

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

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. Premature rupture of membranes (PROM) increases the risk of which condition?**
 - A. Hemorrhage
 - B. Cord prolapse
 - C. Delayed labor
 - D. Cluster headache

- 2. Cervical lacerations during delivery are most commonly found at which position?**
 - A. 3 and 9 o'clock
 - B. 12 and 6 o'clock
 - C. 10 and 4 o'clock
 - D. 1 and 7 o'clock

- 3. The three most common factors associated with labor abnormalities include the fetus, pelvic size/shape, and:**
 - A. Maternal age
 - B. Uterine contractility
 - C. Gestational age
 - D. Amniotic fluid levels

- 4. What is the most common complication after spinal blockade?**
 - A. Hypertension
 - B. Hypotension
 - C. Respiratory distress
 - D. Thrombosis

- 5. In a case of mild bleeding before 36 weeks with placenta previa, what is the usual treatment?**
 - A. Hospitalization until bleeding stops and modified bedrest
 - B. Hospitalization on bedrest until delivery of the child
 - C. Immediate cesarean section
 - D. Bedrest at home with reduced activity

- 6. Poor control of blood glucose levels during the third trimester in a patient with gestational diabetes increases the risk of?**
- A. Preeclampsia
 - B. Spontaneous abortion
 - C. Congenital malformations
 - D. Fetal macrosomia
- 7. During the early postpartal period, which of the following increases due to a physiological response to inflammation and pain?**
- A. White blood cell count
 - B. Heart rate
 - C. Respiratory rate
 - D. Red blood cell count
- 8. Where are vascular spiders most commonly found during pregnancy?**
- A. Face, arms, and upper torso
 - B. Abdomen, breasts, and thighs
 - C. Legs and feet
 - D. Palms of the hands
- 9. What should be the initial intervention for a mother with severe postpartum depression who expresses dislike for her infant?**
- A. Provide treatment for depression
 - B. Ask if she plans to hurt her infant
 - C. Ensure safety of the infant
 - D. Encourage bonding activities
- 10. If a patient presents with painless bleeding after 20 weeks gestation, what condition should be considered?**
- A. Abruptio placentae
 - B. Placenta previa
 - C. Uterine rupture
 - D. Cervical incompetence

Answers

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

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Explanations

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1. Premature rupture of membranes (PROM) increases the risk of which condition?

- A. Hemorrhage
- B. Cord prolapse**
- C. Delayed labor
- D. Cluster headache

When membranes rupture prematurely, it can lead to a variety of complications, one of which is cord prolapse. Cord prolapse occurs when the umbilical cord slips down ahead of the presenting part of the fetus, often as a result of changes in positioning or pressure after the amniotic fluid is lost. With the rupture of membranes, especially if it is early in labor or before the fetus is engaged in the pelvis, the cushioning effect of the amniotic fluid is lost. This can have several implications, including the potential for the fetus's head or buttocks not being in a position that adequately supports the cord, which can lead to prolapse. While the other options present conditions that can be related to labor and delivery, they are not directly linked to the rupture of membranes in the same way. Hemorrhage, for instance, is more commonly associated with placental abruption or previa. Delayed labor can occur for various reasons but is not a direct complication of PROM. Cluster headaches are unrelated to obstetric conditions and are not influenced by PROM.

2. Cervical lacerations during delivery are most commonly found at which position?

- A. 3 and 9 o'clock**
- B. 12 and 6 o'clock
- C. 10 and 4 o'clock
- D. 1 and 7 o'clock

Cervical lacerations during delivery are most commonly found at the 3 and 9 o'clock positions. This is due to the anatomy of the cervix and the way it is subjected to stretching and pressure during the process of childbirth. Specifically, these positions correspond to the areas of the cervix that are most susceptible to trauma as the fetal head descends and rotates through the birth canal. When the fetal head is engaged, it applies pressure laterally against the cervical tissue, particularly at these positions, leading to the potential for lacerations. These areas are integral to the mechanics of labor and delivery and represent the points where the stress is greatest during the delivery process. Understanding the common sites of cervical lacerations is crucial for preventing complications and for appropriate care management in obstetric nursing. Identifying these risks allows healthcare professionals to monitor closely during labor and delivery, taking necessary precautions to minimize injury to the cervix and ensure better outcomes for the patient.

3. The three most common factors associated with labor abnormalities include the fetus, pelvic size/shape, and:

- A. Maternal age
- B. Uterine contractility**
- C. Gestational age
- D. Amniotic fluid levels

The correct answer focuses on uterine contractility, which is one of the critical factors influencing the progress and outcome of labor. Uterine contractility refers to the strength, duration, and frequency of uterine contractions, which play a vital role in facilitating cervical dilation and fetal descent during labor. Abnormalities in uterine contractions can lead to labor abnormalities, such as ineffective or excessive contractions, which can result in prolonged labor or failure to progress. Understanding the significance of uterine contractility helps healthcare providers assess labor progress effectively and implement appropriate interventions when needed. In clinical practice, monitoring contraction patterns is essential for determining if labor is progressing normally or if there is a need for medical management to enhance uterine activity or address any complications. While maternal age, gestational age, and amniotic fluid levels are relevant to pregnancy and labor overall, they do not directly impact the mechanics of labor in the same way that uterine contractility does. These other factors can influence the pregnancy environment and the overall health of the mother and fetus, but uterine contractility is specifically tied to the biological processes necessary for labor to proceed efficiently.

4. What is the most common complication after spinal blockade?

- A. Hypertension
- B. Hypotension**
- C. Respiratory distress
- D. Thrombosis

Hypotension is indeed recognized as the most common complication following a spinal blockade. When a spinal anesthesia is administered, it blocks nerve impulses in the lower part of the body, which can lead to a significant drop in blood pressure due to vasodilation and decreased sympathetic tone. This is particularly relevant for obstetric patients, as the vascular system undergoes changes during pregnancy that can exacerbate the effects of hypotension. Monitoring and managing blood pressure during and after spinal anesthesia is critical, as hypotension can lead to reduced uteroplacental perfusion and compromise fetal well-being, as well as cause symptoms like dizziness and nausea in the patient. Therefore, it is essential for nursing staff to observe vital signs closely and be prepared to intervene if significant hypotension occurs. The other complications listed, while potential concerns in specific contexts, are not as commonly associated with spinal blocks. For example, hypertension could occur in certain situations but is less typical than hypotension in the context of a spinal anesthetic. Respiratory distress is more pertinent to different types of anesthesia (like general anesthesia) or complications unrelated to spinal blocks. Similarly, thrombosis is a risk that may develop from immobility but is not an immediate complication after a spinal blockade.

5. In a case of mild bleeding before 36 weeks with placenta previa, what is the usual treatment?

- A. Hospitalization until bleeding stops and modified bedrest**
- B. Hospitalization on bedrest until delivery of the child
- C. Immediate cesarean section
- D. Bedrest at home with reduced activity

For cases of mild bleeding before 36 weeks gestation where placenta previa is diagnosed, the usual treatment involves hospitalization until the bleeding stops, combined with modified bedrest. This approach allows for close monitoring of both the mother and the fetus while ensuring that any bleeding is controlled. Hospitalization ensures that the healthcare team is available to respond immediately if the bleeding worsens or if complications arise. Furthermore, modified bedrest can help reduce the risk of additional bleeding and allows for a safer environment for both the mother and the fetus. Monitoring in a hospital setting is particularly crucial during this early stage of pregnancy, as it provides an opportunity to observe the mother's condition and assess fetal well-being. If the bleeding does not resolve or worsens, further management may be required, including potential early delivery if risks increase. Maintaining the option of conservative management with careful monitoring is essential in cases of mild bleeding associated with placenta previa, as immediate surgical intervention like a cesarean section is typically reserved for more severe bleeding or significant complications that demand it. Bedrest at home with reduced activity may not provide the necessary observation and immediate care required in these cases, making hospitalization the more suitable choice.

6. Poor control of blood glucose levels during the third trimester in a patient with gestational diabetes increases the risk of?

- A. Preeclampsia**
- B. Spontaneous abortion
- C. Congenital malformations
- D. Fetal macrosomia

Poor control of blood glucose levels during the third trimester in a patient with gestational diabetes increases the risk of fetal macrosomia. When a pregnant person has elevated blood glucose levels, the fetus is exposed to higher levels of glucose, which can lead to excessive fetal growth. This condition, known as macrosomia, can occur because the fetus produces more insulin in response to the increased glucose. This excess insulin not only promotes growth but may also lead to complications during delivery, such as shoulder dystocia or an increased likelihood of cesarean sections. Additionally, poor glycemic control can also contribute to other risks, including neonatal hypoglycemia and complications related to the mother's health, such as an increased risk for preeclampsia. However, among the listed risks, fetal macrosomia is the most directly related to poor glucose control during the third trimester in gestational diabetes, making it a critical outcome to monitor and manage through lifestyle changes and potential insulin therapy.

7. During the early postpartal period, which of the following increases due to a physiological response to inflammation and pain?

A. White blood cell count

B. Heart rate

C. Respiratory rate

D. Red blood cell count

In the early postpartal period, a woman's body undergoes significant physiological changes as it adjusts to the recent delivery of the baby. Among these changes, the white blood cell count typically increases as a response to inflammation and pain associated with the postpartum state. This increase is part of the body's natural defense mechanism, enhancing the immune response to potential infections that can occur after childbirth. During labor and delivery, the body experiences trauma, and the resulting inflammatory process can lead to an elevated number of white blood cells, which are crucial for fighting off infections and aiding in the recovery process. This physiological response helps protect the mother as her body heals and adjusts back to a non-pregnant state. The other options do not typically represent a direct response to inflammation and pain in the same way that white blood cell count does. While heart rate and respiratory rate may fluctuate due to a variety of factors, including anxiety or pain, they are not specific indicators of the body's inflammatory response. Similarly, a change in red blood cell count would not primarily be related to inflammation and pain. Instead, variations in red blood cell levels can occur due to blood loss during delivery or changes in blood volume, rather than as a direct consequence of the inflammatory response.

8. Where are vascular spiders most commonly found during pregnancy?

A. Face, arms, and upper torso

B. Abdomen, breasts, and thighs

C. Legs and feet

D. Palms of the hands

Vascular spiders, also known as spider angiomas, are commonly observed in pregnant individuals due to the physiological changes that occur during pregnancy, particularly the increase in blood volume and hormonal fluctuations. The facial region, as well as the arms and upper torso, is especially prone to the development of these lesions. This distribution is associated with the increased blood flow and preparation of the body for the needs of both the mother and the developing fetus. During pregnancy, the increase in estrogen levels can lead to the dilation of small blood vessels, resulting in the characteristic appearance of vascular spiders. While other areas of the body can also experience changes, the face, arms, and upper torso are the most typical regions where these vascular lesions appear due to their proximity to surface veins and capillaries that are affected by hormonal shifts. Understanding the location of vascular spiders can help healthcare professionals monitor the physiological changes in pregnant patients and distinguish normal changes from potential pathological conditions.

9. What should be the initial intervention for a mother with severe postpartum depression who expresses dislike for her infant?

- A. Provide treatment for depression
- B. Ask if she plans to hurt her infant
- C. Ensure safety of the infant**
- D. Encourage bonding activities

The initial intervention for a mother with severe postpartum depression who expresses dislike for her infant should focus on ensuring the safety of the infant. When a mother shows such feelings, it raises immediate concerns regarding the well-being of the child. The priority in this situation is to ensure that the infant is in a safe environment where there is no risk of harm. Ensuring safety may involve assessing the mother's mental state, securing a supportive environment, and possibly involving additional care providers if necessary. While treatment for depression, inquiries about intentions to harm, and bonding encouragement are important components of comprehensive care in postpartum mental health, they become relevant follow-up actions after the immediate safety of the child has been secured. The focus on safety allows health care providers to address any potential risk factors and create a supportive framework for further intervention.

10. If a patient presents with painless bleeding after 20 weeks gestation, what condition should be considered?

- A. Abruptio placentae
- B. Placenta previa**
- C. Uterine rupture
- D. Cervical incompetence

When a patient presents with painless bleeding after 20 weeks of gestation, placenta previa should be considered as the most likely condition. This is a situation where the placenta is abnormally positioned low in the uterus, covering the internal cervical os. As the uterus expands, this positioning can lead to bleeding that is typically painless. Painless bleeding is a hallmark symptom of placenta previa, distinguishing it from other causes of bleeding in late pregnancy, such as abruptio placentae, which usually presents with painful contractions and abdominal pain. Uterine rupture, while a serious condition, often presents with severe abdominal pain and other signs of shock. Cervical incompetence typically presents in early pregnancy with symptoms such as leakage of amniotic fluid or uterine contractions rather than bleeding, especially after the 20-week mark. Thus, the nature of painless bleeding specifically aligns with the characteristics of placenta previa, making it the most pertinent condition to consider in this scenario.

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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