

MIDWIFERY NATIONAL PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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

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- 1. Which of the following is an indication of placenta previa?**
 - A. Painful cramping
 - B. Painless bleeding from an abnormally located placenta
 - C. Fluid retention in the limbs
 - D. Severe abdominal pain
- 2. What does the Bishop Score assess before labor?**
 - A. The fetal heart rate
 - B. The readiness of the cervix for labor
 - C. Maternal nutrition status
 - D. Neonatal weight
- 3. What is the recommended observation period for healthy-appearing babies born at > 35 weeks gestation to women with GBS risk factors?**
 - A. 12 hours
 - B. 24 hours
 - C. 48 hours
 - D. 72 hours
- 4. Which of the following is NOT true about caput succedaneum?**
 - A. Odema caused by impaired venous return to scalp
 - B. It crosses suture lines
 - C. It resolves within 24-48 hours
 - D. It appears 2-3 days post birth
- 5. What is the effect of pethidine administration on neonate respiratory risk?**
 - A. It has no impact on neonatal respiratory risk
 - B. The risk is minimized if administered 4-5 hours before birth
 - C. It increases respiratory risk at all times
 - D. It provides immediate effect on respiratory stability
- 6. What is the typical range for fetal heart rate during labor?**
 - A. 70-110 beats per minute
 - B. 110-160 beats per minute
 - C. 160-200 beats per minute
 - D. 200-240 beats per minute

- 7. If a woman has a history of SUDI, what type of referral is required?**
- A. Primary
 - B. Consultation
 - C. Transfer of care
 - D. Not required
- 8. What are potential causes of postpartum hemorrhage?**
- A. Uterine atony only
 - B. Retained placenta and coagulopathy
 - C. Both uterine atony and retained placenta
 - D. Only trauma to the birth canal
- 9. What dietary advice is commonly given to pregnant women?**
- A. Consuming only dairy products
 - B. Eating a balanced diet rich in fruits, vegetables, and lean proteins
 - C. Avoiding all carbohydrates
 - D. Increasing caffeine intake
- 10. What is the maximum duration of effective antagonism produced by naloxone?**
- A. 15 minutes
 - B. 30 minutes
 - C. 1 hour
 - D. 2 hours

Answers

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

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Explanations

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1. Which of the following is an indication of placenta previa?

- A. Painful cramping
- B. Painless bleeding from an abnormally located placenta**
- C. Fluid retention in the limbs
- D. Severe abdominal pain

An indication of placenta previa is characterized by painless bleeding from an abnormally located placenta. In cases of placenta previa, the placenta partially or completely covers the cervix, which can lead to bleeding as the pregnancy progresses and the cervix begins to soften and dilate. This bleeding typically occurs in the second or third trimester and is painless, making it a distinctive symptom of this condition. The presence of painless vaginal bleeding is the hallmark feature that prompts further investigation and management, as it poses risks to both the mother and the fetus. Understanding this symptom is crucial for midwives and practitioners in order to differentiate placenta previa from other complications during pregnancy, facilitating timely and appropriate care.

2. What does the Bishop Score assess before labor?

- A. The fetal heart rate
- B. The readiness of the cervix for labor**
- C. Maternal nutrition status
- D. Neonatal weight

The Bishop Score is a critical tool used to assess the readiness of the cervix for labor. It evaluates several factors related to cervical conditions, which include cervical dilation, effacement (thinning), consistency, position, and the station of the fetal head. Each factor is assigned a score, and the total helps clinicians determine whether a woman is favorable for induction of labor or if she is likely to go into spontaneous labor soon. A higher Bishop Score indicates that the cervix is more favorable for labor, which can help guide decision-making regarding the timing and possibility of intervention, such as inducing labor. The other choices do not relate to the purpose of the Bishop Score. Assessing fetal heart rate is a procedure that focuses on fetal wellbeing during labor, while maternal nutrition status does not directly impact cervical readiness. Neonatal weight assessment is a factor considered after delivery, rather than before labor.

3. What is the recommended observation period for healthy-appearing babies born at > 35 weeks gestation to women with GBS risk factors?

- A. 12 hours
- B. 24 hours**
- C. 48 hours
- D. 72 hours

The recommended observation period for healthy-appearing babies born at more than 35 weeks gestation to women with Group B Streptococcus (GBS) risk factors is 24 hours. This timeframe is important for ensuring that any potential infections from GBS are identified and managed promptly. During this 24-hour observation, healthcare professionals monitor the newborn for clinical signs of infection, which may include feeding difficulties, temperature instability, increased respiratory rate, lethargy, or irritability. By observing the infant during this period, healthcare providers can effectively evaluate the baby's health status and implement necessary interventions if concerns arise. The recommendation is based on guidelines designed to balance the need for vigilance in monitoring potentially at-risk infants while considering the overall health status of the baby and the gestational age. Babies born at less than 35 weeks gestation, particularly those who show any signs of illness or were delivered to mothers with more significant GBS risks, may require longer observation or more intensive monitoring to ensure their well-being.

4. Which of the following is NOT true about caput succedaneum?

- A. Odema caused by impaired venous return to scalp
- B. It crosses suture lines
- C. It resolves within 24-48 hours
- D. It appears 2-3 days post birth**

Caput succedaneum is a condition characterized by the swelling of an infant's head that can occur during delivery, typically due to the pressure exerted on the head as it passes through the birth canal. This swelling is caused by the accumulation of fluid in the soft tissues of the scalp, primarily resulting from the extended pressure during delivery. The characteristic of caput succedaneum that it resolves within 24-48 hours is true. This rapid resolution is indicative of the body's natural healing response and confirms the transient nature of the condition. The swelling is generally present at birth and is often most pronounced at the top of the head, with the ability to cross suture lines due to the nature of the soft tissue involvement. Due to the mechanism of development, caput succedaneum does not appear 2-3 days post-birth; rather, it is usually evident immediately or shortly after delivery. Therefore, stating that it appears 2-3 days after birth does not accurately reflect the timing and clinical presentation of this condition, making the assertion false.

5. What is the effect of pethidine administration on neonate respiratory risk?

- A. It has no impact on neonatal respiratory risk
- B. The risk is minimized if administered 4-5 hours before birth**
- C. It increases respiratory risk at all times
- D. It provides immediate effect on respiratory stability

The preference for administering pethidine 4-5 hours before birth relates to its pharmacokinetics and the timing of its effects in relation to labor and delivery. When pethidine is given several hours prior to delivery, the peak effects of the medication can diminish by the time the neonate is born. This timing allows for a reduction in the likelihood that the neonate will experience respiratory depression as a direct consequence of maternal opioid administration. Respiratory depression in newborns is a potential risk associated with maternal opioid use during labor. By ensuring that the medication is given well in advance, clinicians can help mitigate this risk, allowing the neonate to be less affected by the drug's central nervous system effects. Conversely, administering pethidine too close to the time of delivery increases the likelihood that the neonate will experience respiratory issues. Therefore, while the choice indicates a strategy to minimize risk through calculated timing, it is important to remain vigilant about the overall management of pain relief in labor, the mother's wellbeing, and the safety of the neonate during and after delivery.

6. What is the typical range for fetal heart rate during labor?

- A. 70-110 beats per minute
- B. 110-160 beats per minute**
- C. 160-200 beats per minute
- D. 200-240 beats per minute

The normal fetal heart rate during labor typically ranges from 110 to 160 beats per minute. This range is considered optimal for assessing fetal wellbeing and indicates that the infant is receiving adequate oxygenation during the stresses of labor. Heart rates below 110 beats per minute may suggest bradycardia, which can be a concerning sign and may require evaluation and intervention. Conversely, heart rates above 160 beats per minute can indicate tachycardia, which may also be a sign of fetal distress or other issues that warrant further assessment. Therefore, the selection of the range 110-160 beats per minute as the correct answer is grounded in established clinical guidelines and reflects the physiological norms for a healthy fetus during the labor process. This range allows healthcare providers to monitor the fetal heart rate effectively and make informed decisions that ensure the safety of both the mother and the baby during delivery.

7. If a woman has a history of SUDI, what type of referral is required?

- A. Primary**
- B. Consultation
- C. Transfer of care
- D. Not required

A woman with a history of Sudden Unexpected Death in Infancy (SUDI) presents significant concerns regarding the safety and health of her current or future children. In such cases, a primary referral is necessary to ensure that she receives appropriate resources and support during her pregnancy and postpartum period. Primary care providers can offer vital services that include comprehensive assessments, access to mental health resources, and education regarding safe sleep practices and infant care to minimize the risks associated with SUDI. This approach allows healthcare providers to monitor the mother closely and address any issues that may arise during her care. Other options such as consultation or transfer of care might involve more specialized services or transitioning care to different healthcare providers, which may not be as immediately beneficial for the initial phases of managing the woman's health and addressing her previous SUDI experience. Therefore, a primary referral is the most appropriate response to ensure ongoing support and preventative education.

8. What are potential causes of postpartum hemorrhage?

- A. Uterine atony only
- B. Retained placenta and coagulopathy
- C. Both uterine atony and retained placenta**
- D. Only trauma to the birth canal

Postpartum hemorrhage is a significant obstetric emergency characterized by excessive bleeding after childbirth, typically defined as blood loss exceeding 500 mL following vaginal delivery or 1000 mL following cesarean delivery. The correct response highlights two common and critical causes of postpartum hemorrhage: uterine atony and retained placenta. Uterine atony, which refers to the failure of the uterus to effectively contract after delivery, is the most frequent cause of early postpartum hemorrhage. When the uterus does not contract well, it fails to compress the blood vessels that were supplying the placenta during pregnancy, leading to significant blood loss. Retained placenta is another important cause. If parts of the placenta remain adhered to the uterine wall after delivery, it prevents the uterus from contracting properly, which can also result in substantial bleeding. This situation can require surgical intervention to address the retained tissue and stop the hemorrhage. While trauma to the birth canal and coagulopathy are relevant to postpartum hemorrhage, the combination of uterine atony and retained placenta represents a broader and more prevalent category of causes that clinicians must be particularly vigilant about in the postpartum period. Understanding both of these causes helps in prevention and management strategies for postpartum hemorrhage.

9. What dietary advice is commonly given to pregnant women?

- A. Consuming only dairy products
- B. Eating a balanced diet rich in fruits, vegetables, and lean proteins**
- C. Avoiding all carbohydrates
- D. Increasing caffeine intake

Eating a balanced diet rich in fruits, vegetables, and lean proteins is a cornerstone of nutritional guidance for pregnant women. This recommendation emphasizes the importance of variety and balance in diet to ensure that both the mother and the developing fetus receive essential nutrients. Fruits and vegetables are crucial sources of vitamins, minerals, and fiber, which support both digestive health and overall well-being. Lean proteins are essential for the growth and development of fetal tissues and the placenta, as well as for the mother's health. This balanced approach helps to prevent common pregnancy-related issues such as gestational diabetes and supports a healthy weight gain pattern throughout pregnancy. Additionally, a well-rounded diet contributes to better outcomes during delivery and postnatal recovery. In contrast, the other dietary options mentioned are contrary to the nutritional needs of pregnant women. Some options suggest restrictive or unbalanced diets that could lead to deficiencies or health issues.

10. What is the maximum duration of effective antagonism produced by naloxone?

- A. 15 minutes
- B. 30 minutes**
- C. 1 hour
- D. 2 hours

Naloxone is an opioid antagonist that is primarily used to reverse the effects of opioid overdose. It works by binding to opioid receptors in the brain, displacing opioids and reversing their effects. The duration of effective antagonism produced by naloxone is important to consider in clinical settings, especially following an opioid overdose, as the effects of the opioid may outlast those of naloxone. The maximum duration of effective antagonism produced by naloxone is around 30 minutes, which is crucial for clinicians to understand. This means that if a patient has ingested a long-acting opioid or a high dose, the effects of the opioid could return after naloxone's action has diminished, necessitating close monitoring and possibly repeated doses of naloxone. This is why the knowledge of the duration of action is especially important in emergency situations. The other options represent durations that are either shorter than or exceed the typical effective timeframe of naloxone. For educational purposes, recognizing these timeframes aids in proper management of opioid overdoses, ensuring that patients receive adequate care throughout the period that naloxone is active.

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!

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