sugars**
- 10. What is physiologic anemia during pregnancy primarily caused by?**
- A. Increased iron levels**
 - B. Decreased blood volume**
 - C. Increased blood volume**
 - D. Higher red blood cell concentration**

Answers

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

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Explanations

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1. What is the main purpose of screening for Group B Streptococcus (GBS) during pregnancy?

- A. To prepare for potential cesarean delivery**
- B. To test for infections in the mother**
- C. To identify risks to the newborn if transmitted during labor**
- D. To monitor fetal growth patterns**

The primary purpose of screening for Group B Streptococcus (GBS) during pregnancy is to identify risks to the newborn if the bacteria are transmitted during labor. GBS is a type of bacteria that can be present in the vagina or rectum of pregnant women and, while it is often harmless to the mother, it can pose significant risks to the infant during delivery. If a GBS-positive mother gives birth, there is a risk that the newborn could contract GBS, leading to serious complications such as sepsis, pneumonia, or meningitis. Screening allows healthcare providers to identify those who are GBS positive late in pregnancy, typically between 35 and 37 weeks, so that appropriate measures, such as administering intravenous antibiotics during labor, can be taken to reduce the risk of transmission to the newborn. This proactive approach is essential in preventing potential morbidity and mortality associated with GBS infection in infants. The other options do not capture the primary focus of GBS screening in the context of immediate newborn care and risk mitigation during delivery.

2. What monitoring is crucial immediately after delivering the placenta?

- A. Maternal blood pressure assessment**
- B. Infant heart rate monitoring**
- C. Umbilical cord examination**
- D. Feeding the newborn**

Immediately after delivering the placenta, it is crucial to assess maternal blood pressure. This is an important aspect of post-delivery care because it helps to identify any potential complications such as postpartum hemorrhage or cardiovascular instability. During the third stage of labor, significant changes occur in the maternal physiology, and monitoring blood pressure is essential to ensure the mother is stable and to prompt intervention if there are any signs of complications. While other assessments, such as infant heart rate monitoring, umbilical cord examination, and feeding the newborn, are important in their own right, they do not take precedence over the immediate safety and stability of the mother. Maternal health is vital to the overall success of the birth process, and immediate postpartum blood pressure assessment plays a critical role in this regard.

3. How often should blood pressure be checked for patients with cardiac disease during labor?

- A. Every 5 minutes**
- B. Every 10 minutes**
- C. Every 15 minutes**
- D. Every 30 minutes**

Monitoring blood pressure for patients with cardiac disease during labor is critical due to the elevated risks associated with changes in hemodynamics and the potential for exacerbating cardiac conditions. Checking blood pressure every 15 minutes strikes a balance between ensuring patient safety and avoiding unnecessary interventions. This frequency allows for timely detection of any concerning changes, such as hypotension or hypertension, that may require immediate management. Frequent assessments can inform clinical decisions, guiding the healthcare team in maintaining optimal cardiovascular stability. While more frequent checks, like every 5 or 10 minutes, may be warranted under acute conditions, the standard of every 15 minutes provides a robust monitoring strategy without overwhelming the patient or the medical team with excessively frequent measurements. The 30-minute interval might not be adequate in high-risk patients, as it could delay the recognition of critical changes in their condition. Therefore, the 15-minute interval is a well-supported practice in managing patients with cardiac concerns during labor.

4. What is the role of folic acid during pregnancy?

- A. To enhance fetal brain development**
- B. To help prevent neural tube defects**
- C. To regulate maternal blood pressure**
- D. To promote healthy weight gain**

Folic acid plays a crucial role during pregnancy primarily by helping to prevent neural tube defects. These defects occur when the neural tube, which forms the baby's brain and spinal cord, fails to close properly. Adequate intake of folic acid before conception and in the early stages of pregnancy significantly reduces the risk of these serious birth defects, such as spina bifida and anencephaly. This vital nutrient helps ensure proper cellular formation and growth during the early developmental phases when these structures are forming. While folic acid may contribute indirectly to overall fetal and maternal health, its most well-documented and critical role in pregnancy specifically pertains to neural tube development and prevention of related defects. Other options regarding fetal brain development, maternal blood pressure regulation, and healthy weight gain may relate to different aspects of prenatal care and nutrition but do not capture the primary preventive function of folic acid as it pertains to neural tube defects.

5. What is the common cause of neonatal jaundice?

A. High levels of bilirubin

B. Low birth weight

C. Infection

D. Maternal drug use

Neonatal jaundice is primarily caused by high levels of bilirubin in the bloodstream. Bilirubin is a yellow pigment that is created during the normal breakdown of red blood cells. In newborns, particularly premature ones, the liver is often immature and may not be efficient at processing bilirubin quickly enough, leading to its accumulation in the blood. This can result in jaundice, which presents as yellowing of the skin and eyes. While other factors can play a role in the overall health of the neonate, such as low birth weight, infections, or maternal drug use, they are not direct causes of jaundice. High bilirubin levels remain the central mechanism behind this condition. Understanding the role of bilirubin metabolism helps highlight why severity and treatment of jaundice focus on reducing bilirubin levels, such as through phototherapy or exchange transfusions if necessary.

6. What position can assist a patient in bearing down during labor?

A. Supine position

B. Standing position

C. Flexed position with knees held

D. Stretched position

The flexed position with knees held is particularly effective in assisting a patient in bearing down during labor. This position allows for better alignment of the pelvis, facilitating the descent of the fetal head through the birth canal. By flexing the hips and bringing the knees towards the chest, not only does this position enhance pelvic opening, but it also helps to create a more favorable angle for the baby to navigate during delivery. In this position, gravity also plays a role in aiding the laboring woman, as it helps leverage the pressure of the contractions directly down into the pelvis, which can promote more effective pushing. Additionally, this alignment gives the laboring individual better access to using their abdominal muscles effectively during the pushing phase, which can contribute to a more successful birth process. Other positions, such as the supine position, might hinder the progress of labor by compressing major blood vessels and reducing the effectiveness of contractions, while standing and stretched positions may not provide optimal pelvic alignment or support for effective bearing down. Thus, the choice of the flexed position with knees held becomes advantageous during the labor and delivery process.

7. What type of mattress is not recommended for patients with low back pain?

- A. Firm mattress
- B. Soft mattress**
- C. Waterbed
- D. Air mattress

A soft mattress is not recommended for patients with low back pain because it tends to lack the necessary support for proper spinal alignment. When a mattress is too soft, it can cause the body to sink in, particularly in the lumbar region, leading to poor posture during sleep. This misalignment can exacerbate existing back pain and can create discomfort as the muscles may not be adequately supported throughout the night. In contrast, a firm mattress is often recommended for individuals with low back pain as it provides a stable surface that promotes the natural alignment of the spine. It helps distribute body weight evenly, reducing pressure points and allowing for better support of the lumbar region. Waterbeds offer a unique sleeping experience and can provide good support depending on their adjustment, but they may not be suitable for everyone, particularly if they are not properly configured for optimal spinal support. Air mattresses can also provide varying firmness levels and can be adjusted to meet individual comfort needs. Their support level can be beneficial if set correctly for the user's sleep patterns and body type. Choosing a mattress that provides adequate support while allowing for comfort is crucial in managing low back pain effectively.

8. What is the drug that is typically instilled for the immediate care of a newborn's eyes?

- A. Gentamicin
- B. Silver nitrate 1%**
- C. Tetracycline ointment
- D. Penicillin

The appropriate drug typically instilled for the immediate care of a newborn's eyes is 1% silver nitrate. This treatment is primarily used to prevent neonatal conjunctivitis, which can occur due to exposure to infectious agents—most notably, to *Neisseria gonorrhoeae* during delivery. The instillation of silver nitrate creates a chemical barrier that helps to protect the newborn's eyes from potential infection and inflammation. Silver nitrate has been used for many years as a prophylactic agent and is effective in providing protection against gonococcal ophthalmia, which can lead to serious complications, including blindness. The practice of eye prophylaxis is a critical component of newborn care in order to ensure long-term visual health. While gentamicin, tetracycline, and penicillin possess antibacterial properties and may be used in various contexts for treating infections, they are not standard for routine eye prophylaxis. For instance, gentamicin and tetracycline are often used for other types of bacterial infections, and while tetracycline ointment can be applied to the eyes, silver nitrate is the traditional and recommended agent for prophylaxis against gonococcal infection in neonates.

9. What could a midwife provide to a woman experiencing gestational diabetes?

- A. Information about diet management**
- B. Strict medication regulations only**
- C. Referral to a specialist immediately**
- D. Complete avoidance of sugars**

A midwife can provide valuable information about diet management to a woman experiencing gestational diabetes. This approach is centered on educating the patient about the importance of maintaining stable blood sugar levels through a balanced diet that includes appropriate carbohydrate counting, meal planning, and understanding the nutritional content of foods. Diet management is crucial in gestational diabetes as it helps regulate blood glucose levels without the immediate need for medication, which can sometimes be a consideration if dietary adjustments alone do not suffice. Midwives play an essential role in offering resources, support, and strategies that empower women to make informed dietary choices, fostering better health outcomes for both the mother and the baby. While medication regulations may be part of the treatment plan for some women with gestational diabetes, the emphasis on medication alone does not encompass the holistic care a midwife is trained to provide. Immediate referral to a specialist may be necessary in certain situations but is not the primary role of a midwife unless complications arise. Avoiding all sugars completely is unrealistic and can lead to inadequate nutritional intake; instead, the focus should be on moderation and balance.

10. What is physiologic anemia during pregnancy primarily caused by?

- A. Increased iron levels**
- B. Decreased blood volume**
- C. Increased blood volume**
- D. Higher red blood cell concentration**

Physiologic anemia during pregnancy is primarily caused by increased blood volume. During pregnancy, a woman's body undergoes significant changes to support the growing fetus, one of which includes an increase in plasma volume. This increase in volume is more pronounced than the increase in red blood cell mass, leading to a dilution effect—often referred to as 'hemodilution.' As a result, despite an overall increase in red blood cells, the concentration per volume decreases, which is what is classified as physiologic anemia. Given that physiological anemia reflects a normal adaptation to pregnancy rather than an iron deficiency or pathological condition, the increased blood volume is a key factor. It allows for improved blood flow and nutrient delivery to the placenta and supports the expanding needs of both the mother and the fetus. This adaptation is vital for ensuring adequate perfusion and oxygen delivery throughout the pregnancy.