Midwifery and WHNP Certification Practice Exam (Sample)

Study Guide

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Questions

1. What is a significant advantage of using the BZA/CE combination?

A. Increased breast tenderness compared to CE with MPA

B. Less unscheduled uterine bleeding and breast tenderness

C. More severe vasomotor symptoms

D. Increased risk of vulvovaginal atrophy

2. What are the general characteristics of benign cystic teratomas?

A. Composed of tissue from one germ layer

B. Usually measure between 5 and 10 cm

C. Often asymptomatic but can cause acute pain

D. Found exclusively in pregnant women

3. Which myomas are located within the broad ligament?

A. Subserosal myomas

B. Submucosal myomas

C. Interstitial myomas

D. Intraligamentous myomas

4. What symptom may indicate cauda equina syndrome?

A. Increased appetite

B. Muscle weakness

C. Severe headache

D. Visual disturbances

5. In moderate persistent stage 3 asthma, how often do nocturnal symptoms occur?

A. Not at all

B. More than once per year

C. More than once per week

D. Every night

6. What is the characteristic feature of subserosal myomas?

A. Protrusion into the uterine cavity

B. Growth within the uterine muscle

C. Bulging through the outer uterine wall

D. Attachment to the fallopian tubes

7. What are the blood pressure goals for adults under 60 years of age and for those with diabetes or nondiabetic kidney disease?

A. Less than 130/80

B. Less than 140/90

C. Less than 160/80

D. Less than 150/90

8. What additional finding is common in patients with infectious mononucleosis?

A. Increased heart rate

B. Palatal petechiae

C. Absent fever

D. Enlargement of the thyroid

9. According to the CDC 2015 Guidelines for the Treatment of Sexually Transmitted Diseases, what is a recommended treatment for women with condylomata acuminata during pregnancy?

A. Topical acyclovir application

B. Trichloracetic acid application

C. Laser therapy

D. Electrosurgery

10. What defines hypertriglyceridemia?

A. Triglycerides over 150 mg/dL

B. Triglycerides over 200 mg/dL

C. Triglycerides over 250 mg/dL

D. Triglycerides over 300 mg/dL

Answers

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

Explanations

1. What is a significant advantage of using the BZA/CE combination?

A. Increased breast tenderness compared to CE with MPA

B. Less unscheduled uterine bleeding and breast tenderness

C. More severe vasomotor symptoms

D. Increased risk of vulvovaginal atrophy

The significant advantage of using the BZA/CE (bazedoxifene/conjugated estrogens) combination is that it leads to less unscheduled uterine bleeding and less breast tenderness when compared to other hormone therapies, such as conjugated estrogens with medroxyprogesterone acetate (MPA). This combination is particularly beneficial for women who are experiencing menopausal symptoms but are concerned about the side effects often associated with hormone therapy, such as irregular bleeding and discomfort in the breasts. The inclusion of bazedoxifene, a selective estrogen receptor modulator (SERM), helps to mitigate some of the adverse effects that can occur with estrogen alone, including the unwanted sensations of breast tenderness and bleeding episodes. Understanding this advantage is vital for clinicians to provide effective, individualized care to menopausal women, particularly those seeking relief from symptoms while wanting to minimize discomfort and other side effects associated with traditional hormone replacement therapies.

2. What are the general characteristics of benign cystic teratomas?

A. Composed of tissue from one germ layer

B. Usually measure between 5 and 10 cm

C. Often asymptomatic but can cause acute pain

D. Found exclusively in pregnant women

Benign cystic teratomas, also known as dermoid cysts, are primarily characterized by their composition, often arising from multiple germ layers, including ectoderm, mesoderm, and endoderm. This makes the assertion regarding them being composed of tissue from only one germ layer not applicable. In terms of size, benign cystic teratomas typically do measure between 5 and 10 cm, providing a correct indication of their common dimensions. However, they may also be found larger on occasion, though this range is certainly characteristic of many cases. These teratomas often present asymptomatically, which means that many individuals may not experience symptoms at all. However, if they cause complications, such as rupture or torsion, they can lead to acute abdominal pain, aligning with other aspects of their clinical presentation. It's important to note that benign cystic teratomas are not exclusive to pregnant women; they can be found in women of reproductive age and even in childhood. Therefore, concluding that these tumors are found only in pregnant women is inaccurate, highlighting the versatility of their occurrence across different populations.

3. Which myomas are located within the broad ligament?

A. Subserosal myomas

B. Submucosal myomas

C. Interstitial myomas

D. Intraligamentous myomas

Intraligamentous myomas, also referred to as broad ligament myomas, are muscle tumors located specifically within the broad ligament of the uterus. The broad ligament is a peritoneal fold that supports the uterus, ovaries, and fallopian tubes, and when myomas develop in this area, they can cause symptoms related to pressure on surrounding structures. Intraligamentous myomas are often discovered incidentally during imaging studies or surgery and can sometimes lead to complications such as torsion or other vascular issues due to their location. In contrast, subserosal myomas grow on the outer surface of the uterus, submucosal myomas develop just beneath the endometrial lining, and interstitial myomas occur within the muscular wall of the uterus itself. Each type of myoma has distinct characteristics and implications for symptomatology and management, but it is the intraligamentous myomas that are clearly located within the broad ligament itself.

4. What symptom may indicate cauda equina syndrome?

A. Increased appetite

B. Muscle weakness

C. Severe headache

D. Visual disturbances

Muscle weakness is a symptom that may indicate cauda equina syndrome due to the involvement of the cauda equina, which consists of a bundle of spinal nerves located at the lower end of the spinal cord. When these nerves are compressed, it can result in the impairment of motor control, leading to weakness in the lower limbs. This weakness is typically accompanied by other symptoms related to the dysfunction of lower motor neurons, such as sensory changes and loss of bowel or bladder control. In this context, the other symptoms listed do not align with the primary manifestations of cauda equina syndrome. Increased appetite is not typically associated with neurological conditions involving nerve compression. Severe headaches can indicate a range of other issues, such as migraines or tension-type headaches, but they don't specifically signal cauda equina syndrome. Visual disturbances are more commonly associated with conditions affecting the optic pathways or other neurological disorders rather than the symptoms related to the lower spinal nerves. Thus, muscle weakness stands out as a crucial indicator of this potentially serious condition, highlighting the importance of rapid assessment and intervention to prevent long-term complications.

5. In moderate persistent stage 3 asthma, how often do nocturnal symptoms occur?

A. Not at all

B. More than once per year

C. More than once per week

D. Every night

In moderate persistent stage 3 asthma, nocturnal symptoms are characterized by their frequency, which can significantly affect an individual's quality of life and sleep patterns. Individuals with this level of asthma typically experience nocturnal symptoms more than once per week, indicating that asthma is affecting their sleep on a regular basis. This frequency reflects an escalation in the severity of symptoms that can include coughing, wheezing, shortness of breath, or chest tightness occurring during night-time. Night-time asthma symptoms can lead to increased nighttime awakenings and subsequent daytime fatigue, which is a critical aspect of managing asthma and understanding its impact on daily functioning. Collectively, these patterns of nocturnal symptoms are integral in classifying asthma severity and tailoring appropriate management strategies, emphasizing the need for effective long-term control medications and strategies to minimize night-time symptom occurrence. Thus, the correct choice accurately captures the frequency of night-time symptoms associated with moderate persistent asthma.

6. What is the characteristic feature of subserosal myomas?

A. Protrusion into the uterine cavity

B. Growth within the uterine muscle

C. Bulging through the outer uterine wall

D. Attachment to the fallopian tubes

Subserosal myomas, also known as subserosal fibroids, are characterized by their growth on the outer wall of the uterus. This type of fibroid tends to bulge outward, creating a pronounced projection through the uterine serosa, which is the outermost layer of the uterine wall. The protrusion usually occurs away from the uterine cavity and into the surrounding pelvic cavity, which can lead to a characteristic appearance on imaging studies, such as ultrasound or MRI. In contrast, other conditions and types of fibroids exhibit different growth patterns. For instance, myomas that protrude into the uterine cavity are classified as intracavitary and are typically symptomatic due to their location. Growth within the uterine muscle itself refers to intramural myomas and does not produce the same visible or palpable effects as subserosal fibroids. Attachment to the fallopian tubes is not a feature associated with subserosal myomas; instead, it more relates to ectopic pregnancies or other pathological conditions. Understanding these distinctions is crucial for diagnosis and treatment planning in clinical settings.

7. What are the blood pressure goals for adults under 60 years of age and for those with diabetes or nondiabetic kidney disease?

A. Less than 130/80

B. Less than 140/90

C. Less than 160/80

D. Less than 150/90

The correct blood pressure goal for adults under 60 years of age and for those with diabetes or nondiabetic kidney disease is less than 130/80 mmHg. This goal is supported by the most recent guidelines from health organizations, such as the American College of Cardiology and the American Heart Association, which emphasize the importance of maintaining tighter control of blood pressure in these populations to reduce the risk of cardiovascular events and other complications. In adults under 60, studies suggest that a lower blood pressure target, such as less than 130/80 mmHg, can be beneficial in preventing hypertension-related health issues. For individuals with diabetes, or those with kidney disease, achieving this stricter target helps mitigate the risk of microvascular and macrovascular complications associated with these conditions. The option that states less than 140/90 mmHg reflects an older standard that may have been considered sufficient for the general adult population, but does not adequately address the specific risks faced by those with diabetes and kidney disease. Focusing solely on less than 140/90 could lead to suboptimal outcomes in this higher-risk group, which is why the lower threshold of less than 130/80 mmHg is endorsed.

8. What additional finding is common in patients with infectious mononucleosis?

A. Increased heart rate

B. Palatal petechiae

C. Absent fever

D. Enlargement of the thyroid

Infectious mononucleosis, often caused by the Epstein-Barr virus, typically presents with a range of symptoms, and one notable finding is the presence of palatal petechiae. These are small, pinpoint-sized hemorrhages that can appear on the soft palate. This finding is particularly characteristic of infectious mononucleosis and is associated with the systemic involvement of the virus, which can lead to various hematological changes. Palatal petechiae occur due to the vascular changes and the inflammatory response triggered by the infection. This manifestation can help clinicians differentiate infectious mononucleosis from other illnesses that present with similar symptoms, such as sore throat or general malaise. Recognizing this symptom supports the diagnosis and indicates the need for further evaluation, including laboratory tests for the presence of heterophile antibodies or specific viral markers. Other findings associated with infectious mononucleosis may include fever, sore throat, and lymphadenopathy, but the distinctive presence of palatal petechiae sets it apart as a common additional finding in affected individuals.

9. According to the CDC 2015 Guidelines for the Treatment of Sexually Transmitted Diseases, what is a recommended treatment for women with condylomata acuminata during pregnancy?

A. Topical acyclovir application

B. Trichloracetic acid application

C. Laser therapy

D. Electrosurgery

The recommended treatment for women with condylomata acuminata (genital warts) during pregnancy is the application of trichloroacetic acid (TCA). This method is considered safe and effective for managing external genital warts in pregnant individuals. TCA works by chemically destroying the wart tissue, making it a practical choice since it poses a lower risk of systemic absorption and potential effects on the fetus. Topical acyclovir is generally used for viral infections, primarily herpes simplex virus infections, but it is not effective for treating condylomata acuminata, which are caused by human papillomavirus (HPV). Laser therapy and electrosurgery are more invasive methods of treatment, typically reserved for larger or more extensive lesions outside of pregnancy, given the potential complications they may introduce during this sensitive period. Additionally, the safety of these procedures in pregnancy is not as well-established as that for trichloroacetic acid. Thus, the choice of TCA reflects a balanced approach that prioritizes safety for both the mother and the developing fetus while effectively treating the wart condition.

10. What defines hypertriglyceridemia?

A. Triglycerides over 150 mg/dL

B. Triglycerides over 200 mg/dL

C. Triglycerides over 250 mg/dL

D. Triglycerides over 300 mg/dL

Hypertriglyceridemia is defined as having triglyceride levels greater than 150 mg/dL. This threshold is significant because elevated triglyceride levels are associated with an increased risk of cardiovascular disease and pancreatitis. While other levels may indicate more severe hypertriglyceridemia or specific clinical concerns, the classification for hypertriglyceridemia itself begins at 150 mg/dL. Understanding this criterion is essential for recognizing and managing metabolic syndrome and cardiovascular risk factors in patients.