

NCC Maternal Newborn Nursing 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. If a woman receives magnesium sulfate during labor for gestational hypertension, what effect might this have on the newborn?**
 - A. Elevated cortisol levels**
 - B. Hypoglycemia**
 - C. Muscled weakness**
 - D. Increased blood pressure**
- 2. Which sign is a key indicator of postpartum hemorrhage?**
 - A. Increased oxygen saturation**
 - B. Heavy vaginal bleeding**
 - C. Improved blood pressure**
 - D. Decreased heart rate**
- 3. What are the characteristics of a dizygotic pregnancy?**
 - A. 1 placenta and 1 amniotic sac**
 - B. 1 placenta and 2 amniotic sacs**
 - C. 2 placentas and 2 amniotic sacs**
 - D. 3 placentas and 3 amniotic sacs**
- 4. In cord blood gas analysis, what does a pH level below 7.2 indicate?**
 - A. Fetal respiratory distress**
 - B. Acidosis**
 - C. Normal fetal status**
 - D. Hypercapnia**
- 5. Which of the following is NOT a benefit of breastfeeding for infants?**
 - A. Reduced risk of infections**
 - B. Improved cognitive development**
 - C. Increased risk of obesity**
 - D. Lowered incidence of chronic conditions**

- 6. What vital sign changes should a nurse monitor for in the postpartum patient?**
- A. Tachycardia and irregularities in blood pressure**
 - B. Only high blood pressure levels**
 - C. Body temperature changes**
 - D. Pulse rate alone**
- 7. What complication might a large for gestational age (LGA) infant experience?**
- A. PDA**
 - B. Facial nerve damage**
 - C. Poor suck-swallow-breathing coordination**
 - D. Increased bilirubin levels**
- 8. What is a common physical finding in a neonate with jaundice?**
- A. Cold extremities**
 - B. Yellow discoloration of skin and eyes**
 - C. Blue-tinged lips**
 - D. Increased urine output**
- 9. What is the role of oxytocin in postpartum care?**
- A. It promotes wound healing and tissue repair**
 - B. It promotes uterine contractions to prevent hemorrhage**
 - C. It aids in the initiation of breastfeeding**
 - D. It regulates maternal blood pressure**
- 10. A newborn who exhibits cyanosis while quiet but turns pink when crying is likely suffering from what condition?**
- A. Choanal Atresia**
 - B. Pneumothorax**
 - C. Tetralogy of Fallot**
 - D. Transposition of the Great Arteries**

Answers

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

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Explanations

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1. If a woman receives magnesium sulfate during labor for gestational hypertension, what effect might this have on the newborn?

- A. Elevated cortisol levels**
- B. Hypoglycemia**
- C. Muscled weakness**
- D. Increased blood pressure**

When a woman receives magnesium sulfate during labor for gestational hypertension, one of the known effects on the newborn is muscle weakness. Magnesium sulfate acts as a central nervous system depressant, which can lead to decreased muscle tone and respiratory effort in the newborn due to its ability to cross the placenta. This muscle weakness may present as lethargy, decreased active movement, or hypotonia in the newborn, impacting their ability to feed effectively and potentially requiring monitoring and intervention. It is especially important for healthcare providers to observe the newborn for signs of this effect following the mother's administration of magnesium sulfate. Other options do not reflect common effects seen in newborns when magnesium sulfate is administered. Elevated cortisol levels, hypoglycemia, and increased blood pressure are not typically associated outcomes of maternal magnesium sulfate treatment and, in fact, do not align with the pharmacologic profile of magnesium as a tocolytic agent or antihypertensive.

2. Which sign is a key indicator of postpartum hemorrhage?

- A. Increased oxygen saturation**
- B. Heavy vaginal bleeding**
- C. Improved blood pressure**
- D. Decreased heart rate**

Heavy vaginal bleeding is a key indicator of postpartum hemorrhage. This condition can occur within the first 24 hours after childbirth (primary postpartum hemorrhage) or after 24 hours but within the first six weeks (secondary postpartum hemorrhage). The significant blood loss may be a result of uterine atony, retained placental fragments, trauma, or coagulopathy. In this context, heavy vaginal bleeding signifies that the woman's body is unable to maintain hemostasis, which places her at risk for complications such as hypovolemic shock. Monitoring for this sign is crucial in a postpartum assessment, enabling timely intervention to prevent further complications and ensure the safety of the mother.

3. What are the characteristics of a dizygotic pregnancy?

- A. 1 placenta and 1 amniotic sac
- B. 1 placenta and 2 amniotic sacs
- C. 2 placentas and 2 amniotic sacs**
- D. 3 placentas and 3 amniotic sacs

In a dizygotic pregnancy, which occurs when two separate eggs are fertilized by two different sperm cells, the characteristic feature is the presence of two distinct placentas and two separate amniotic sacs. Each embryo develops independently, leading to this configuration. Dizygotic twins, also known as fraternal twins, can vary significantly in their genetic makeup, just like any siblings born at different times. The existence of two placentas and two amniotic sacs provides each twin with its own space and circulatory system, which minimizes potential complications that could arise from sharing a placenta or sac. The other options describe configurations that do not apply to dizygotic pregnancies. For instance, one placenta and one amniotic sac typically characterize monochorionic, monoamniotic twins, which occur in a different type of twin pregnancy where a single fertilized egg divides. Similarly, one placenta with two amniotic sacs refers to a different setup encountered in dizygotic twins who share a placenta but are otherwise genetically distinct. Having three placentas and three amniotic sacs would suggest a scenario of three separate fertilized eggs, which does not pertain to the question on dizygotic pregnancies specifically.

4. In cord blood gas analysis, what does a pH level below 7.2 indicate?

- A. Fetal respiratory distress
- B. Acidosis**
- C. Normal fetal status
- D. Hypercapnia

A pH level below 7.2 in cord blood gas analysis indicates acidosis, which reflects an increased level of acidity in the blood. This situation is indicative of inadequate oxygenation and possible hypoxia, which can occur in various circumstances during labor and delivery. When the pH level drops below this threshold, it typically suggests that the fetus may have been subjected to stress during labor, leading to a build-up of lactic acid due to anaerobic metabolism. This biochemical response highlights potential distress, but it is specifically the increased acidity that defines the acidosis rather than merely the condition of the fetus's respiratory system or other metrics like carbon dioxide levels. To understand the implications, a pH of less than 7.2 prompts healthcare providers to consider possible interventions and further assessments to protect the health of the newborn, as prolonged acidosis can lead to significant complications.

5. Which of the following is NOT a benefit of breastfeeding for infants?

- A. Reduced risk of infections**
- B. Improved cognitive development**
- C. Increased risk of obesity**
- D. Lowered incidence of chronic conditions**

Breastfeeding provides numerous benefits for infants, and the option regarding increased risk of obesity stands out as incorrect in the context of the advantages of breastfeeding. In fact, research indicates that breastfeeding is associated with a reduced risk of obesity later in life. This occurs due to several factors: breast milk is tailored to meet an infant's precise nutritional needs, and it promotes healthy weight gain that is regulated by the infant's appetite. Additionally, breastfeeding encourages the development of a healthy metabolism. The other options highlight well-established benefits of breastfeeding. For instance, reduced risk of infections is attributed to the antibodies and immunological factors present in breast milk that help protect infants from pathogens. Improved cognitive development is linked to the unique composition of breast milk, which includes essential fatty acids critical for brain growth. Lastly, breastfeeding is associated with a lower incidence of chronic conditions in later life, including diabetes and certain cardiovascular diseases, due to the healthier developmental trajectory it fosters in infancy. Thus, the choice indicating an increased risk of obesity does not align with the established health benefits that breastfeeding offers to infants.

6. What vital sign changes should a nurse monitor for in the postpartum patient?

- A. Tachycardia and irregularities in blood pressure**
- B. Only high blood pressure levels**
- C. Body temperature changes**
- D. Pulse rate alone**

Monitoring vital signs in the postpartum patient is crucial for identifying potential complications following delivery. One key change to assess is tachycardia, as it can indicate a possible hemorrhage or infection. Elevated heart rates may signal a stress response due to blood loss or other factors in the immediate postpartum period. Irregularities in blood pressure are also significant. A drop in blood pressure could indicate hypovolemia due to bleeding, while a sudden increase might point to developing conditions such as preeclampsia or complications associated with fluid overload. Thus, assessing both heart rate and blood pressure together provides a broader picture of the patient's hemodynamic stability. While monitoring body temperature and pulse rate alone can offer some insights, these indicators are not as comprehensive as the combination of tachycardia and blood pressure irregularities. Body temperature changes are less immediate indicators of significant underlying issues compared to the more acute signs presented by changes in heart rate and blood pressure. Therefore, the focus on tachycardia and blood pressure variations best reflects the comprehensive assessment needed in the postpartum period to ensure patient safety and well-being.

7. What complication might a large for gestational age (LGA) infant experience?

A. PDA

B. Facial nerve damage

C. Poor suck-swallow-breathing coordination

D. Increased bilirubin levels

When considering complications that a large for gestational age (LGA) infant might experience, facial nerve damage is a significant concern, particularly due to the increased likelihood of traumatic delivery associated with their larger size. LGA infants often face difficulties during birth, especially if they are macrosomic and the delivery is complicated by shoulder dystocia. This condition occurs when the infant's shoulder gets stuck behind the mother's pubic bone, which can lead to excessive pulling during delivery attempts. Such mechanical forces can result in injury to the facial nerve, manifesting as weakness or paralysis on one side of the face. While the other complications mentioned can occur in various circumstances, they are less specifically associated with LGA infants. For example, patent ductus arteriosus (PDA) is more commonly seen in premature infants. Poor suck-swallow-breathing coordination can occur in various newborns regardless of size but is particularly linked to preterm infants. Increased bilirubin levels may also be a concern for LGA infants, particularly if there are factors such as increased red cell mass or bruising from delivery, but facial nerve damage is specifically noted due to the potential birth trauma associated with their larger size. Thus, choosing facial nerve damage highlights a critical and relevant risk specifically tied

8. What is a common physical finding in a neonate with jaundice?

A. Cold extremities

B. Yellow discoloration of skin and eyes

C. Blue-tinged lips

D. Increased urine output

In newborns, jaundice is characterized by a yellowish discoloration of the skin and the sclera of the eyes (the white part of the eyes). This occurs when there is an accumulation of bilirubin in the bloodstream, which can happen as the liver, still maturing in neonates, struggles to process bilirubin effectively. The yellow discoloration often first appears on the face and can progress to involve the trunk and extremities as bilirubin levels rise. Recognizing jaundice is crucial in neonatal care because it can indicate underlying conditions that need monitoring or treatment. The other options do not align with the typical presentations associated with jaundice. For instance, cold extremities would not be a typical feature, as jaundice itself does not cause temperature variations. Blue-tinged lips may suggest cyanosis or lack of oxygenation rather than jaundice. Increased urine output would not be a common finding directly associated with jaundice and does not indicate bilirubin metabolism issues in the neonate. Thus, the yellow discoloration is the hallmark sign that clearly identifies a neonate with jaundice.

9. What is the role of oxytocin in postpartum care?

- A. It promotes wound healing and tissue repair**
- B. It promotes uterine contractions to prevent hemorrhage**
- C. It aids in the initiation of breastfeeding**
- D. It regulates maternal blood pressure**

Oxytocin plays a crucial role in postpartum care by promoting uterine contractions, which is essential for preventing postpartum hemorrhage. After delivery, the uterus needs to contract effectively to expel any remaining placental tissue and to control bleeding from the placental site. By stimulating these contractions, oxytocin helps the uterus return to its pre-pregnancy size and maintain hemostasis, significantly reducing the risk of excessive bleeding, which can lead to serious complications. The other roles of oxytocin, while important, pertain to different aspects of maternal care but do not take precedence over its function in uterine contraction during the postpartum period. For instance, while oxytocin does support the initiation of breastfeeding by promoting the milk ejection reflex, its primary and most immediate role in the postpartum context is to ensure effective uterine contractions. The other choices mentioned, such as promoting wound healing, specifically do not relate to the primary actions of oxytocin in this situation and are more closely associated with different physiological processes. Similarly, blood pressure regulation is not a direct effect of oxytocin and is influenced by multiple other factors in the postpartum period. Thus, the significance of oxytocin in preventing hemorrhage highlights its essential function for maternal safety immediately

10. A newborn who exhibits cyanosis while quiet but turns pink when crying is likely suffering from what condition?

- A. Choanal Atresia**
- B. Pneumothorax**
- C. Tetralogy of Fallot**
- D. Transposition of the Great Arteries**

The condition described in the question, where a newborn experiences cyanosis while quiet but turns pink upon crying, is most indicative of choanal atresia. This congenital condition is characterized by an obstruction or closure of the back of the nasal passage, which can lead to difficulty in breathing, especially during quiet states when the infant is at rest. When the baby cries, the increased respiratory effort can create a more open airway; thus, the cyanosis may resolve and the infant may appear pink. This pattern of cyanosis associated with respiratory distress that improves with increased airflow (i.e., when crying) supports the likelihood of choanal atresia. In contrast, conditions like pneumothorax or congenital heart defects such as tetralogy of Fallot or transposition of the great arteries typically present with persistent cyanosis that does not improve significantly with crying. Such heart defects often lead to systemic oxygenation issues independent of the infant's activity level or respiratory effort. Therefore, the presentation aligns more clearly with choanal atresia.

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://nccmaternalnewborn.examzify.com>

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