NARM Certified Professional Midwife (CPM) Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

Questions

1. What does the urogenital triangle form?

- **A. The posterior half of the pelvis**
- **B. The anterior half of the perineum**
- **C. The superior part of the vagina**
- **D. The central opening for delivery**

2. What is a normal characteristic of normocytic anemia?

- **A. MCV is high**
- **B. MCV is low**
- **C. Hemoglobin is within normal limits**
- **D. It is caused by vitamin deficiency**

3. What does hematocrit measure?

- **A. The level of oxygen in the blood**
- **B. The blood type of an individual**
- **C. Percentage of blood volume occupied by red blood cells**
- **D. The size of the heart chambers**

4. What does abruptio placentae refer to?

- **A. Premature separation of the placenta from the uterine wall**
- **B. Intrauterine pregnancy**
- **C. Normal fetal heart rate**
- **D. Delivery complications**

5. What is caput succedaneum?

- **A. A localized bleed that does not cross suture lines**
- **B. A diffuse edema of the fetal scalp that crosses suture lines**
- **C. Ankylosis of the tongue**
- **D. A condition affecting the fetal chin**

6. What are milia, also known as Epstein's pearls?

- **A. Skin bumps that appear in older children**
- **B. Whitish-yellow cysts that form on the gums and roof of the mouth in newborns**
- **C. Pustules that result from infections**
- **D. Normal skin condition in adults**

7. What is the CCHD screening protocol for newborns?

- **A. Pulse oximetry must be done at 72 hours of age**
- **B. Screen on the right hand only**
- **C. Measure with pulse oximetry at 48 hours, right hand and foot**
- **D. Immediate testing upon birth regardless of age**

8. What does clonus indicate in pregnancy?

- **A. Normal muscle activity**
- **B. Neuromuscular irritability**
- **C. Mild discomfort**
- **D. Improved muscle tone**

9. What is 'scoliosis'?

- **A. An abnormal curvature of the spine sideways**
- **B. An excessive anterior curvature of the spine**
- **C. A skin condition occurring in newborns**
- **D. Abnormal opening of the male urethra**

10. What factor could classify a newborn as small for gestational age (SGA)?

- **A. Genetic background of the parents**
- **B. Infection during pregnancy**
- **C. Maternal age over 35**
- **D. Poor nutrition in the last trimester**

Answers

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

Explanations

1. What does the urogenital triangle form?

A. The posterior half of the pelvis

B. The anterior half of the perineum

C. The superior part of the vagina

D. The central opening for delivery

The urogenital triangle is indeed responsible for forming the anterior half of the perineum. This region is distinguished from the anal triangle, which constitutes the posterior half of the perineum. The urogenital triangle encompasses critical structures, including the external genitalia and the openings of the urethra and vagina in females. It plays a vital role in various bodily functions, such as urinary and reproductive processes. Understanding its anatomical location and functions helps illustrate its significance in midwifery and childbirth, highlighting the importance of the urogenital triangle in perineal support during delivery. Thus, acknowledging its place as the anterior half of the perineum provides essential knowledge for any midwife in practice.

2. What is a normal characteristic of normocytic anemia?

A. MCV is high

B. MCV is low

C. Hemoglobin is within normal limits

D. It is caused by vitamin deficiency

Normocytic anemia is characterized by red blood cells that are of normal size but are present at reduced numbers, resulting in decreased hemoglobin levels. In this condition, the mean corpuscular volume (MCV) remains within the normal range, usually between 80 and 100 fL. This is why stating that hemoglobin is within normal limits is a key characteristic of normocytic anemia; it highlights that, although the anemia exists, the cells themselves are of normal morphology and size. If there is mention of MCV being high or low, it might imply either macrocytic or microcytic anemia, respectively, which are distinct conditions from normocytic anemia. Additionally, the causes of normocytic anemia vary and typically are related to conditions such as chronic disease or acute blood loss, rather than vitamin deficiencies, which are more commonly associated with microcytic or macrocytic anemia. Thus, the assertion that hemoglobin is within normal limits aligns with the defining characteristics of normocytic anemia, which differentiates it from other forms of anemia that feature deviations in cell size or hemoglobin concentration.

3. What does hematocrit measure?

A. The level of oxygen in the blood

B. The blood type of an individual

C. Percentage of blood volume occupied by red blood cells

D. The size of the heart chambers

Hematocrit measures the percentage of blood volume that is occupied by red blood cells. This is an important indicator of an individual's blood composition and can help assess various medical conditions, such as anemia or polycythemia. A higher hematocrit level indicates a greater proportion of red blood cells in circulation, which can affect oxygen transport in the body. Conversely, a lower hematocrit may signal insufficient red blood cells, which can lead to anemia and its associated symptoms. Understanding hematocrit is crucial in midwifery care, as it can influence decisions regarding the management of labor and delivery, postpartum care, and the need for interventions such as blood transfusions. Regular monitoring of hematocrit levels provides valuable insights into a patient's overall health and may guide further diagnostic testing or treatment.

4. What does abruptio placentae refer to?

A. Premature separation of the placenta from the uterine wall

B. Intrauterine pregnancy

C. Normal fetal heart rate

D. Delivery complications

Abruptio placentae refers to the premature separation of the placenta from the uterine wall before the birth of the baby. This condition can occur in various situations, such as trauma, high blood pressure, or certain maternal health issues. The separation can lead to complications such as bleeding, fetal distress, or even fetal death, making it a serious condition that requires immediate medical attention. Understanding this condition is crucial for midwives and healthcare providers because it can impact the management of labor and delivery, as well as the health outcomes for both the mother and the baby. Recognizing the signs and symptoms of abruptio placentae can help in providing timely interventions, which are vital in reducing risks associated with this condition. The other options do not accurately describe abruptio placentae; intrauterine pregnancy simply refers to a pregnancy that is occurring within the uterus, a normal fetal heart rate is a standard measure of fetal well-being, and delivery complications can refer to a broad range of issues that may arise during childbirth, but do not specifically denote the condition of placenta separation. Thus, understanding the precise definition of abruptio placentae is essential for effective midwifery practice.

5. What is caput succedaneum?

A. A localized bleed that does not cross suture lines

B. A diffuse edema of the fetal scalp that crosses suture lines

C. Ankylosis of the tongue

D. A condition affecting the fetal chin

Caput succedaneum is characterized as a diffuse edema of the fetal scalp that crosses suture lines. This condition typically occurs during labor, particularly as the fetal head molds to fit through the birth canal, resulting in fluid accumulation in the soft tissues of the scalp. The fluid collection occurs under the periosteum, which allows it to extend across the suture lines, making it distinct from other conditions, such as cephalohematoma, where localized bleeding does not cross suture lines. Given its association with the trauma of delivery, caput succedaneum is generally a benign condition that resolves on its own without medical intervention. Understanding this phenomenon is essential for midwives and healthcare providers as they assess newborns for signs of trauma related to the birth process.

6. What are milia, also known as Epstein's pearls?

A. Skin bumps that appear in older children

B. Whitish-yellow cysts that form on the gums and roof of the mouth in newborns

C. Pustules that result from infections

D. Normal skin condition in adults

Milia, often referred to as Epstein's pearls in the context of newborns, are indeed whitish-yellow cysts that commonly occur on the gums and the roof of the mouth. These small cysts are keratin-filled and result from the buildup of skin cells, which can happen during fetal development when skin cells become trapped beneath the surface. This condition is completely benign and typically resolves on its own without treatment. Recognizing milia as a normal occurrence in newborns is important for healthcare providers and parents, as it assures them that these cysts are not harmful and do not indicate any underlying health issues. Proper diagnosis helps avoid unnecessary concern about the infant's health, which is crucial during the early days of life when parents may be particularly anxious about their newborn's well-being.

7. What is the CCHD screening protocol for newborns?

A. Pulse oximetry must be done at 72 hours of age

B. Screen on the right hand only

C. Measure with pulse oximetry at 48 hours, right hand and foot

D. Immediate testing upon birth regardless of age

The CCHD (Critical Congenital Heart Defects) screening protocol for newborns emphasizes the importance of early detection of heart defects that may not be immediately apparent. The correct approach is to measure oxygen saturation using pulse oximetry at 48 hours after birth, as this timing allows for a more accurate assessment, reducing the likelihood of false negatives that can occur if screening is done too soon after birth. Screening on both the right hand and foot provides comprehensive data since congenital heart defects can affect blood flow and oxygenation in different parts of the body. By assessing oxygen saturation on both extremities, healthcare providers can better identify potential issues and ensure timely intervention. This protocol is designed to help detect critical congenital heart defects in newborns early, enhancing the chances of effective management and treatment.

8. What does clonus indicate in pregnancy?

A. Normal muscle activity

B. Neuromuscular irritability

C. Mild discomfort

D. Improved muscle tone

Clonus is a neurological sign characterized by involuntary, rhythmic contractions and relaxations of a muscle in response to sudden stretching. In the context of pregnancy, the presence of clonus is an indication of neuromuscular irritability. It often arises in conditions where there is increased excitability of the nervous system, which may occur due to various reasons, such as preeclampsia or other conditions affecting the central nervous system. When clonus is detected, it suggests that the mother may be experiencing increased tension or irritability in her musculature, and this can be a warning sign that additional evaluation is needed to ensure both the mother and baby's well-being. Monitoring clonus is crucial in prenatal care as it can help identify potential risks that may need further investigation or intervention, aligning with the principles of midwifery care that prioritize maternal and fetal health.

9. What is 'scoliosis'?

A. An abnormal curvature of the spine sideways

B. An excessive anterior curvature of the spine

C. A skin condition occurring in newborns

D. Abnormal opening of the male urethra

Scoliosis refers to an abnormal curvature of the spine that occurs sideways, typically forming a 'C' or 'S' shape when viewed from the back. This condition can vary in severity and may develop during childhood or adolescence, though it can also arise due to conditions affecting the muscles or nerves. Recognizing scoliosis is important in healthcare, including midwifery, because significant spinal curvature can lead to complications with posture, respiratory function, and overall mobility later in life. Interventions may vary based on the degree of curvature and associated symptoms, and early detection can lead to better outcomes for those affected. The other options describe different conditions unrelated to scoliosis. For example, an excessive anterior curvature of the spine refers to lordosis, while a skin condition in newborns does not pertain to spinal disorders. Lastly, an abnormal opening of the male urethra describes a completely different anatomical concern. Understanding these distinctions helps clarify the definition and implications of scoliosis in a broader context.

10. What factor could classify a newborn as small for gestational age (SGA)?

A. Genetic background of the parents

B. Infection during pregnancy

C. Maternal age over 35

D. Poor nutrition in the last trimester

A newborn is classified as small for gestational age (SGA) based on their growth in relation to gestational age, typically defined as being below the 10th percentile for weight. One significant factor that can influence fetal growth is the genetic background of the parents. Parental genetics can determine a range of factors, including potential size at birth and growth patterns in the womb. If both parents are smaller in stature or have a history of small births, it is plausible that their offspring will also fall into the SGA category, even in the absence of other adverse factors. Other factors like infection during pregnancy, maternal age over 35, and poor nutrition in the last trimester can also contribute to a fetus being SGA. However, while these factors often impact growth and development during pregnancy, genetic factors are intrinsic to the individual and inform baseline growth potential. Thus, the genetic background of the parents provides a foundational context for assessing fetal size at birth and is a primary consideration in classifying a newborn as SGA.