

Midwifery National 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

- 1. Which of the following is a risk factor associated with the relaxed smooth muscle in the urinary tract during pregnancy?**
 - A. Reduced capacity for urine retention**
 - B. Increased risk of urinary tract infection**
 - C. Decreased renal blood flow**
 - D. Improved bladder function**
- 2. What is a common characteristic of most IUDs?**
 - A. They must be replaced every month**
 - B. They can provide contraceptive protection for several years**
 - C. They require a prescription for purchase**
 - D. They are made from synthetic hormones only**
- 3. What is the condition where heavy vaginal bleeding may occur alongside severe contractions?**
 - A. Threatened miscarriage**
 - B. Incomplete miscarriage**
 - C. Complete miscarriage**
 - D. Normal pregnancy**
- 4. What is primarily responsible for the reduction in size of individual uterine cells after birth?**
 - A. Hypoxia**
 - B. Autolysis**
 - C. Phagocytosis**
 - D. Ischaemia**
- 5. What are milia in newborns commonly described as?**
 - A. Fluid-filled cysts found on the body**
 - B. Common inclusion cysts containing keratinized stratum corneum**
 - C. Hyperpigmented spots on the skin**
 - D. Vascular lesions found on the face**

- 6. Which key nutrients are particularly important during lactation?**
- A. Fiber, carbohydrates, and protein**
 - B. Calcium, iron, vitamin D, and omega-3 fatty acids**
 - C. Sugars, saturated fats, and magnesium**
 - D. None of the above**
- 7. Which of the following is a correct description of a term infant?**
- A. A baby born before 37 weeks of gestation**
 - B. A baby born between 34 and 36 weeks of gestation**
 - C. A baby born after the 37th week of gestation**
 - D. A baby that is delivered via cesarean section**
- 8. What is the role of human placental lactogen during pregnancy?**
- A. Decreases in the plasma over time**
 - B. It is a type of protein**
 - C. Antagonizes insulin to increase glucose availability**
 - D. It increases plasma levels as pregnancy progresses**
- 9. What is the 'latent phase' of labor?**
- A. The initial stage of labor with irregular contractions**
 - B. The stage where the cervix is fully dilated**
 - C. The early stage of regular contractions with the cervix dilating but less than 4 cm**
 - D. The stage just after the water breaks**
- 10. What is a significant factor to consider when choosing an IUD?**
- A. Cost of the device**
 - B. Duration of effectiveness**
 - C. Type of healthcare provider**
 - D. Brand of the device**

Answers

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

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Explanations

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1. Which of the following is a risk factor associated with the relaxed smooth muscle in the urinary tract during pregnancy?
- A. Reduced capacity for urine retention
 - B. Increased risk of urinary tract infection**
 - C. Decreased renal blood flow
 - D. Improved bladder function

During pregnancy, hormonal changes, especially due to increased progesterone levels, lead to the relaxation of smooth muscle throughout the body, including in the urinary tract. This relaxation can create a favorable environment for the development of urinary tract infections (UTIs). The relaxation of these muscles can result in various physiological changes, such as urinary stasis, where urine may not be expelled from the bladder as efficiently. This stasis can allow bacteria to thrive, increasing the susceptibility to infections. While the other listed options touch on effects of pregnancy on the urinary tract, they do not capture the specific increase in UTI risk that is prominent due to these physiological changes. Thus, the association between relaxed smooth muscle and the increased risk of UTIs is a well-recognized risk factor during pregnancy.

2. What is a common characteristic of most IUDs?
- A. They must be replaced every month
 - B. They can provide contraceptive protection for several years**
 - C. They require a prescription for purchase
 - D. They are made from synthetic hormones only

Most intrauterine devices (IUDs) are designed to provide reliable contraceptive protection for several years, which is a significant advantage for users seeking long-term solutions to prevent pregnancy. Depending on the type of IUD, they can remain effective for 3 to 10 years. The hormonal IUD releases small amounts of progestin, while the copper IUD works primarily through a non-hormonal mechanism by creating an environment that is toxic to sperm. Regarding the other aspects that were mentioned, IUDs do not need to be replaced every month, making them more convenient than other forms of contraception like the pill. They also require a prescription, as a healthcare provider needs to insert them. Notably, IUDs can be made of materials beyond synthetic hormones; for example, copper is used in the non-hormonal variety. This variety ensures that IUDs are flexible in terms of user needs and preferences while still maintaining their primary function of providing effective contraception over an extended period.

3. What is the condition where heavy vaginal bleeding may occur alongside severe contractions?

- A. Threatened miscarriage**
- B. Incomplete miscarriage**
- C. Complete miscarriage**
- D. Normal pregnancy**

The condition characterized by heavy vaginal bleeding and severe contractions is best represented by incomplete miscarriage. An incomplete miscarriage occurs when some, but not all, of the pregnancy tissue is expelled from the uterus. This scenario generally leads to heavy bleeding and cramping, as the body is attempting to expel the remaining tissue, causing more intense contractions. During an incomplete miscarriage, the body may experience a mix of symptoms indicating that the pregnancy is not progressing normally. The presence of heavy bleeding and strong contractions are key indicators of this condition, highlighting the necessity for medical evaluation and potentially further intervention to ensure the health and safety of the individual. In contrast, a threatened miscarriage typically involves bleeding without the presence of significant contractions, signaling a potential risk but not necessarily the expulsion of pregnancy tissue. Complete miscarriage involves the total expulsion of all pregnancy tissues, which while initially may have heavy bleeding, typically resolves with less severe contractions as the process is often completed. Normal pregnancy, on the other hand, does not typically present with heavy bleeding or severe contractions, marking a clear distinction from the symptoms experienced in an incomplete miscarriage.

4. What is primarily responsible for the reduction in size of individual uterine cells after birth?

- A. Hypoxia**
- B. Autolysis**
- C. Phagocytosis**
- D. Ischaemia**

The correct answer identifies autolysis as the primary process responsible for the reduction in size of individual uterine cells after birth. Autolysis refers to the self-digestion or self-degradation of cells through the action of their own enzymes following a change in physiological conditions, such as the sudden decrease in hormone levels that occurs after childbirth. This process allows for the removal of unnecessary cellular components and the eventual shrinking of uterine tissue, assisting in the involution of the uterus back to its non-pregnant size. In the context of postpartum recovery, autolysis plays a critical role in enabling the body to return to its pre-pregnancy state. As hormone levels drop post-delivery, the need for the larger uterine cells diminishes, triggering autolytic processes that break down cellular structures, culminating in a reduction in cell size. The other options do relate to cellular processes but do not primarily cause the reduction in size of uterine cells after birth as effectively as autolysis does. Hypoxia pertains to a deficiency in oxygen, which does not directly relate to the reduction in cell size. Phagocytosis involves the engulfing of cellular debris by immune cells but is not responsible for the reduction of cell size per se. Is

5. What are milia in newborns commonly described as?

- A. Fluid-filled cysts found on the body**
- B. Common inclusion cysts containing keratinized stratum corneum**
- C. Hyperpigmented spots on the skin**
- D. Vascular lesions found on the face**

Milia in newborns are commonly described as inclusion cysts that contain keratinized stratum corneum. These tiny, white or yellowish bumps appear on a newborn's face, particularly on the cheeks, nose, and chin. They are formed when keratin, a protein found in skin, becomes trapped beneath the surface of the skin. This is a normal occurrence in infants and typically resolves on its own without treatment, usually within the first few weeks of life. Understanding the nature of milia is important for parents and caregivers, as it helps to differentiate between these benign cysts and other skin conditions that may require medical attention. Unlike the other options, which describe various skin lesions or conditions, milia's specific composition and developmental origin as keratin-filled cysts distinguish them clearly in the context of newborn dermatological conditions.

6. Which key nutrients are particularly important during lactation?

- A. Fiber, carbohydrates, and protein**
- B. Calcium, iron, vitamin D, and omega-3 fatty acids**
- C. Sugars, saturated fats, and magnesium**
- D. None of the above**

During lactation, the nutritional needs of a nursing mother are heightened to support both her health and the production of breast milk, which is essential for the growth and development of the infant. Among the array of nutrients that are vital during this period, calcium, iron, vitamin D, and omega-3 fatty acids stand out due to their significant roles. Calcium is crucial because it helps maintain bone health in the mother while also contributing to the development of the infant's skeletal system. Iron is important to replenish maternal stores that may have been depleted during pregnancy and to support the increased blood volume that occurs during lactation. Vitamin D is essential for calcium absorption and overall bone health, ensuring both the mother and the infant have adequate levels of this nutrient, particularly for immune function. Omega-3 fatty acids are important for the neurological development of the infant; they play a role in brain development and are associated with numerous health benefits for both mother and baby. The other choices include nutrients that, while beneficial in various contexts, do not specifically highlight the critical requirements for lactating women in the same way. Thus, the focus on calcium, iron, vitamin D, and omega-3 fatty acids captures the essential nutrients necessary for supporting lactation effectively.

7. Which of the following is a correct description of a term infant?

- A. A baby born before 37 weeks of gestation**
- B. A baby born between 34 and 36 weeks of gestation**
- C. A baby born after the 37th week of gestation**
- D. A baby that is delivered via cesarean section**

A term infant is defined specifically as a baby born at or after 37 weeks and before 42 weeks of gestation. This definition reflects the developmental milestones necessary for a healthy birth and allows for adequate time for the fetus to mature fully before delivery. Being born after the 37th week ensures that the infant has had sufficient time to develop organs and systems, reducing the risk of complications commonly associated with preterm (before 37 weeks) and late preterm (between 34 and 36 weeks) births. The third choice correctly captures this definition, emphasizing the importance of gestational age in determining the classification of an infant at birth. The other choices do not align with this definition, as they describe infants born either too early or under specific delivery circumstances rather than focusing on the critical gestational age that defines a term infant.

8. What is the role of human placental lactogen during pregnancy?

- A. Decreases in the plasma over time**
- B. It is a type of protein**
- C. Antagonizes insulin to increase glucose availability**
- D. It increases plasma levels as pregnancy progresses**

Human placental lactogen (hPL), also known as human chorionic somatomammotropin, plays a significant role during pregnancy primarily by promoting maternal metabolic adaptations that ensure adequate fetal growth. One of its key functions is to antagonize insulin effects, which leads to an increase in glucose availability in the maternal circulation. This action enhances the supply of glucose to the fetus, which is essential for its growth and development. As pregnancy progresses, hPL levels rise, which corresponds to the increasing demands of the growing fetus. This rise in hPL not only supports the energy needs of the fetus by modulating maternal glucose metabolism but also facilitates lipolysis, encouraging the use of fatty acids for maternal energy. Further, it can influence mammary gland development in preparation for breastfeeding. The other options provided do not accurately reflect the role of hPL. For instance, the fluctuating trend of hPL levels does not encompass a decrease over time throughout pregnancy, nor is the emphasis on its categorization as a protein sufficient to convey its functional role. Additionally, while hPL does increase as pregnancy advances, the choice that specifically highlights its mechanism of antagonizing insulin to enhance glucose availability is the most pertinent and captures the essence of hPL's function in supporting fetal

9. What is the 'latent phase' of labor?

- A. The initial stage of labor with irregular contractions**
- B. The stage where the cervix is fully dilated**
- C. The early stage of regular contractions with the cervix dilating but less than 4 cm**
- D. The stage just after the water breaks**

The latent phase of labor is characterized by early regular contractions that help to initiate the dilation of the cervix. During this phase, the cervix generally dilates to less than 4 centimeters. This means that the contractions might be fairly irregular and not particularly strong at the beginning but do become more organized as labor progresses. The onset of this phase marks the beginning of labor, and while it can vary in duration from woman to woman, it's essential for the subsequent phases of labor. This phase is important for understanding the overall labor process because it can be a lengthy part of labor that may lead some women to believe that they are in active labor when they are still in the latent stage. Recognizing the characteristics of the latent phase helps healthcare providers in monitoring progress and managing expectations for the birthing person.

10. What is a significant factor to consider when choosing an IUD?

- A. Cost of the device**
- B. Duration of effectiveness**
- C. Type of healthcare provider**
- D. Brand of the device**

When choosing an intrauterine device (IUD), the duration of effectiveness is a significant factor because it directly affects how long a person can rely on the IUD for contraceptive benefits without the need for replacement. Different types of IUDs offer varying lengths of effectiveness, ranging from a few years to a decade or more. This is crucial for individuals to consider, as it informs planning for long-term contraceptive needs and aligns with their reproductive goals. Understanding the duration of effectiveness also helps in anticipating when a follow-up appointment should occur for replacement or assessment, ensuring continued protection against unintended pregnancy. Educating individuals on how long each type of IUD lasts contributes to informed decision-making regarding their reproductive health. While cost, type of healthcare provider, and brand may influence the decision, they do not have as direct an impact on the function and reliability of the IUD as its duration of effectiveness does.

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://midwifernational.examzify.com>

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