NCC Low Risk Neonatal Intensive Care Nursing (RNC-LRN) Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

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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

1. What is a common aspect of chordee during gestation?

A. May resolve spontaneously

B. Requires surgical intervention immediately

C. Is associated with advanced maternal age

D. Always leads to infertility

2. In the context of prenatal care, which substance is known to cause structural abnormalities during pregnancy?

A. Ibuprofen

B. Metformin

C. Alcohol

D. Insulin

3. New parents should contact a physician if their baby has how many diarrhea stools in 8 hours?

A. 4

B. 6

C. 8

D. 10

4. What is the expected mean closure time of the ductus arteriosus in full-term neonates?

A. 1-2 hours after birth

B. 1-2 days after birth

C. 3-4 days after birth

D. 1-2 weeks after birth

5. What is NOT part of the mechanism of labor in the vertex position?

A. Flexion

B. Descent

C. Contraction

D. Extension

6. How long does it typically take for liver function indices to return to normal after labor?

A. 1 week

B. 3 weeks or less

C. 6 weeks

D. 4-6 weeks

7. What happens to the body temperature of a newborn in cold stress?

A. Increases significantly

B. Remains stable

C. Decreases

D. Fluctuates rapidly

8. Which formula is particularly suggested for infants at risk of atopic diseases?

A. Regular infant formula

B. Partial hydrolysate formula

C. Low iron formula

D. Full hydrolysate formula

9. By what age do most undescended testes typically descend?

A. 1 month

B. 3 months

C. 6 months

D. 9 months

10. What is the term used when a newborn's feet turn outward?

A. Varus position

B. Valgus position

C. Supinator position

D. Plantar flexed position

Answers

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

Explanations

1. What is a common aspect of chordee during gestation?

A. May resolve spontaneously

B. Requires surgical intervention immediately

C. Is associated with advanced maternal age

D. Always leads to infertility

Chordee is a condition characterized by a downward curvature of the penis, often associated with hypospadias. During gestation, it is common for cases of chordee to resolve spontaneously as the fetus develops. This spontaneous resolution can occur due to normal changes in tissue structure or the development of the penis, as the fetus grows and matures. Choosing the option regarding spontaneous resolution reflects an understanding of the natural course and potential for improvement without intervention during fetal development. Some infants may present with chordee at birth, but their condition may not require immediate surgical intervention if it appears less severe or improves as they grow. In contrast, immediate surgical intervention is not usually warranted unless other complications arise, and the association with advanced maternal age is not a common factor linked specifically to chordee. Chordee does not always lead to infertility; many males with this condition may still have the ability to father children, especially if treated appropriately. Therefore, the characteristic of the condition resolving spontaneously is a key aspect of understanding chordee during gestation.

2. In the context of prenatal care, which substance is known to cause structural abnormalities during pregnancy?

A. Ibuprofen

B. Metformin

C. Alcohol

D. Insulin

During pregnancy, exposure to certain substances can have significant effects on fetal development. Alcohol is well-documented as a teratogen, meaning it can cause structural abnormalities in the developing fetus. The consumption of alcohol during pregnancy can lead to a range of issues collectively known as Fetal Alcohol Spectrum Disorders (FASD), which are associated with physical, behavioral, and learning difficulties. Structural abnormalities may include facial dysmorphisms, congenital heart defects, and other physical malformations. In contrast, while non-steroidal anti-inflammatory drugs like ibuprofen are discouraged during certain periods of pregnancy, particularly in the third trimester, their teratogenic effects are not as pronounced as those of alcohol. Metformin is often prescribed for gestational diabetes and is generally considered safe in pregnancy. Insulin is essential for managing diabetes in pregnancy and does not cause structural abnormalities. Thus, when focusing on substances that can cause serious and structural developmental issues in a fetus, alcohol stands out as the correct answer.

3. New parents should contact a physician if their baby has how many diarrhea stools in 8 hours?

A. 4

B. 6

C. 8

D. 10

In the context of neonatal care, an increase in diarrhea can be concerning due to the risk of dehydration and other complications. Generally, it is considered abnormal for an infant to have several diarrhea stools within a short period, as it may indicate an underlying issue such as an infection, dietary intolerance, or other gastrointestinal problems. For a baby to have eight diarrhea stools in just eight hours is significant and warrants immediate medical evaluation. At this level of stool output, the infant is at a higher risk for dehydration, which can rapidly become critical in neonates due to their smaller fluid volume reserves. Additionally, this could be a sign of a more serious condition that requires prompt attention, such as viral gastroenteritis, bacterial infections, or issues related to feeding. By contacting a physician when the baby exhibits this amount of diarrhea, parents can ensure that their child is assessed and treated appropriately, potentially preventing serious health outcomes.

4. What is the expected mean closure time of the ductus arteriosus in full-term neonates?

A. 1-2 hours after birth

B. 1-2 days after birth

C. 3-4 days after birth

D. 1-2 weeks after birth

The expected mean closure time of the ductus arteriosus in full-term neonates is typically around 1-2 days after birth. The ductus arteriosus is a blood vessel that connects the pulmonary artery to the aorta, allowing blood to bypass the non-functioning lungs in utero. After birth, as the neonate begins to breathe air and the lungs become functional, there is a decrease in circulating levels of prostaglandins, which are responsible for keeping the ductus arteriosus open. Within the first 24-48 hours after birth, the ductus usually begins to constrict and closes functionally. Complete anatomical closure can take a bit longer but is expected to occur within the first week of life. Thus, the timeframe of 1-2 days aligns well with the physiological changes that take place following birth in full-term infants, making this the correct answer. Other options suggest either an immediate or extended closure time that does not accurately reflect the normal physiological process in full-term neonates.

5. What is NOT part of the mechanism of labor in the vertex position?

A. Flexion

B. Descent

C. Contraction

D. Extension

The mechanism of labor in the vertex position involves a series of movements that help facilitate the delivery of the fetus through the birth canal. The primary mechanisms include flexion, descent, internal rotation, extension, and restitution. In this context, contraction refers to the physiological process of uterine muscle contractions that occur during labor; while crucial for initiating labor and signaling movement, contraction itself is not classified as a movement of the fetus in relation to the pelvis. Rather, it provides the force necessary for the other movements to take place, such as descent and flexion. Flexion involves the chin of the fetus moving toward the chest, allowing the smallest diameters of the fetal head to engage with the pelvic inlet. Descent refers to the downward movement of the fetal presenting part into the pelvis. Extension occurs during the actual delivery, as the fetal head moves out from under the pubic symphysis after crowning. Since it does not represent a specific movement undertaken by the fetus in the vertex position during the mechanism of labor, contraction is appropriately identified as the correct answer in relation to the question posed.

6. How long does it typically take for liver function indices to return to normal after labor?

A. 1 week

B. 3 weeks or less

C. 6 weeks

D. 4-6 weeks

The process of liver function recovery after labor can vary based on several factors, including the individual's overall health and any complications experienced during pregnancy or labor. Typically, liver function indices begin to show significant improvement within two to three weeks postpartum. Reverting to normal liver function within three weeks or less is common for many women, particularly those without pre-existing liver conditions or complications arising from pregnancy. On the other hand, options outside this timeframe, such as one week, may not allow enough time for a comprehensive recovery of liver function. The ranges of four to six weeks or up to six weeks would typically apply to more complicated cases or those with underlying issues affecting liver health. Therefore, the most accurate choice reflecting the typical recovery timeline for the majority of healthy individuals is within three weeks or less.

7. What happens to the body temperature of a newborn in cold stress?

A. Increases significantly

B. Remains stable

C. Decreases

D. Fluctuates rapidly

In cases of cold stress, the body temperature of a newborn decreases. Newborns have a limited ability to generate heat due to their small size and immature physiological responses. When exposed to cold environments, they lose heat more rapidly than older children and adults. This can lead to hypothermia, which is a significant concern in neonates as it can impair metabolic function and pose risks of complications, including respiratory distress and increased risk of infection. During cold stress, the newborn's body will utilize non-shivering thermogenesis, primarily through the metabolism of brown fat, but if the cold exposure is too severe or prolonged, this mechanism may fail to maintain a stable core body temperature. Therefore, a significant drop in temperature occurs, indicating the need for immediate intervention to restore normothermia and prevent further physiological impact.

8. Which formula is particularly suggested for infants at risk of atopic diseases?

A. Regular infant formula

B. Partial hydrolysate formula

C. Low iron formula

D. Full hydrolysate formula

The choice of a partial hydrolysate formula for infants at risk of atopic diseases is supported by clinical research indicating that such formulas can reduce the incidence of allergic conditions, including eczema and other atopic diseases. Partial hydrolysate formulas contain proteins that are broken down into smaller peptides, making them easier to digest and potentially less allergenic compared to regular infant formula. This can be particularly beneficial for infants with a family history of allergies or those who are already showing signs of sensitivity. These formulas strike a balance between being suitable for infants with developing digestive systems while also minimizing the risk of triggering an allergic response. Regular infant formulas and low iron formulas do not specifically address the risk of atopic diseases, as they contain whole proteins that may provoke an allergic reaction in sensitive infants. Full hydrolysate formulas may be recommended for infants with established allergies or sensitivities but are typically more expensive and may not be necessary for those merely at risk. Hence, the partial hydrolysate formula is the most suitable choice for this specific situation.

9. By what age do most undescended testes typically descend?

A. 1 month

B. 3 months

C. 6 months

D. 9 months

Most undescended testes, also known as cryptorchidism, typically descend by the age of 3 months. This is a critical developmental stage as many testicles descend within the first few months of life due to hormonal changes and growth. By 3 months of age, the likelihood of spontaneous descent decreases, but a significant number of cases resolve within this timeframe. If the testes have not descended by this age, further evaluation and potential intervention may be needed to prevent complications such as infertility or testicular cancer later in life. This timing is pivotal in guiding monitoring and management strategies in neonatal care, emphasizing the importance of regular physical examinations in early infancy.

10. What is the term used when a newborn's feet turn outward?

A. Varus position

B. Valgus position

C. Supinator position

D. Plantar flexed position

The term used when a newborn's feet turn outward is referred to as the valgus position. In this context, a valgus position indicates that the alignment of the extremities results in the feet being angled away from the midline of the body. This is often observed in newborns and may occur normally due to the developmental positioning they experienced in utero. Understanding the position of a newborn's feet is crucial in assessing their overall musculoskeletal alignment. In contrast, a varus position, often described as "bow-legged," would indicate that the knees are angled inward. The supinator position refers to the way the forearm turns to show the palm up, which is not applicable here. Plantar flexed position describes the state of the foot being pointed downward, commonly seen in the flexed state but not specifically indicating outward turning. Recognizing these specific terms helps in accurate clinical assessments and understanding of neonatal development.

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://nccrnclrn.examzify.com

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