

MIDWIFERY NATIONAL PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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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. 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 is the appropriate follow-up if placenta previa is identified at the dating scan?**
 - A. Refer to a pediatric specialist
 - B. Schedule ultrasounds at specified intervals, with referral if necessary
 - C. Immediate cesarean delivery
 - D. No follow-up is needed
- 3. Red eye reflex checks are used for detecting which of the following?**
 - A. Clarity of lens
 - B. Leukokoria
 - C. TORCH infections
 - D. All of the above
- 4. Which hormone is primarily responsible for milk production?**
 - A. Oxytocin
 - B. Progesterone
 - C. Prolactin
 - D. Estrogen
- 5. What is a potential side effect of using an IUD?**
 - A. Increased risk of ovarian cancer
 - B. Heavier menstrual periods
 - C. Weight gain
 - D. Increased libido

6. How long may it take for nasal lacrimal ducts to open, potentially causing 'sticky eye'?
- A. Several days
 - B. 1-2 weeks
 - C. 3-4 weeks
 - D. 1 month
7. Which signs indicate an inevitable miscarriage?
- A. No bleeding, no pain, cervix closed
 - B. Bleeding, pain, cervix closed
 - C. Bleeding, pain, cervix open
 - D. No bleeding, pain, cervix open
8. 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
9. What is the maximum amount of syntometrine that can be administered in 24 hours?
- A. 3 mL
 - B. 10 mL
 - C. 5 mL
 - D. No limit
10. 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

Answers

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

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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 is the appropriate follow-up if placenta previa is identified at the dating scan?

- A. Refer to a pediatric specialist
- B. Schedule ultrasounds at specified intervals, with referral if necessary**
- C. Immediate cesarean delivery
- D. No follow-up is needed

When placenta previa is identified at the dating scan, the appropriate course of action is to schedule ultrasounds at specified intervals, along with a referral if it becomes necessary. This approach allows for careful monitoring of the placenta's position as the pregnancy progresses. In many cases, the placenta may move away from the cervix as the uterus expands, potentially resolving the condition by the time of delivery. Regular ultrasounds help assess any changes in the placenta's location, providing vital information for planning a safe delivery. Additionally, continuous monitoring enables midwives and healthcare providers to keep an eye on any complications that may arise. If the placenta previa persists close to delivery, a referral for further evaluation or intervention becomes necessary to ensure both maternal and fetal safety. Therefore, this method of follow-up is consistent with best practices in managing placenta previa, emphasizing both safety and the potential for resolution.

3. Red eye reflex checks are used for detecting which of the following?

- A. Clarity of lens
- B. Leukocoria
- C. TORCH infections
- D. All of the above**

Red eye reflex checks, commonly performed in pediatric assessments, are primarily used to detect abnormalities in the eye's structure, particularly the lens and the retina. A positive red reflex indicates that the light is properly passing through the lens, providing information on its clarity. If the reflex is absent or abnormal, it can signify conditions like leukocoria, which is an abnormal white reflection from the retina, often associated with serious eye conditions such as retinoblastoma or cataracts. Moreover, the presence of leukocoria can also suggest an increased risk for infections, including those in the TORCH complex (Toxoplasmosis, Other, Rubella, Cytomegalovirus, and Herpes Simplex Virus), which can have implications on infant health. Therefore, the rationale for all options being correct rests on their inter-relatedness within the context of a red eye reflex check. This procedure allows for the detection of lens clarity issues, identification of leukocoria, and offers a diagnostic path towards assessing potential TORCH infections. In this way, the red eye reflex check serves as a crucial tool in early eye examinations to identify various ocular and systemic health concerns.

4. Which hormone is primarily responsible for milk production?

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

Prolactin is the hormone primarily responsible for milk production in the breasts following childbirth. It is produced by the anterior pituitary gland and plays a crucial role in the development of mammary glands during pregnancy and in the initiation and maintenance of lactation after delivery. Prolactin levels rise significantly during pregnancy, preparing the body for breastfeeding. In contrast, oxytocin is important for the milk ejection reflex, promoting the release of milk during breastfeeding but not its production. Progesterone and estrogen, while significant for breast development and preparing the body for potential lactation, do not have a direct role in producing milk. Estrogen helps with the growth of ducts in the breast, while progesterone is responsible for preparing the lobules for milk production, but it does not stimulate the actual lactation process. Thus, prolactin is essential for the synthesis of milk, affirming its primary role in this physiological process.

5. What is a potential side effect of using an IUD?

- A. Increased risk of ovarian cancer
- B. Heavier menstrual periods**
- C. Weight gain
- D. Increased libido

Using an IUD, particularly the non-hormonal copper IUD, can indeed result in heavier menstrual periods. This is due to the presence of the IUD itself, which can stimulate the uterine lining and lead to more intense menstrual flow. Additionally, some hormonal IUDs may initially cause irregular bleeding or spotting, but over time, many users find that their periods become lighter or may even stop altogether. However, in the case of the copper IUD, heavier menstrual bleeding is a well-documented side effect that can affect individuals who use this method of contraception. The other potential side effects listed, such as increased risk of ovarian cancer, weight gain, and increased libido, are not commonly associated with IUD use. Most research suggests that the copper IUD does not significantly impact weight or libido, and any relationship to ovarian cancer risk is more complex and not directly linked to IUD use. Thus, the answer focusing on heavier menstrual periods accurately reflects a known and common side effect of using an IUD.

6. How long may it take for nasal lacrimal ducts to open, potentially causing 'sticky eye'?

- A. Several days
- B. 1-2 weeks**
- C. 3-4 weeks
- D. 1 month

The opening of the nasal lacrimal ducts can be delayed in newborns, which is a common reason for what is often referred to as 'sticky eye.' This condition typically occurs due to a blockage of the ducts, which may take time to resolve as the ducts mature and open naturally. It is generally observed that this process can take about 1 to 2 weeks after birth. During this period, mothers are often advised on how to manage the secretions while waiting for the ducts to open. The timing is important because while some infants might experience resolution of the 'sticky eye' earlier, it is common for many to enter the 1-2 week range before they show improvement. Other time frames suggested, such as several days, may be too short for the majority of infants, while more extended periods like 3-4 weeks or 1 month may not reflect the average timeline for resolution. Therefore, recognizing that 1-2 weeks is the most accurate reflection of the time it may take for the ducts to open helps in managing parental expectations and providing appropriate reassurance.

7. Which signs indicate an inevitable miscarriage?

- A. No bleeding, no pain, cervix closed
- B. Bleeding, pain, cervix closed
- C. Bleeding, pain, cervix open**
- D. No bleeding, pain, cervix open

An inevitable miscarriage is indicated by specific signs that suggest the process of miscarriage is underway and cannot be stopped. In this case, the presence of bleeding and pain, along with an open cervix, confirms the likelihood of an inevitable miscarriage. When the cervix is open, it signifies that the body's process of expelling the pregnancy has commenced, as the cervix must dilate for the pregnancy tissue to be passed. The presence of bleeding and pain often accompanies this process. Bleeding can vary in amount, but when it occurs alongside cramping or pain, and with an open cervix, it is a strong indication that a miscarriage is inevitable. In contrast to this, if the cervix remains closed, even in the presence of bleeding and pain, it may indicate other complications or abnormal conditions, but not an inevitable miscarriage. Thus, the combination of these specific signs—bleeding, pain, and an open cervix—clearly denotes that the miscarriage is inevitable.

8. 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.

9. What is the maximum amount of syntometrine that can be administered in 24 hours?

- A. 3 mL
- B. 10 mL**
- C. 5 mL
- D. No limit

The maximum amount of syntometrine that is generally accepted for administration in a 24-hour period is typically 10 mL. Syntometrine is a combined preparation of oxytocin and ergometrine, used primarily for the prevention and management of postpartum hemorrhage. The combination of these two medications works effectively to stimulate uterine contractions and reduce the risk of excessive bleeding after childbirth. Understanding the limits of administration is crucial in midwifery practice, as exceeding recommended dosages can lead to adverse effects, including hypertension and uterine hypertonicity. The guidelines are based on clinical studies and best practices, which provide safety margins for both the patient and the infant. While lower amounts may be sufficient for certain clinical situations, knowing the maximum allows healthcare providers to manage more severe cases effectively while mitigating risk factors associated with high doses. Thus, specifying the 10 mL limit helps ensure safe usage based on recognized medical standards.

10. 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.

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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