

NARM CERTIFIED PROFESSIONAL MIDWIFE (CPM) 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. What characterizes lochia rubra?**
 - A. Clear, watery discharge
 - B. Yellow, mucous discharge
 - C. Red, distinctly blood-tinged vaginal flow
 - D. Heavy menstrual-like bleeding
- 2. What is a potential consequence of a homozygous condition of achondroplasia?**
 - A. Severe disability
 - B. Normal growth
 - C. Lethal condition
 - D. Delayed development
- 3. How much amniotic fluid does a normal fetus swallow per day?**
 - A. 250 mL
 - B. 300 mL
 - C. 500 mL
 - D. 700 mL
- 4. What virus is primarily responsible for causing genital warts and increasing the risk of cervical cancer?**
 - A. Herpes Simplex Virus
 - B. Human Papillomavirus (HPV)
 - C. Syphilis
 - D. Chlamydia
- 5. In which circumstance would vaccination for Hepatitis B be recommended for a neonate?**
 - A. When the mother shows positive for HIV
 - B. When the mother tests positive for Hepatitis B
 - C. If the mother has no previous vaccinations
 - D. When the neonate shows symptoms of jaundice

- 6. How should parents be reassured regarding erythema toxicum neonatorum?**
- A. It is a serious condition requiring medical attention
 - B. It is benign and self-limiting
 - C. It may lead to severe reactions
 - D. Immediate treatment is necessary
- 7. What does HELLP syndrome stand for?**
- A. Hemolysis, elevated liver enzymes, low platelets
 - B. Hemorrhaging, extensive liver damage, long-term platelet deficiency
 - C. Hyperemesis, elevated liver levels, low vitals
 - D. High estrogen, low progesterone, elevated liver enzymes
- 8. Which condition is characterized by a swayback posture often seen in late pregnancy?**
- A. Kyphosis
 - B. Scoliosis
 - C. Lordosis
 - D. Spondylosis
- 9. How are blood types determined?**
- A. By the size of red blood cells
 - B. By the antigens present on the surface of RBCs
 - C. By the hemoglobin levels in the blood
 - D. By the presence of platelets in the blood
- 10. What is a hydatiform mole?**
- A. A type of ectopic pregnancy
 - B. A benign tumor of the uterus
 - C. A gestational trophoblastic disease
 - D. A common pregnancy complication

Answers

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

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Explanations

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1. What characterizes lochia rubra?

- A. Clear, watery discharge
- B. Yellow, mucous discharge
- C. Red, distinctly blood-tinged vaginal flow**
- D. Heavy menstrual-like bleeding

Lochia rubra is characterized by a red, distinctly blood-tinged vaginal flow that typically occurs in the first few days following childbirth. This phase of lochia consists mainly of blood, decidual tissue, and any placental debris. The presence of this bright red discharge is a normal part of the postpartum process as the uterus begins its recovery, shedding the tissue that was formed during pregnancy. The timing of lochia rubra generally lasts from about birth until day 3 to 4 postpartum, transitioning to lochia serosa, which has different characteristics. Understanding the nature of lochia rubra is crucial for midwives in monitoring normal postpartum recovery and identifying potential complications, such as excessive bleeding or signs of infection. The other types of discharge described in the options differ significantly in appearance and composition from lochia rubra. Clear, watery discharge typically indicates a more advanced phase of lochia, while yellow, mucous discharge is characteristic of the lochia serosa phase that follows lochia rubra. Heavy menstrual-like bleeding suggests a level of bleeding that may warrant medical evaluation, as it may indicate complications like retained placenta or uterine atony.

2. What is a potential consequence of a homozygous condition of achondroplasia?

- A. Severe disability
- B. Normal growth
- C. Lethal condition**
- D. Delayed development

A homozygous condition of achondroplasia can lead to a lethal condition due to the nature of the genetic mutation associated with this disorder. Achondroplasia is primarily caused by a mutation in the FGFR3 gene, which affects bone growth and results in a form of skeletal dysplasia characterized by disproportionate short stature and specific skeletal abnormalities. In cases where a person inherits two copies of the mutated gene (homozygous condition), the outcome typically results in a significantly more severe phenotype than when only one copy of the mutation is present (heterozygous condition). Most individuals with homozygous achondroplasia do not survive to birth or die shortly after birth due to complications that arise from the severe skeletal abnormalities, such as respiratory issues or other organ malfunctions. In contrast, individuals with the heterozygous condition usually present with typical features of achondroplasia but can lead healthy lives. Other options, such as severe disability or delayed development, may be relevant to the heterozygous condition but do not accurately capture the typical outcome of being homozygous for the achondroplasia mutation. Normal growth is not a characteristic of either condition due to the inherent genetic issues that affect bone development.

3. 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.

4. What virus is primarily responsible for causing genital warts and increasing the risk of cervical cancer?

- A. Herpes Simplex Virus
- B. Human Papillomavirus (HPV)**
- C. Syphilis
- D. Chlamydia

The virus primarily responsible for causing genital warts and increasing the risk of cervical cancer is Human Papillomavirus (HPV). This virus is a common sexually transmitted infection, and over 100 different types of HPV have been identified. Among these, certain strains, particularly HPV types 16 and 18, are associated with a higher risk of cervical cancer, as they can cause changes in the cervical cells that may lead to cancer over time. In addition to cervical cancer, HPV is also known to cause genital warts, which are benign growths that appear on the genital area. The relationship between HPV infection and cervical cancer is significant, as most cases of cervical cancer are linked to persistent infection with high-risk HPV strains. Regular screening for cervical cancer, such as Pap smears and HPV testing, is important for early detection and prevention of cervical cancer in individuals who are at risk. Understanding the role of HPV in both genital warts and cervical cancer emphasizes the need for vaccination against this virus, which can significantly reduce the incidence of these conditions. Vaccines are available that protect against the most common and high-risk types of HPV, highlighting the importance of prevention strategies in sexual health.

5. In which circumstance would vaccination for Hepatitis B be recommended for a neonate?

- A. When the mother shows positive for HIV
- B. When the mother tests positive for Hepatitis B**
- C. If the mother has no previous vaccinations
- D. When the neonate shows symptoms of jaundice

Vaccination for Hepatitis B is recommended for a neonate in the circumstance when the mother tests positive for Hepatitis B. This is crucial because Hepatitis B is a viral infection that can be transmitted from an infected mother to her baby during childbirth. Protecting the neonate with the Hepatitis B vaccine, ideally within 12 hours of birth, significantly reduces the risk of the infant becoming infected and subsequently developing chronic hepatitis B, which can have serious long-term health consequences. In cases where the mother tests positive for the virus, the vaccination not only helps to prevent infection but is also part of a comprehensive strategy that often includes administering hepatitis B immunoglobulin (HBIG) to further decrease the risk of transmission. This timely intervention is a critical aspect of neonatal care and public health strategies aimed at controlling Hepatitis B in populations at risk.

6. How should parents be reassured regarding erythema toxicum neonatorum?

- A. It is a serious condition requiring medical attention
- B. It is benign and self-limiting**
- C. It may lead to severe reactions
- D. Immediate treatment is necessary

Erythema toxicum neonatorum is a common skin condition seen in newborns, characterized by red patches and small bumps, often resembling a rash. The reassurance for parents regarding this condition lies in its benign and self-limiting nature. This means that erythema toxicum generally does not pose any health risks to the baby and typically resolves on its own within a week or two without the need for medical intervention. Parents can be informed that this condition is a normal part of newborn skin development and is not indicative of any underlying illness or infection. It's important for parents to understand that while they might encounter skin changes in their newborn, most of these are temporary and part of the natural adaptation process that occurs after birth. By acknowledging the benign nature of erythema toxicum, parents can be reassured and alleviated of undue anxiety regarding their baby's health.

7. What does HELLP syndrome stand for?

- A. Hemolysis, elevated liver enzymes, low platelets**
- B. Hemorrhaging, extensive liver damage, long-term platelet deficiency
- C. Hyperemesis, elevated liver levels, low vitals
- D. High estrogen, low progesterone, elevated liver enzymes

The acronym HELLP syndrome stands for Hemolysis, Elevated Liver enzymes, and Low Platelets, accurately reflecting the clinical features associated with this severe condition that can occur during pregnancy, particularly in the context of preeclampsia. In this syndrome, hemolysis refers to the breakdown of red blood cells, which can lead to anemia and other complications. Elevated liver enzymes indicate liver dysfunction and can signal serious risks to both the mother and the fetus. Low platelets, or thrombocytopenia, can result in issues with blood clotting and increase the risk of bleeding. This combination of symptoms signifies a critical condition that requires immediate medical attention due to the associated risks for both mother and baby. Understanding HELLP syndrome is essential for midwives and health care providers, as early recognition and intervention can significantly improve outcomes. The other options do not accurately describe the syndrome's defining characteristics and symptoms, nor do they align with the established medical terminology surrounding this condition. This emphasizes the importance of understanding the correct terminology and clinical presentations in managing complications during pregnancy.

8. Which condition is characterized by a swayback posture often seen in late pregnancy?

- A. Kyphosis
- B. Scoliosis
- C. Lordosis**
- D. Spondylosis

The condition characterized by a swayback posture, particularly noticeable in late pregnancy, is indeed lordosis. This postural change occurs as the body's center of gravity shifts due to the growing uterus, leading to an increased lumbar curve. In this context, lordosis refers specifically to the exaggeration of the natural curvature of the lumbar spine, creating that swayback appearance. During pregnancy, this adjustment helps to accommodate the weight of the fetus and maintain balance. As the uterus expands, it affects the biomechanics of the spine, resulting in this characteristic posture. Understanding this condition is crucial for midwives as they monitor and support the physical changes their clients experience throughout pregnancy. The other conditions mentioned have distinct characteristics and do not specifically relate to the swayback posture seen in late pregnancy. Kyphosis involves an exaggerated thoracic curvature, scoliosis is a lateral spinal curvature, and spondylosis refers to degenerative changes in the spine.

9. How are blood types determined?

- A. By the size of red blood cells
- B. By the antigens present on the surface of RBCs**
- C. By the hemoglobin levels in the blood
- D. By the presence of platelets in the blood

Blood types are determined by the antigens present on the surface of red blood cells (RBCs). These antigens are specific molecules that can trigger an immune response if they are foreign to the body. In humans, the most well-known blood group systems are the ABO system and the Rh factor. The ABO system categorizes blood types into A, B, AB, and O based on the presence or absence of specific antigens (A and B antigens) on the surface of the RBCs. The Rh factor, which can be either positive or negative, is another important antigen that affects blood compatibility. The presence of these antigens is crucial for blood transfusions and organ transplants, as mismatched blood types can lead to serious immune reactions. The other choices do not relate directly to blood typing: the size of red blood cells does not determine blood type; hemoglobin levels indicate the oxygen-carrying capacity of the blood rather than its type; and the presence of platelets is associated with clotting rather than the classification of blood types. Understanding how blood types are identified through antigens is fundamental to practices in midwifery and other medical fields, particularly when managing cases involving blood transfusions or prenatal care.

10. What is a hydatiform mole?

- A. A type of ectopic pregnancy
- B. A benign tumor of the uterus
- C. A gestational trophoblastic disease**
- D. A common pregnancy complication

A hydatidiform mole is indeed classified as a gestational trophoblastic disease. This condition arises from abnormal fertilization, leading to the formation of the placenta developing into a mass of cysts instead of a normal embryo. In essence, it is the result of proliferative trophoblastic tissue, which characterizes gestational trophoblastic diseases. Gestational trophoblastic disease encompasses a range of conditions involving the abnormal growth of cells inside the uterus, with hydatidiform mole being a prominent example. It can manifest in two forms: complete and partial moles, each with distinct pathological characteristics and implications for the pregnant individual. Recognizing hydatidiform mole as a type of gestational trophoblastic disease is crucial for diagnosis and management, as it requires specific medical attention and monitoring to avoid complications, including the potential for developing into gestational trophoblastic neoplasia if left untreated. This understanding clarifies the importance of identifying the correct category for effective care.

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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!

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