

# Midwifery and WHNP Certification Practice Exam (Sample)

## Study Guide



**Everything you need from our exam experts!**

**This is a sample study guide. To access the full version with hundreds of questions,**

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**SAMPLE**

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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. Don't worry about getting everything right, 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, and take breaks to retain information better.**

## **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.**

## **7. Use Other Tools**

**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!**

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## **Questions**

- 1. What blood pressure medication is appropriate for African Americans of all ages who do not have diabetes or chronic kidney disease?**
  - A. ACE inhibitors**
  - B. Thiazide-type diuretics or calcium channel blockers**
  - C. Beta-blockers**
  - D. Angiotensin II receptor blockers (ARBs)**
- 2. An individual sustained a laceration of the perineum during delivery that involved the muscles of the perineal body but not the anal sphincter. Such a laceration would be classified as a:**
  - A. First degree**
  - B. Second degree**
  - C. Third degree**
  - D. Fourth degree**
- 3. What is the characteristic growth behavior of basal cell carcinoma?**
  - A. Fast-growing**
  - B. Rarely metastasizes**
  - C. Highly aggressive**
  - D. Causes rapid systemic spread**
- 4. What is the mechanism of action for Dipeptidyl peptidase-4 inhibitors like sitagliptin and linagliptin?**
  - A. It stimulates insulin release from the pancreas**
  - B. It binds to GLP-1 receptors**
  - C. It inhibits the degradation of incretin GLP-1**
  - D. It delays carbohydrate absorption**
- 5. When do innocent murmurs typically occur during the cardiac cycle?**
  - A. Diastole**
  - B. Systole**
  - C. At rest**
  - D. During exercise**



- 6. Where do interstitial myomas develop?**
- A. Within the uterine cavity**
  - B. On the external surface of the uterus**
  - C. Within the uterine wall**
  - D. In the broad ligament**
- 7. Which of the following criteria is used to diagnose type 1 and type 2 diabetes?**
- A. Hgb A1c of 7.0% or greater**
  - B. FPG of 126 mg/dL or greater**
  - C. 2-hour OGTT of 200 mg/dL or greater**
  - D. Random plasma glucose of 140 mg/dL or greater**
- 8. What is the primary action of disulfiram in alcohol cessation?**
- A. It acts as a mild sedative**
  - B. It creates a toxic response when alcohol is consumed**
  - C. It reduces cravings for alcohol**
  - D. It blocks the effects of alcohol in the body**
- 9. What initial approach should be taken for a patient experiencing symptoms of conjunctivitis?**
- A. Immediate surgery**
  - B. Observation and supportive care**
  - C. Long-term oral medication**
  - D. Intravenous antibiotics**
- 10. What are the contraindications associated with the use of bupropion?**
- A. Contraindicated with liver disease**
  - B. May cause dizziness and headaches**
  - C. Contraindicated in myocardial infarction**
  - D. Contraindicated with seizure disorder and eating disorders**

## **Answers**

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

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## **Explanations**

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**1. What blood pressure medication is appropriate for African Americans of all ages who do not have diabetes or chronic kidney disease?**

**A. ACE inhibitors**

**B. Thiazide-type diuretics or calcium channel blockers**

**C. Beta-blockers**

**D. Angiotensin II receptor blockers (ARBs)**

The appropriate blood pressure medication for African Americans of all ages who do not have diabetes or chronic kidney disease is thiazide-type diuretics or calcium channel blockers. This recommendation is based on clinical guidelines that emphasize the effectiveness of these medication classes in managing hypertension within this demographic. Thiazide-type diuretics help to reduce blood pressure by promoting sodium and water excretion, which decreases blood volume and, consequently, lowers blood pressure. They are particularly beneficial due to their efficacy, safety profile, and the degree to which they can reduce the risk of cardiovascular events in African American populations. Calcium channel blockers work by dilating blood vessels and reducing the heart's workload, which also effectively lowers blood pressure. The combination of these two classes has been shown to be especially effective in African Americans, who may not respond as well to other classes of antihypertensives like ACE inhibitors. The other options, while they play important roles in hypertension management, are not as universally effective for African Americans without diabetes or chronic kidney disease. For instance, ACE inhibitors and ARBs are generally recommended for specific populations, especially those with comorbid conditions such as heart failure or renal disease. Beta-blockers are also less preferred as first-line treatment for hypertension in this

**2. An individual sustained a laceration of the perineum during delivery that involved the muscles of the perineal body but not the anal sphincter. Such a laceration would be classified as a:**

**A. First degree**

**B. Second degree**

**C. Third degree**

**D. Fourth degree**

A laceration involving the muscles of the perineal body but not the anal sphincter is classified as a second-degree laceration. In the context of perineal injuries during childbirth, first-degree lacerations involve only the vaginal mucosa and perineal skin, while third-degree lacerations extend through the anal sphincter, and fourth-degree lacerations involve both the anal sphincter and the rectal mucosa. In this case, since the laceration goes deeper than just the skin and vaginal mucosa, affecting the muscles of the perineal body but stopping short of the anal sphincter, it is categorized as second-degree. Understanding the classification of perineal lacerations is crucial in guiding appropriate care and management post-delivery, enhancing the healing process and providing proper education to patients about their recovery.

### 3. What is the characteristic growth behavior of basal cell carcinoma?

- A. Fast-growing
- B. Rarely metastasizes**
- C. Highly aggressive
- D. Causes rapid systemic spread

Basal cell carcinoma (BCC) is primarily characterized by its tendency to rarely metastasize. This type of skin cancer originates in the basal cells, which are located in the lowest layer of the epidermis. BCC is known for being slow-growing and typically does not invade distant tissues or organs, making it less aggressive in terms of its potential to spread throughout the body compared to other types of skin cancers. The characteristic growth behavior of BCC allows it to be treated effectively, often with surgical excision or other local therapies. While it can be locally invasive and may cause significant destruction of surrounding tissues if left untreated, the likelihood of systemic spread is minimal. Consequently, its management and prognosis tend to be more favorable than that of other malignancies that pose a greater risk for metastasis. The other options indicate behaviors not typically associated with basal cell carcinoma, such as rapid systemic spread or being highly aggressive, which does not accurately reflect its clinical behavior. Therefore, the hallmark of BCC being that it rarely metastasizes is a defining characteristic that aligns with current understanding in dermatology and oncology.

### 4. What is the mechanism of action for Dipeptidyl peptidase-4 inhibitors like sitagliptin and linagliptin?

- A. It stimulates insulin release from the pancreas
- B. It binds to GLP-1 receptors
- C. It inhibits the degradation of incretin GLP-1**
- D. It delays carbohydrate absorption

Dipeptidyl peptidase-4 (DPP-4) inhibitors, such as sitagliptin and linagliptin, primarily work by inhibiting the enzyme DPP-4, which is responsible for the breakdown of incretin hormones like glucagon-like peptide-1 (GLP-1). By preventing this degradation, DPP-4 inhibitors increase the levels of active GLP-1 in the bloodstream. GLP-1 plays a significant role in glucose metabolism; it enhances insulin secretion in a glucose-dependent manner, inhibits glucagon release, and promotes satiety. Therefore, the correct mechanism involved here is the inhibition of the breakdown of incretin GLP-1, leading to an increased physiological effect of this hormone, which helps control blood sugar levels in individuals with type 2 diabetes. Other options, while related to functions of diabetes medications, do not accurately describe the specific action of DPP-4 inhibitors. For example, stimulating insulin release or binding to GLP-1 receptors could involve different classes of medications or mechanisms. DPP-4 inhibitors do not directly delay carbohydrate absorption; that action is more associated with other types of medications. Thus, the key points lie in the unique role D

**5. When do innocent murmurs typically occur during the cardiac cycle?**

- A. Diastole**
- B. Systole**
- C. At rest**
- D. During exercise**

Innocent murmurs typically occur during systole, which is the phase of the cardiac cycle when the heart muscle contracts and pumps blood out of the chambers. During this phase, blood flow across the heart valves increases, which can lead to the generation of these benign sounds due to the turbulence created by the rapid flow of blood. Innocent murmurs are often heard in children and are considered normal variations in blood flow. They are usually soft, asymptomatic, and disappear as the child grows. Recognizing that these murmurs occur specifically during systole is crucial for accurate assessment and differentiation from pathological murmurs, which may indicate underlying heart conditions. Understanding this helps in providing reassurance to patients and families, emphasizing that innocent murmurs generally do not indicate heart disease.

**6. Where do interstitial myomas develop?**

- A. Within the uterine cavity**
- B. On the external surface of the uterus**
- C. Within the uterine wall**
- D. In the broad ligament**

Interstitial myomas, also known as intramural fibroids, develop within the uterine wall itself. This is significant because their location can influence symptoms and treatment options. Being embedded in the muscle layer of the uterus, interstitial myomas can cause issues such as menorrhagia (heavy menstrual bleeding), pelvic pain, and can even impact fertility by affecting the size and shape of the uterine cavity. Understanding the specific location of different types of myomas is essential for managing patient care effectively. For instance, while myomas within the uterine cavity might lead to different complications, such as distortion of the normal uterine lining, those on the external surface or in other areas like the broad ligament have distinct presentations and implications for treatment. Thus, knowing that interstitial myomas are located within the uterine wall helps in making informed clinical decisions regarding patient management and intervention strategies.

**7. Which of the following criteria is used to diagnose type 1 and type 2 diabetes?**

- A. Hgb A1c of 7.0% or greater**
- B. FPG of 126 mg/dL or greater**
- C. 2-hour OGTT of 200 mg/dL or greater**
- D. Random plasma glucose of 140 mg/dL or greater**

The diagnosis of type 1 and type 2 diabetes incorporates several critical criteria, and one of the key benchmarks is the fasting plasma glucose (FPG) level. An FPG of 126 mg/dL or greater is one of the established diagnostic thresholds for diabetes. This criterion is significant because it reflects the body's ability to regulate blood glucose levels after a period of fasting, indicating insulin resistance or inadequate insulin secretion. For diagnosing diabetes, the FPG test is typically preferred due to its straightforward administration and reliability as a marker of glucose metabolism dysfunction. While other criteria, such as the HbA1c and the results from an oral glucose tolerance test (OGTT), are also valid and used in clinical practice for diagnosing diabetes, the FPG level is explicitly defined and standardized for diagnosis by guidelines set forth by diabetes associations. Therefore, the FPG cutoff of 126 mg/dL serves as a foundational indicator for determining the presence of diabetes, making this criterion essential in the diagnostic process.

**8. What is the primary action of disulfiram in alcohol cessation?**

- A. It acts as a mild sedative**
- B. It creates a toxic response when alcohol is consumed**
- C. It reduces cravings for alcohol**
- D. It blocks the effects of alcohol in the body**

Disulfiram's primary action in promoting alcohol cessation is to create a toxic response when alcohol is consumed. This mechanism is known as aversive conditioning. When a person taking disulfiram consumes alcohol, it inhibits the enzyme aldehyde dehydrogenase, which leads to an accumulation of acetaldehyde in the body. This buildup causes unpleasant symptoms such as flushing, headache, nausea, and palpitations. These adverse reactions deter individuals from consuming alcohol, thereby aiding in maintaining sobriety as they become conditioned to associate alcohol with these negative effects. While disulfiram has effects on cravings for alcohol and may block some effects of alcohol in the body, its most distinctive and direct mechanism of action that supports alcohol cessation is this aversive reaction that occurs upon the intake of alcohol. Other options do not encapsulate the core function of disulfiram as accurately as its ability to produce a toxic reaction when alcohol is ingested.



**9. What initial approach should be taken for a patient experiencing symptoms of conjunctivitis?**

- A. Immediate surgery**
- B. Observation and supportive care**
- C. Long-term oral medication**
- D. Intravenous antibiotics**

For a patient experiencing symptoms of conjunctivitis, the initial approach of observation and supportive care is appropriate because most cases of conjunctivitis, especially viral conjunctivitis, are self-limiting. This means the condition often resolves on its own without the need for invasive interventions or aggressive treatments. Supportive care may include recommendations for warm or cool compresses, artificial tears to alleviate discomfort, and good hygiene practices to prevent spreading the infection. In bacterial conjunctivitis, which can sometimes require treatment, observation and supportive measures can still be the first step while the clinician assesses the severity and ruling out complications. In many cases, if symptoms improve with supportive measures alone, no additional treatment may be necessary. Other options, such as immediate surgery or intravenous antibiotics, are not suitable initial approaches for conjunctivitis. Surgery would typically be warranted for more serious conditions, such as if there were underlying structural issues or complications. Long-term oral medication does not align with the acute management of conjunctivitis, as most cases do not require prolonged systemic treatment. Instead, topical treatments may be used when necessary. Thus, the emphasis on observation and supportive care supports an effective and patient-centered response to conjunctivitis symptoms.

**10. What are the contraindications associated with the use of bupropion?**

- A. Contraindicated with liver disease**
- B. May cause dizziness and headaches**
- C. Contraindicated in myocardial infarction**
- D. Contraindicated with seizure disorder and eating disorders**

Bupropion, an atypical antidepressant often used for major depressive disorder and smoking cessation, has specific contraindications that are crucial for patient safety. It is particularly contraindicated in individuals with a history of seizure disorders and eating disorders like anorexia or bulimia. This is because bupropion lowers the seizure threshold, meaning it can increase the risk of seizures in these populations. For those with eating disorders, the risk is compounded due to electrolyte imbalances that can occur, further heightening the likelihood of seizure activity. Therefore, healthcare providers must screen for these conditions when prescribing bupropion to ensure that patients do not have an increased risk of adverse effects. Considering the other options, liver disease and myocardial infarction may present risks or necessitate caution, but they are not absolute contraindications like seizure disorders and eating disorders are for bupropion. While dizziness and headaches can occur as side effects, they do not constitute contraindications and typically do not prevent the use of the medication in the absence of the specified disorders.

## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://midwiferywhnp.examzify.com>**

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