

NCC INPATIENT OBSTETRIC NURSING (RNC-OB) CERTIFICATION PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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. In assessing the Bishop score, which measure is NOT included?**
 - A. Cervical effacement
 - B. Cervical consistency
 - C. Cervical infection status
 - D. Cervical dilation

- 2. Where should the fetoscope be positioned to auscultate the fetal heartbeat during the third trimester?**
 - A. Above the symphysis pubis
 - B. Below the umbilicus
 - C. Against the fetus's back
 - D. Directly above the mother's belly button

- 3. During an NST, what might cause a nonreactive result?**
 - A. Fetus in a sleep cycle
 - B. Maternal dehydration
 - C. Excessive fetal movement
 - D. Maternal lying position

- 4. How many Montevideo units are necessary for normal labor progress?**
 - A. 100
 - B. 150
 - C. 200
 - D. 250

- 5. Which risk factor is associated with an increased likelihood of placenta previa?**
 - A. Previous cesarean
 - B. Smoking
 - C. Aging under 30 years
 - D. Low blood pressure

- 6. What marks the end of the first stage of labor?**
- A. Cervical dilation of 8 cm
 - B. Cervical dilation of 10 cm
 - C. Delivery of the infant
 - D. Full effacement of the cervix
- 7. What is the duration of hypothermia treatment for a neonate with moderate hypoxemic-ischemic encephalopathy?**
- A. 24 hours
 - B. 48 hours
 - C. 72 hours
 - D. 12 hours
- 8. When might further evaluation be necessary post-fundal massage?**
- A. If the fundus remains boggy
 - B. If there is no blood loss
 - C. If the mother reports no pain
 - D. If the baby is crying loudly
- 9. What should a pregnant woman do before flu season?**
- A. Receive the nasal spray flu vaccine
 - B. Avoid all vaccines
 - C. Get an injectable flu vaccine
 - D. Delay vaccination until after delivery
- 10. HELLP syndrome is characterized by elevated liver enzymes and what other condition?**
- A. Labor pain
 - B. Low platelet count
 - C. Large placenta
 - D. Severe headache

Answers

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

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Explanations

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1. In assessing the Bishop score, which measure is NOT included?

- A. Cervical effacement
- B. Cervical consistency
- C. Cervical infection status**
- D. Cervical dilation

The Bishop score is a system used to assess the readiness of the cervix for labor by evaluating several factors. It comprises five components: cervical dilation, cervical effacement, cervical consistency (firmness), fetal station, and cervical position. Each of these measures contributes to determining how conducive the cervix is to the onset of labor. Cervical infection status, however, is not included in the Bishop score. While infection can affect labor and delivery, it does not provide direct information about cervical readiness for labor, which is the primary focus of the Bishop score. Therefore, the absence of cervical infection status in the evaluation makes it the correct answer in this context. Understanding the components that contribute to the Bishop score is crucial for assessing labor readiness effectively.

2. Where should the fetoscope be positioned to auscultate the fetal heartbeat during the third trimester?

- A. Above the symphysis pubis
- B. Below the umbilicus
- C. Against the fetus's back**
- D. Directly above the mother's belly button

Positioning the fetoscope against the fetus's back is correct because this is the optimal location for detecting the fetal heartbeat in the third trimester. The back of the fetus is typically where the heart is located, making it easier to collect clear sounds. As the fetus grows and approaches term, the amount of amniotic fluid decreases, and the baby's position becomes more stable, often lying in a way that allows the back to be positioned against the mother's abdominal wall. In contrast, positioning the fetoscope above the symphysis pubis or directly above the mother's belly button is typically inadequate for accurate fetal heart sound assessment during the third trimester. These locations are generally more likely to capture maternal sounds or be too far from the heart, making it difficult to detect the heartbeat clearly. Positioning below the umbilicus could be effective, but it does not specify that the fetoscope is aligned with the back of the fetus. Hence, while sounds may be detectable there, positioning it directly against the fetal back yields the most reliable and clear fetal heart sounds.

3. During an NST, what might cause a nonreactive result?

- A. Fetus in a sleep cycle**
- B. Maternal dehydration
- C. Excessive fetal movement
- D. Maternal lying position

A nonreactive non-stress test (NST) can occur for a variety of reasons, and one significant factor is when the fetus is in a sleep cycle. During these sleep cycles, which can last for 20 to 40 minutes, the fetus may exhibit decreased or absent movements and heart rate accelerations. Consequently, this lack of activity during the test can lead to a nonreactive result, as the NST relies on observing accelerations in fetal heart rate in response to fetal movements. The other options present factors that generally do not lead to a nonreactive NST. For instance, maternal dehydration might impact the fetal environment, but it typically does not directly cause a sleep cycle. Excessive fetal movement would actually result in more accelerations and generally produce a reactive result. Regarding maternal lying position, while certain positions can affect blood flow and fetal monitoring, they are less likely to produce a nonreactive response solely based on the baby's state, especially when considering overall testing conditions. Therefore, the fetal sleep cycle is a primary reason for the occurrence of a nonreactive result during an NST.

4. How many Montevideo units are necessary for normal labor progress?

- A. 100
- B. 150
- C. 200**
- D. 250

For normal labor progress, it is typically accepted that a total of 200 Montevideo units is necessary. Montevideo units measure the strength and frequency of uterine contractions over a 10-minute period and are calculated by summing the intensity of contractions that occur within that timeframe. A Montevideo unit corresponds to the pressure generated by contractions, with higher values indicating stronger and more productive contractions. A reading of 200 Montevideo units suggests that the uterus is contracting effectively and consistently, which is essential for cervical dilation and effacement during labor. This threshold helps healthcare providers assess whether labor is progressing appropriately; thus, monitoring the volume of these units is vital for determining the labor's adequacy and making necessary clinical decisions during the process. Monitoring during labor typically reveals that fewer than 200 Montevideo units may indicate insufficient contractions, while values significantly higher than this threshold could suggest abnormal uterine activity.

5. Which risk factor is associated with an increased likelihood of placenta previa?

- A. Previous cesarean**
- B. Smoking
- C. Aging under 30 years
- D. Low blood pressure

The association between having a previous cesarean delivery and an increased likelihood of placenta previa is well-established in obstetric practice. When a woman undergoes a cesarean section, it creates a scar in the uterus. If the placenta implants over or near this scar during subsequent pregnancies, it can result in placenta previa, where the placenta partially or completely covers the cervix. This condition increases the risk of complications during delivery and can lead to significant bleeding. In contrast, factors like smoking and low blood pressure do not have a direct correlation with an increased incidence of placenta previa, while aging under 30 years is generally not considered a risk factor for this condition; in fact, placenta previa is more commonly associated with advanced maternal age. Therefore, previous cesarean deliveries represent a significant risk due to the potential for abnormal placentation at the site of the uterine scar.

6. What marks the end of the first stage of labor?

- A. Cervical dilation of 8 cm
- B. Cervical dilation of 10 cm**
- C. Delivery of the infant
- D. Full effacement of the cervix

The end of the first stage of labor is characterized by cervical dilation reaching 10 cm. This stage is focused on the gradual dilation and effacement of the cervix as a response to the contractions of labor. Full dilation, which is 10 cm, signifies that the cervix is completely open, allowing the fetal head to descend into the birth canal in preparation for delivery. At this point, active labor typically progresses from the earlier dilation phases, often described as latent (up to about 6 cm) and active labor (approximately 6 cm to 10 cm). Once the cervix is fully dilated to 10 cm, the second stage of labor begins, which involves the pushing and delivery of the infant.

7. What is the duration of hypothermia treatment for a neonate with moderate hypoxemic-ischemic encephalopathy?

- A. 24 hours
- B. 48 hours
- C. 72 hours**
- D. 12 hours

The duration of hypothermia treatment for a neonate with moderate hypoxemic-ischemic encephalopathy is typically 72 hours. This approach is based on guidelines and evidence that target neuroprotective benefits offered by therapeutic hypothermia, which has been shown to improve outcomes in neonates who experience brain injury due to lack of oxygen. Therapeutic hypothermia effectively reduces metabolic demand and decreases the extent of injury to the developing brain. The 72-hour treatment duration allows enough time for neuroprotection to occur and to optimize the potential for recovery. Studies have indicated that this timeframe is crucial for minimizing brain damage and improving long-term outcomes for affected neonates. Other durations, such as 12, 24, or 48 hours, may not provide sufficient time for the desired physiological effects and could result in inadequate protection against the complications associated with hypoxemic-ischemic injury.

8. When might further evaluation be necessary post-fundal massage?

- A. If the fundus remains boggy**
- B. If there is no blood loss
- C. If the mother reports no pain
- D. If the baby is crying loudly

Further evaluation is necessary following a fundal massage if the fundus remains boggy. A boggy fundus indicates that the uterus is not contracting effectively, which can result in increased risk for postpartum hemorrhage. After delivery, the uterus should contract firmly to decrease its size and minimize bleeding. If fundal massage does not result in a firm uterus, it necessitates further assessment and intervention to identify potential causes of uterine atony and to ensure appropriate management to prevent complications. The other choices do not warrant further evaluation in the same manner. Lack of blood loss does not relate to the effectiveness of the fundal massage, as a boggy fundus can occur even in the absence of blood loss. A mother reporting no pain may indicate comfort but does not provide pertinent information about uterine tone. Similarly, a crying baby does not impact the need for further evaluation of the mother's condition post-massage. Thus, the focus on the firmness of the fundus is key in determining the need for additional evaluation and intervention.

9. What should a pregnant woman do before flu season?

- A. Receive the nasal spray flu vaccine
- B. Avoid all vaccines
- C. Get an injectable flu vaccine**
- D. Delay vaccination until after delivery

Getting an injectable flu vaccine is strongly recommended for pregnant women before flu season because it is an effective way to protect both the mother and the developing fetus from influenza. The injectable vaccine, which contains inactivated virus, is safe for use during pregnancy and promotes maternal antibody production. These antibodies can be transferred to the fetus, providing some degree of immunity to the newborn in the first few months of life, when they are most vulnerable to serious flu-related complications. In contrast, the nasal spray flu vaccine is not recommended for pregnant women due to the live attenuated virus it contains, which poses potential risks during pregnancy. Avoiding all vaccines altogether is not advisable, as it leaves pregnant women unprotected against influenza, which can lead to more severe illness during pregnancy. Lastly, delaying vaccination until after delivery puts both the mother and newborn at risk during the flu season when maternal immunity would be beneficial to the infant's health. Therefore, receiving the injectable flu vaccine is the best practice for protecting both the mother and her baby during flu season.

10. HELLP syndrome is characterized by elevated liver enzymes and what other condition?

- A. Labor pain
- B. Low platelet count**
- C. Large placenta
- D. Severe headache

HELLP syndrome is a severe form of preeclampsia and is characterized by a specific triad of symptoms: hemolysis, elevated liver enzymes, and low platelet count. The low platelet count is a critical component that helps distinguish HELLP syndrome from other conditions associated with pregnancy. In the context of this syndrome, a reduced platelet count can indicate significant liver damage and potential complications that can arise from the condition, such as disseminated intravascular coagulation (DIC). This triad of symptoms serves as a guide for healthcare providers in diagnosing and managing patients effectively, as prompt recognition and treatment are essential to prevent maternal and fetal complications. The other options do not align with the defining characteristics of HELLP syndrome, which is specifically linked to the combination of elevated liver enzymes and low platelet count, reinforcing the importance of recognizing these particular laboratory findings in the clinical setting.

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://nccrncob.examzify.com>

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

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