Midwifery National Practice Exam (Sample)

Study Guide

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Questions

1. Caput succedaneum typically resolves within:

- **A. 4-5 days**
- **B. 24-48 hours**
- **C. 1 week**
- **D. 2 weeks**

2. What should a mother with a child showing leukokoria be tested for?

- **A. Genetic disorders**
- **B. TORCH infections**
- **C. Cataract formation**
- **D. None of the above**

3. What are some contraindications for home birth?

- **A. Multiple gestations**
- **B. Certain maternal health conditions**
- **C. Previous cesarean delivery with complications**
- **D. All of the above**

4. What hormone is primarily responsible for keeping the ductus arteriosus open?

- **A. Estrogen**
- **B. Prostaglandin**
- **C. Oxytocin**
- **D. Progesterone**

5. What is placenta previa?

- **A. A condition where the placenta forms in the abdomen**
- **B. A condition where the placenta is located at the bottom of the uterus**
- **C. A condition where the placenta partially or wholly covers the cervix**
- **D. A condition affecting the position of the fetus**

6. Which statement about cephalohaematoma is NOT true?

A. It is bleeding between skull and periosteum

B. It does not cross suture lines

C. It is soft and pits with pressure

D. It appears days 2-3 after birth and can calcify

7. Which condition is NOT typically a cause of postpartum hemorrhage?

A. Uterine atony

B. Retained placenta

C. Excessive exercise during pregnancy

D. Coagulation disorders

8. What is one of the risks associated with placenta previa during delivery?

A. Increased opportunity for labor at home

B. Severe bleeding during delivery

C. Babies are always born early

D. No risk at all during normal delivery

9. When is screening for gestational diabetes typically conducted?

A. 12-16 weeks of gestation

B. 20-24 weeks of gestation

C. 24-28 weeks of gestation

D. 30-34 weeks of gestation

10. What is characterized by lesions that start as 1-2mm central yellowish papules surrounded by halos in newborns?

A. Sternocleidmastoid

B. Erythema toxicum

C. Strawberry hemangioma

D. Herpes simplex

Answers

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

Explanations

1. Caput succedaneum typically resolves within:

A. 4-5 days

B. 24-48 hours

C. 1 week

D. 2 weeks

Caput succedaneum is a condition commonly seen in newborns, characterized by edema or swelling of the soft tissues on the head, usually resulting from pressure during delivery. This condition is often a result of the baby's head pressing against the cervix during labor and can occur with both vaginal and assisted deliveries. The swelling associated with caput succedaneum typically resolves within 24-48 hours after birth, as the fluid gradually reabsorbs and normalizes the shape of the head. This timely resolution is a key characteristic of caput succedaneum and helps differentiate it from other conditions that may cause similar head swelling, which might take longer to resolve. This short recovery period reflects the nature of this condition, where the underlying structures of the skull remain intact, and the swelling is due to transient fluid accumulation. Understanding the timeline for resolution of caput succedaneum is important for healthcare providers to reassure parents and ensure proper management in the immediate postnatal period.

2. What should a mother with a child showing leukokoria be tested for?

A. Genetic disorders

B. TORCH infections

C. Cataract formation

D. None of the above

Leukocoria, the appearance of a white reflection in the pupil, can indicate several pathologies, including retinoblastoma, which is a malignant tumor of the retina predominantly found in children. Another concern with leukocoria is the potential involvement of TORCH infections—particularly with congenital rubella, which can lead to significant ocular abnormalities. Testing for TORCH infections is particularly relevant as these infections can have serious implications for fetal and neonatal development. Identifying a TORCH infection early can aid in timely interventions and treatment, potentially improving outcomes for the child. While genetic disorders and cataract formation might be associated with leukocoria, focusing on TORCH infections aligns with the immediate concerns regarding infections that can impact a child's overall health and development, particularly given the presence of leukocoria. Thus, testing for TORCH infections is an appropriate and critical step in the evaluation of a child presenting with this symptom.

3. What are some contraindications for home birth?

A. Multiple gestations

B. Certain maternal health conditions

C. Previous cesarean delivery with complications

D. All of the above

Choosing to have a home birth involves careful consideration of various factors, particularly the health and safety of both the mother and the baby. Several contraindications exist that can significantly increase the risks associated with a home birth. Multiple gestations, such as twins or triplets, present a higher risk of complications during labor and delivery because of the increased likelihood of prematurity, fetal distress, or the need for advanced medical interventions that may not be readily available outside a hospital. Certain maternal health conditions, such as heart disease, uncontrolled hypertension, diabetes, or infections, can also pose substantial risks. These conditions may require closer monitoring and immediate medical response, which are often better managed in a hospital setting. A previous cesarean delivery with complications is another contraindication. If the prior cesarean involved issues like a uterine rupture or an incomplete uterine scar, attempting a home birth could significantly increase the risks during labor and delivery. Given these factors, recognizing all of the above conditions as contraindications for home birth is essential for ensuring the safety of both the mother and the baby.

4. What hormone is primarily responsible for keeping the ductus arteriosus open?

A. Estrogen

B. Prostaglandin

C. Oxytocin

D. Progesterone

The hormone that primarily keeps the ductus arteriosus open is prostaglandin. During fetal development, the ductus arteriosus connects the pulmonary artery to the aorta, allowing blood to bypass the lungs, which are not yet in use. Prostaglandins, especially prostaglandin E1, play a crucial role in maintaining the patency of this artery. In the fetus, prostaglandins are produced by the placenta and the ductus arteriosus itself, helping to keep it open and ensuring proper blood flow during a time when the lungs are filled with fluid and not yet functioning for gas exchange. The other hormones listed do not have this specific role in maintaining the ductus arteriosus. Estrogen is primarily involved in the regulation of female reproductive functions and does not directly affect the ductus arteriosus. Oxytocin primarily triggers labor contractions and is not involved in maintaining ductus patency. Progesterone plays a vital role in pregnancy maintenance but does not impact the ductus arteriosus directly. By understanding the unique functions of these hormones, one can appreciate why prostaglandin is critical in keeping the ductus arteriosus open during fetal life.

5. What is placenta previa?

A. A condition where the placenta forms in the abdomen

B. A condition where the placenta is located at the bottom of the uterus

C. A condition where the placenta partially or wholly covers the cervix

D. A condition affecting the position of the fetus

Placenta previa is a specific condition characterized by the abnormal placement of the placenta in relation to the cervix. In this situation, the placenta is positioned such that it partially or completely covers the cervical opening. This positioning can lead to complications during pregnancy and delivery, particularly because it can obstruct the passage of the fetus during labor, posing risks such as severe bleeding for both the mother and baby. Understanding this condition is crucial for midwives and healthcare providers, as it necessitates careful monitoring and management throughout the pregnancy. Interventions may include modifying activity levels, potential cesarean delivery, and planning for the timing of delivery based on the severity of the previa. The other options do not accurately represent what placenta previa is: the formation of the placenta in the abdomen, for example, is not a recognized clinical scenario for pregnant individuals. A low-lying placenta may be present but does not equate to the criteria for diagnosing placenta previa unless it overlaps with the cervix. Additionally, while the position of the fetus is pertinent in overall pregnancy considerations, it is unrelated to the definition of placenta previa.

6. Which statement about cephalohaematoma is NOT true?

A. It is bleeding between skull and periosteum

B. It does not cross suture lines

C. It is soft and pits with pressure

D. It appears days 2-3 after birth and can calcify

Cephalohaematoma refers to a collection of blood that occurs between the skull and the periosteum, typically as a result of birth trauma. This type of hemorrhage is characterized by a few specific features. One key point is that a cephalohaematoma does not cross suture lines due to the firm attachment of the periosteum to the skull bones at these lines. The statement about it being soft and pitting with pressure is not accurate. Cephalohaematoma presents as a firm, raised area on the head, and it does not pit or become softer when pressure is applied. The characteristic firmness is due to the blood collection being encapsulated beneath the periosteum. Additionally, cephalohaematomas typically manifest a couple of days after birth — around days 2 to 3 — and have the potential to calcify over time as the body resolves the hematoma. This process can vary in duration. Understanding these characteristics is vital for differentiating cephalohaematoma from other types of head swelling associated with childbirth, such as caput succedaneum, which is softer and does cross suture lines.

7. Which condition is NOT typically a cause of postpartum hemorrhage?

A. Uterine atony

B. Retained placenta

C. Excessive exercise during pregnancy

D. Coagulation disorders

Postpartum hemorrhage (PPH) is primarily related to several well-documented conditions involving the uterus and factors affecting blood coagulation. Uterine atony, which is the lack of muscle tone in the uterus leading to inadequate contraction after delivery, is considered one of the most common causes of PPH. Similarly, retained placenta can prevent the uterus from contracting effectively, also contributing significantly to hemorrhage. Coagulation disorders can complicate the situation by impairing the body's ability to form clots, further exacerbating bleeding. On the other hand, excessive exercise during pregnancy does not typically lead to PPH. While exercise is vital for overall health and can be beneficial, it is generally not associated with the direct physiological issues that cause PPH. Instead, PPH is linked to factors like uterine tone and placental retention, which exercise does not impact in a way that would lead to significant bleeding after childbirth. Thus, identifying excessive exercise as unrelated to PPH highlights the distinction between lifestyle choices during pregnancy and the medical conditions that can lead to complications after delivery.

8. What is one of the risks associated with placenta previa during delivery?

A. Increased opportunity for labor at home

B. Severe bleeding during delivery

C. Babies are always born early

D. No risk at all during normal delivery

Severe bleeding during delivery is a significant risk associated with placenta previa. This condition occurs when the placenta is abnormally positioned in the lower part of the uterus, partially or completely covering the cervical opening. As delivery approaches, particularly during contractions, the cervix may begin to dilate and efface, putting pressure on the placenta. This can cause the blood vessels in the placenta to rupture, leading to heavy vaginal bleeding, which poses serious risks to both the mother and the baby. Management of placenta previa usually involves careful monitoring and often a planned cesarean delivery to prevent the dangers associated with vaginal delivery, primarily the risk of hemorrhage. Understanding this risk is crucial in midwifery practice to ensure the safety and well-being of both the mother and the newborn during childbirth.

9. When is screening for gestational diabetes typically conducted?

A. 12-16 weeks of gestation

B. 20-24 weeks of gestation

C. 24-28 weeks of gestation

D. 30-34 weeks of gestation

Screening for gestational diabetes typically occurs between 24 and 28 weeks of gestation. This timing is significant because it aligns with the period when the risk for developing gestational diabetes is highest. During this phase of pregnancy, hormonal changes can cause insulin resistance, making it critical to monitor blood glucose levels. Screening at this time helps identify women who may have developed gestational diabetes, which can often be managed effectively if caught early. If management is delayed, gestational diabetes can lead to complications for both the mother and the baby. Correctly screening in this time frame allows for timely interventions to reduce risks associated with the condition. Earlier in the pregnancy, specifically at 12-16 weeks, women are not routinely screened for gestational diabetes because the physiological changes that trigger the condition typically occur later. Conducting screenings too late, such as at 30-34 weeks, could result in missed diagnoses and limit the ability for effective management before delivery. Therefore, 24-28 weeks is the standard practice for screening gestational diabetes.

10. What is characterized by lesions that start as 1-2mm central yellowish papules surrounded by halos in newborns?

A. Sternocleidmastoid

B. Erythema toxicum

C. Strawberry hemangioma

D. Herpes simplex

The condition characterized by lesions that begin as 1-2 mm central yellowish papules surrounded by halos in newborns is erythema toxicum. This common neonatal rash typically presents within the first few days of life and appears as multiple small, raised bumps that can have a yellowish center with an erythematous halo around them. Erythema toxicum is a benign and self-limiting condition, generally resolving on its own within a few days to weeks without treatment. It is thought to be related to the newborn's adjustment to the external environment and the maturation of the immune system. The characteristic appearance of the lesions, along with their typical onset and self-resolving nature, makes erythema toxicum the correct answer in this scenario. Other conditions mentioned have distinct presentations; for example, strawberry hemangiomas are raised vascular lesions that appear as red or purple spots, often growing before regressing over time, while herpes simplex presents with vesicular lesions that are painful and commonly associated with systemic symptoms. Additionally, sternocleidmastoid issues relate to muscular abnormalities and do not involve skin lesions similar to those described.