

MIDWIFERY NATIONAL PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

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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. During what postnatal period would you expect to see Rubra lochia and what color is it?**
 - A. 1-3 days, pink
 - B. 11-21 days, white
 - C. 4-10 days, pink
 - D. 1-3 days, red
- 2. What is a common characteristic of multiple gestations?**
 - A. Increased risk for complications during pregnancy
 - B. Higher likelihood of natural childbirth
 - C. Lower nutritional requirements
 - D. Fewer prenatal appointments needed
- 3. What is an important aspect of breastfeeding support provided by midwives?**
 - A. Providing all necessary formulas
 - B. Monitoring and supporting the breastfeeding process
 - C. Encouraging early weaning
 - D. Recommending bottle feeding exclusively
- 4. 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
- 5. Which of the following is a possible effect of Pregnancy-Related Hypertension (PET) on the renal system?**
 - A. Serum uric acid >0.36 mmol
 - B. Proteinuria $>0.3\text{g}/24\text{hr}$
 - C. Concentrated urine
 - D. All of the above are possibilities

- 6. Which maternal serum markers are tested in the first trimester maternal serum screening (MSS1)?**
- A. PAPP-A and D-dimer
 - B. α -fetoprotein and Inhibin A
 - C. PAPP-A and β hCG
 - D. Inhibin A and free β hCG
- 7. Which assessments are typically conducted during the initial prenatal visit?**
- A. A physical exam and ultrasound only
 - B. Medical history, physical exam, vital signs, and laboratory tests
 - C. Vital signs and fetal heart monitoring only
 - D. Only maternal health assessments
- 8. What is the maximum duration of effective antagonism produced by naloxone?**
- A. 15 minutes
 - B. 30 minutes
 - C. 1 hour
 - D. 2 hours
- 9. What are symptoms commonly associated with acute placenta previa?**
- A. Painful bleeding and stable lie
 - B. Painless bleeding and unstable lie
 - C. Painful contractions and history of trauma
 - D. Painless bleeding and soft abdomen
- 10. What amount of bleeding requires consultation if a woman has a history of PPH?**
- A. >500 mls
 - B. 100 mls
 - C. >1000 mls
 - D. 500 mls

Answers

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

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Explanations

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1. During what postnatal period would you expect to see Rubra lochia and what color is it?

- A. 1-3 days, pink
- B. 11-21 days, white
- C. 4-10 days, pink
- D. 1-3 days, red**

Rubra lochia is expected during the early postnatal period, specifically from birth to about three days postpartum. This type of lochia is characterized by its bright red color, which indicates the presence of blood, decidual tissue, and other materials that are expelled following childbirth. The primary components contributing to this vibrant red color include the breakdown of placental tissue and the shedding of the uterine lining as the body begins its healing process. The transition of lochia types follows a specific pattern after delivery: initially, lochia rubra is observed, then it progresses to lochia serosa, which is pink or brown, and finally to lochia alba, which is whitish-yellow in color. Understanding the normal progression of lochia is crucial for monitoring a woman's recovery and recognizing potential complications, such as infection or hemorrhage, in the postpartum period.

2. What is a common characteristic of multiple gestations?

- A. Increased risk for complications during pregnancy**
- B. Higher likelihood of natural childbirth
- C. Lower nutritional requirements
- D. Fewer prenatal appointments needed

A common characteristic of multiple gestations is an increased risk for complications during pregnancy. This is due to several factors associated with carrying more than one fetus, including the greater physical demands on the mother's body, which may lead to conditions such as gestational diabetes, hypertension, and preterm labor. The presence of multiple placentas can also introduce additional risks, such as twin-to-twin transfusion syndrome in identical multiples. In contrast, the likelihood of natural childbirth tends to decrease in multiple gestations due to the higher chance of needing interventions such as cesarean sections. Nutritional requirements actually increase because the mother is supporting multiple growing fetuses, necessitating additional caloric and nutrient intake to ensure adequate growth and health for both mother and babies. Furthermore, fewer prenatal appointments are not advisable; rather, multiple gestations often require more frequent monitoring to manage and address the higher risks effectively. Consequently, the increased risk for complications defines a crucial aspect of managing multiple pregnancies.

3. What is an important aspect of breastfeeding support provided by midwives?

- A. Providing all necessary formulas
- B. Monitoring and supporting the breastfeeding process**
- C. Encouraging early weaning
- D. Recommending bottle feeding exclusively

Monitoring and supporting the breastfeeding process is a vital aspect of the support that midwives provide. This role involves not just encouraging mothers to initiate breastfeeding but also assisting them in developing effective breastfeeding techniques. Midwives can offer guidance on proper latch techniques, positioning, and understanding infant hunger cues, which helps to establish a successful breastfeeding relationship. Additionally, midwives can help address and troubleshoot common difficulties that new mothers may face, such as concerns about milk supply, pain during breastfeeding, or issues related to the baby's latch. By providing ongoing support and education, midwives empower mothers to feel more confident in their breastfeeding journey, thus promoting both maternal and infant health. The other options do not align with the goals of breastfeeding support. For example, providing formulas or recommending exclusive bottle feeding shifts the focus away from breastfeeding, which is encouraged as the optimal feeding method for infants. Early weaning contradicts the recommendations for breastfeeding duration and could negatively impact both the infant's nutritional status and the mother's breastfeeding experience.

4. 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.

5. Which of the following is a possible effect of Pregnancy-Related Hypertension (PET) on the renal system?

- A. Serum uric acid >0.36 mmol
- B. Proteinuria >0.3g/24hr
- C. Concentrated urine
- D. All of the above are possibilities**

Pregnancy-Related Hypertension, also known as Preeclampsia (PET), can significantly impact various organ systems, including the renal system. When considering the potential effects on the kidneys, each of the mentioned conditions is relevant. Serum uric acid levels may rise due to impaired renal function and changes in glomerular filtration, which is common in preeclampsia. Elevated uric acid can be an indicator of the severity of the condition and contributes to the overall assessment of maternal health. Proteinuria is another key clinical sign of preeclampsia, reflecting kidney damage or dysfunction. When the kidneys are affected by this condition, their ability to filter and retain proteins is compromised, leading to protein spilling into the urine. A protein level exceeding 0.3 grams in a 24-hour urine sample is a diagnostic criterion for preeclampsia, highlighting significant kidney involvement. Concentrated urine can occur due to changes in renal function associated with hypertension and the overall stress response in pregnancy. The kidneys may struggle to effectively regulate fluid and electrolytes, resulting in concentrated urine. Given that each of these findings—elevated serum uric acid, proteinuria, and concentrated urine—can independently occur as a result of

6. Which maternal serum markers are tested in the first trimester maternal serum screening (MSS1)?

- A. PAPP-A and D-dimer
- B. α -fetoprotein and Inhibin A
- C. PAPP-A and β hCG**
- D. Inhibin A and free β hCG

In the context of first trimester maternal serum screening, the correct markers to test are PAPP-A (Pregnancy-Associated Plasma Protein A) and β -hCG (beta-human chorionic gonadotropin). These markers are specifically chosen for their importance in assessing the risk of chromosomal abnormalities, such as Down syndrome and trisomy 18. PAPP-A is a hormone produced by the placenta, and its levels are typically lower in pregnancies affected by chromosomal anomalies. β -hCG is another hormone that rises during pregnancy and is found in elevated levels in certain abnormal pregnancies. The combination of these two markers enables healthcare providers to calculate a risk assessment for these conditions early in the pregnancy, facilitating informed decision-making and further testing if necessary. Other combinations, such as those involving α -fetoprotein or Inhibin A, are not standard in the first trimester MSS but are used later in pregnancy, specifically in the second trimester maternal serum screening. This highlights how different tests are appropriate at various stages of pregnancy for detecting specific conditions.

7. Which assessments are typically conducted during the initial prenatal visit?

- A. A physical exam and ultrasound only
- B. Medical history, physical exam, vital signs, and laboratory tests**
- C. Vital signs and fetal heart monitoring only
- D. Only maternal health assessments

The initial prenatal visit is a comprehensive assessment that establishes the overall health of the pregnant individual and determines appropriate care plans for both the individual and the developing fetus. This visit typically includes a thorough medical history, which gathers important information regarding past pregnancies, medical conditions, medications, allergies, and family health histories. Additionally, a physical exam is conducted to assess the individual's general health, including any necessary screenings based on their medical background. Vital signs such as blood pressure, heart rate, and weight are measured to evaluate overall health and identify any potential concerns early on. Laboratory tests are also an integral part of this visit. These may include blood tests for assessing hemoglobin levels, blood type and Rh factor, as well as screenings for infections (such as syphilis, hepatitis B, and HIV), and checking immunity status for rubella and varicella. Urinalysis is often performed to detect potential urinary tract infections or assess for the presence of protein or glucose in the urine, which could indicate issues such as gestational diabetes or preeclampsia. Together, these components form a comprehensive assessment that is critical for planning safe and effective prenatal care throughout the pregnancy. This thoroughness is not only important for monitoring the health of the pregnant

8. 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.

9. What are symptoms commonly associated with acute placenta previa?

- A. Painful bleeding and stable lie
- B. Painless bleeding and unstable lie**
- C. Painful contractions and history of trauma
- D. Painless bleeding and soft abdomen

Acute placenta previa is characterized by specific symptoms related to bleeding and the position of the fetus. Painless bleeding is a hallmark symptom because the placental location at the cervix often results in bleeding without the associated pain, differentiating it from other types of complications during pregnancy. Additionally, an unstable lie indicates that the fetus is not in a fixed position within the uterus, which can occur with placenta previa as the uterus is compromised and the fetus may move freely. Understanding the clinical presentation is important, as recognizing these symptoms can lead to timely medical intervention, reducing risks for both the mother and the fetus. The absence of pain with the bleeding in this context is particularly significant, as it reflects the underlying pathophysiology of the condition, where the placenta is positioned over or near the cervix, leading to bleeding when the cervix begins to soften. In contrast, other symptoms associated with different complications may involve painful contractions or abdominal tenderness, and a stable lie would suggest that the fetus is in a fixed position, which is typically not the case with notable cases of acute placenta previa. Thus, a combination of painless bleeding and unstable lie aligns with the established understanding of this condition.

10. What amount of bleeding requires consultation if a woman has a history of PPH?

- A. >500 mls
- B. 100 mls
- C. >1000 mls**
- D. 500 mls

When considering the appropriate amount of bleeding that necessitates consultation for a woman with a history of postpartum hemorrhage (PPH), it's important to recognize that PPH is defined as cumulative blood loss greater than 500 mL for vaginal births and greater than 1000 mL for cesarean births. A woman with a history of PPH is at an increased risk of experiencing significant blood loss again, which can lead to severe complications. In this context, the correct threshold for initiating consultation is indeed blood loss greater than 1000 mL. This level indicates a serious situation that requires immediate medical attention, considering that any previous PPH raises the stakes for future deliveries or postpartum periods. Understanding the nuances of PPH management is critical; thus, healthcare providers must err on the side of caution. Regular monitoring and timely consultation in cases of heavy bleeding following childbirth can greatly impact the safety and outcomes for women with a history of PPH. This guideline ensures that potentially life-threatening situations are addressed promptly and effectively.

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://midwiferynational.examzify.com>

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

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