

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

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of questions,

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	6
Answers	9
Explanations	11
Next Steps	17

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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

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Questions

- 1. How can syphilis affect pregnancy?**
 - A. It does not impact pregnancy at all**
 - B. It can cross the placenta and cause fetal malformations**
 - C. It guarantees a healthy pregnancy**
 - D. It makes giving birth easier**
- 2. How much amniotic fluid does a normal fetus swallow per day?**
 - A. 250 mL**
 - B. 300 mL**
 - C. 500 mL**
 - D. 700 mL**
- 3. How does the uterus size change approximately 6 weeks after delivery?**
 - A. It increases in size**
 - B. It remains the same size**
 - C. It is approximately pre-pregnant size**
 - D. It becomes larger than pre-pregnant size**
- 4. What best describes placenta accreta?**
 - A. Placenta grows through the uterine wall**
 - B. Improper implantation into the myometrium**
 - C. Placenta lies over the cervical opening**
 - D. Placenta detaches prematurely**
- 5. What characterizes kernicterus?**
 - A. Jaundice only**
 - B. Brain damage from bilirubin**
 - C. Irritability and insomnia**
 - D. Fatigue and malaise**

- 6. What is the normal baseline heart rate range for fetal heart rate (FHR)?**
- A. 90-110 BPM**
 - B. 110-160 BPM**
 - C. 160-180 BPM**
 - D. 180-200 BPM**
- 7. Achondroplasia is a form of which condition?**
- A. Mental retardation**
 - B. Human dwarfism**
 - C. Muscular dystrophy**
 - D. Congenital heart disease**
- 8. What is amniotic fluid embolism?**
- A. A common pregnancy condition**
 - B. A life-threatening event**
 - C. A type of infection**
 - D. An allergic reaction**
- 9. How common is erythema toxicum neonatorum among healthy neonates?**
- A. Occurring in less than 10% of newborns**
 - B. Occurring in 25% of newborns**
 - C. Occurring in 50% or more of newborns**
 - D. Very rare**
- 10. Why is it essential to collect a detailed oral client history?**
- A. To prevent legal issues**
 - B. To ensure complete understanding of the client's background**
 - C. To comply with regulations**
 - D. To document the client's preferences**

Answers

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

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Explanations

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1. How can syphilis affect pregnancy?

- A. It does not impact pregnancy at all
- B. It can cross the placenta and cause fetal malformations**
- C. It guarantees a healthy pregnancy
- D. It makes giving birth easier

Syphilis is a sexually transmitted infection that poses significant risks during pregnancy. When a pregnant person is infected with syphilis, the bacteria responsible for the disease—*Treponema pallidum*—can cross the placenta and reach the developing fetus. This transference can lead to serious complications, including congenital syphilis, which may cause a range of health issues for the newborn, such as skeletal abnormalities, neurological impairment, and other malformations. Addressing the other options, syphilis indeed has serious implications for pregnancy; therefore, stating that it does not impact pregnancy at all overlooks the profound risks involved. The claim that it guarantees a healthy pregnancy is misleading, as the presence of syphilis significantly increases the chances of complications and adverse outcomes. Additionally, the notion that syphilis makes giving birth easier contradicts the medical evidence demonstrating that untreated syphilis can lead to severe complications for both the person giving birth and the infant, making labor and delivery more complicated rather than easier.

2. How much amniotic fluid does a normal fetus swallow per day?

- A. 250 mL
- B. 300 mL
- C. 500 mL**
- D. 700 mL

A normal fetus swallows approximately 500 mL of amniotic fluid per day. This process is a vital part of fetal development; amniotic fluid is not only protective but also aids in digestion and the development of the gastrointestinal system. As the fetus swallows the fluid, it contributes to the production and regulation of urine, which ultimately maintains amniotic fluid levels. This process indicates the healthy functioning of the fetal kidneys and gastrointestinal tract, reflecting overall fetal well-being. The amount of fluid swallowed can vary, but the figure of 500 mL is considered a standard reference in fetal development.

3. How does the uterus size change approximately 6 weeks after delivery?

- A. It increases in size**
- B. It remains the same size**
- C. It is approximately pre-pregnant size**
- D. It becomes larger than pre-pregnant size**

Approximately six weeks after delivery, the size of the uterus typically returns to around its pre-pregnant size. This process is known as involution, where the uterus gradually shrinks as it recovers from the changes it underwent during pregnancy. During pregnancy, the uterus expands significantly to accommodate the growing fetus, and after delivery, a significant reduction in size occurs due to the shedding of the placenta and the loss of the amniotic fluid. Hormonal changes, primarily the decrease in levels of hormones that supported the pregnancy, also help facilitate this return to its normal size. By about six weeks postpartum, most women's uterine size is roughly comparable to what it was before they became pregnant, although individual experiences may vary based on factors like the number of pregnancies and individual health conditions. This understanding is crucial for recognizing the body's recovery process and monitoring the health of postpartum women.

4. What best describes placenta accreta?

- A. Placenta grows through the uterine wall**
- B. Improper implantation into the myometrium**
- C. Placenta lies over the cervical opening**
- D. Placenta detaches prematurely**

Placenta accreta is characterized by an abnormal attachment of the placenta to the uterine wall. Specifically, it occurs when the placenta is implanted deeply into the myometrium, which is the muscular layer of the uterus. This improper implantation can lead to various complications, particularly during delivery, as the placenta may not detach easily, increasing the risk of hemorrhage and other serious issues. Understanding this condition is vital for midwives and healthcare providers, as it requires careful monitoring and potentially surgical intervention during the birth process to mitigate risks to both the mother and baby. Recognizing the specifics of placenta accreta helps in differentiating it from other conditions involving abnormal placental placement, such as placenta previa, where the placenta is located over the cervical opening, or placental abruption, where the placenta detaches from the uterine wall prematurely.

5. What characterizes kernicterus?

- A. Jaundice only
- B. Brain damage from bilirubin**
- C. Irritability and insomnia
- D. Fatigue and malaise

Kernicterus is primarily characterized by brain damage caused by elevated levels of bilirubin in the blood. This condition typically arises in newborns when jaundice, which results from an excess of bilirubin, becomes severe enough that bilirubin crosses the blood-brain barrier and damages neural tissues. The brain damage that occurs can lead to a range of serious neurological issues, including movement disorders, hearing loss, and cognitive impairments. The other options, while they may describe symptoms or features associated with jaundice, do not specifically encapsulate the critical nature of kernicterus as it pertains to direct brain injury. Jaundice alone, while a significant sign of elevated bilirubin levels, does not encompass the broader implications and consequences such as permanent brain damage that kernicterus indicates. Symptoms like irritability, insomnia, fatigue, and malaise can be related to various conditions but do not uniquely define kernicterus. The defining aspect of kernicterus is the damage that occurs to the brain due to high bilirubin levels, highlighting the importance of monitoring and managing jaundice in newborns to prevent this serious complication.

6. What is the normal baseline heart rate range for fetal heart rate (FHR)?

- A. 90-110 BPM
- B. 110-160 BPM**
- C. 160-180 BPM
- D. 180-200 BPM

The normal baseline heart rate range for fetal heart rate (FHR) is typically between 110 and 160 beats per minute (BPM). This range reflects the average heart rate of a fetus during periods of rest, not influenced by fetal activity or stress. Maintaining this heart rate range is crucial because it suggests that the fetus is receiving adequate oxygenation and is not under duress. Fetal heart rate monitoring is a key component of prenatal care, as deviations from this normal range can indicate potential issues such as fetal distress or hypoxia. If the FHR drops below 110 BPM (bradycardia) or rises above 160 BPM (tachycardia), closer investigation may be needed to assess the well-being of the fetus. This understanding is crucial for midwives and healthcare professionals in ensuring healthy outcomes for both mothers and their babies.

7. Achondroplasia is a form of which condition?

- A. Mental retardation
- B. Human dwarfism**
- C. Muscular dystrophy
- D. Congenital heart disease

Achondroplasia is classified as a form of human dwarfism. It is a genetic disorder that affects bone growth, resulting in a distinct pattern of proportionate short stature, particularly characterized by the shortening of the long bones while maintaining normal torso size. This condition is caused by mutations in the FGFR3 gene, which plays a crucial role in the regulation of bone growth. Individuals with achondroplasia typically have a height significantly below average, but their intellectual and other physical abilities are usually within the normal range. Understanding achondroplasia in the context of human dwarfism is essential, as it highlights the specific genetic underpinning and physical characteristics associated with the condition. This differentiation is important in clinical settings for accurate diagnosis, management, and providing appropriate resources and support to individuals affected by this form of dwarfism. Additionally, recognizing the differences between achondroplasia and other conditions like muscular dystrophy or congenital heart disease helps medical professionals provide focused care tailored to the specific needs of their patients.

8. What is amniotic fluid embolism?

- A. A common pregnancy condition
- B. A life-threatening event**
- C. A type of infection
- D. An allergic reaction

Amniotic fluid embolism is a life-threatening event that occurs when amniotic fluid, fetal cells, hair, or other debris enter the maternal bloodstream, typically during labor or shortly after delivery. This rare but serious complication can lead to cardiovascular collapse and severe respiratory distress. The introduction of these substances into the circulatory system can trigger a strong immune response and coagulopathy, which can ultimately result in significant morbidity or mortality for the mother and the fetus. Recognizing amniotic fluid embolism as a life-threatening condition emphasizes the importance of immediate medical intervention to manage the symptoms and stabilize the patient. This event is not common in pregnancy and is differentiated from other conditions due to its acute onset and severe implications for maternal health. Understanding this can help healthcare providers prioritize rapid assessment and treatment to improve outcomes in affected individuals.

9. How common is erythema toxicum neonatorum among healthy neonates?

- A. Occurring in less than 10% of newborns**
- B. Occurring in 25% of newborns**
- C. Occurring in 50% or more of newborns**
- D. Very rare**

Erythema toxicum neonatorum is a common, benign skin condition that affects newborns and is characterized by red spots or blotches that can appear anywhere on the body. It typically emerges in the first few days of life and is most prevalent among healthy full-term neonates. The prevalent occurrence of erythema toxicum, particularly among those who are otherwise healthy, is well documented in pediatric literature. Studies show that this condition affects around 50% of newborns, indicating a high incidence rate. It generally resolves without treatment and is not associated with any serious health complications. Understanding the commonality of this condition is important for midwives, as they are often the first to encounter skin issues in newborns. Recognizing erythema toxicum as a normal variation of newborn skin helps differentiate it from other, more significant skin disorders or infections, which is crucial for providing appropriate reassurance to parents and ensuring correct management in the postpartum period.

10. Why is it essential to collect a detailed oral client history?

- A. To prevent legal issues**
- B. To ensure complete understanding of the client's background**
- C. To comply with regulations**
- D. To document the client's preferences**

Collecting a detailed oral client history is essential in midwifery practice because it helps to ensure a complete understanding of the client's background. This comprehensive understanding includes not only the medical history but also psychosocial factors, cultural beliefs, support systems, and previous birth experiences that can influence the client's current pregnancy and overall care. By taking the time to gather this information, midwives can tailor their care to best suit the individual's needs, preferences, and circumstances. It also helps to build rapport and trust between the client and the midwife, which is crucial for effective communication and decision-making throughout the perinatal period. Awareness of a client's unique background can lead to more personalized care, potentially improving outcomes for both the mother and baby. While preventing legal issues, complying with regulations, and documenting preferences are also important components of midwifery practice, they are secondary to the foundational goal of understanding the client's overall context and needs, which fundamentally supports holistic care.

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://narmcpm.examzify.com>

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