

NCC MATERNAL NEWBORN NURSING PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://nccmaternalnewborn.examzify.com>



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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. A woman is diagnosed with oligohydramnios during her pregnancy. What should be evaluated in the fetus/newborn?**
 - A. Diabetes insipidus
 - B. Klippel-Feil syndrome
 - C. Polycystic kidney disease
 - D. Congenital adrenal hyperplasia
- 2. What does a low pH in umbilical blood typically indicate?**
 - A. Fetal distress
 - B. Normal fetal oxygenation
 - C. Neural tube defect
 - D. Low maternal blood pressure
- 3. What significant factor can affect fetal oxygenation during labor?**
 - A. The position of the mother
 - B. The temperature of the room
 - C. The number of visitors allowed
 - D. The length of labor process
- 4. Which intervention is least likely to help a mother experiencing flat nipples with breastfeeding?**
 - A. Nipple shields
 - B. Nipple rolling
 - C. Manual expression
 - D. Cold compresses
- 5. What condition is indicated if a preterm infant experiences rapid breathing and cyanosis?**
 - A. Hypoglycemia
 - B. Respiratory distress syndrome
 - C. Infection
 - D. Congenital heart defect

- 6. What is the risk of developing diabetes in women with a history of gestational diabetes?**
- A. Increased only with multiple diabetes risk factors
 - B. Increased within 10-15 years in about 50% of women
 - C. The same as women without gestational diabetes
 - D. Decreased with subsequent pregnancies
- 7. What is primarily assessed during the neurological portion of the newborn exam?**
- A. Motor skills and reflexes
 - B. Weight and length
 - C. Density of bones
 - D. Heart rate variability
- 8. What is a risk associated with a cesarean section in terms of maternal health?**
- A. Pneumonia
 - B. Endometritis
 - C. Urinary tract infection
 - D. Fat embolism
- 9. If a newborn is delivered with meconium staining but is responsive, how should they be managed?**
- A. Always suction at the perineum
 - B. No suction if baby is active and does not require resuscitation
 - C. Suction only after the airway has been inspected
 - D. Suction immediately regardless of activity
- 10. How long is exclusive breastfeeding recommended?**
- A. For the first three months
 - B. For the first six months
 - C. For the first year
 - D. As long as the mother prefers

Answers

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

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Explanations

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1. A woman is diagnosed with oligohydramnios during her pregnancy. What should be evaluated in the fetus/newborn?

- A. Diabetes insipidus
- B. Klippel-Feil syndrome
- C. Polycystic kidney disease**
- D. Congenital adrenal hyperplasia

Oligohydramnios, defined as a low level of amniotic fluid, can have significant implications for fetal development and health. Among the potential complications related to oligohydramnios, polycystic kidney disease is particularly relevant. This condition is characterized by the formation of numerous cysts in the kidneys, which can lead to reduced renal function and subsequently lower urine output. Since fetal urine is a major component of amniotic fluid, reduced renal function due to polycystic kidney disease can contribute to oligohydramnios. In this context, evaluating for polycystic kidney disease helps identify any underlying renal abnormalities that could affect the fetus during pregnancy and potentially lead to complications after birth. Other conditions listed may have associations with other aspects of fetal or newborn health but do not have a direct and significant relationship with oligohydramnios as polycystic kidney disease does. Therefore, monitoring for polycystic kidney disease is crucial in a case of oligohydramnios to ensure appropriate management and care for the fetus/newborn.

2. What does a low pH in umbilical blood typically indicate?

- A. Fetal distress**
- B. Normal fetal oxygenation
- C. Neural tube defect
- D. Low maternal blood pressure

A low pH in umbilical blood is indicative of acidosis, which often results from inadequate oxygenation of the fetus. This condition is typically referred to as fetal distress, specifically when there is a problem with the fetal heart rate or a lack of adequate blood flow and oxygen supply to the fetus. This can occur due to a variety of factors, including uteroplacental insufficiency, during labor when contractions may compromise blood flow, or in the presence of other complications that prevent proper oxygenation. In contrast, normal fetal oxygenation would usually correspond to a balanced pH level, suggesting that the fetus is receiving sufficient oxygen. Neural tube defects and low maternal blood pressure are not directly indicated by low pH levels in umbilical blood and do not specifically relate to acute conditions affecting fetal distress. Thus, the association of low pH with fetal distress is critical for identifying potential issues that require immediate intervention to protect the well-being of the fetus.

3. What significant factor can affect fetal oxygenation during labor?

- A. The position of the mother
- B. The temperature of the room
- C. The number of visitors allowed
- D. The length of labor process

The position of the mother during labor is a significant factor that can directly impact fetal oxygenation. Different maternal positions can influence pelvic dimensions and the overall dynamics of labor. For instance, upright or lateral positions may enhance uteroplacental blood flow and improve fetal oxygenation by allowing for better fetal perfusion. Additionally, certain positions can alleviate pressure on the umbilical cord, reducing the risk of cord compression, which can lead to fetal hypoxia. In contrast, positions that place excessive pressure on the major blood vessels, like the supine position, can diminish venous return to the heart and reduce cardiac output, consequently affecting the oxygen supply to the fetus. Therefore, the management of maternal position is a critical component of labor management to ensure optimal fetal well-being. Other factors, like room temperature, the number of visitors, and the length of labor process, may have some influence on the maternal-fetal environment but are less directly impactful on fetal oxygenation compared to maternal positioning. Room temperature might affect maternal comfort or stress but does not have a direct physiological role. Similarly, while the length of labor can contribute to maternal fatigue and stress levels, making no direct alteration to oxygenation, and visitor numbers could affect maternal emotional well-being, they do

4. Which intervention is least likely to help a mother experiencing flat nipples with breastfeeding?

- A. Nipple shields
- B. Nipple rolling
- C. Manual expression
- D. Cold compresses

Using cold compresses is least likely to help a mother experiencing flat nipples when breastfeeding because this intervention primarily serves to reduce swelling, relieve pain, and provide comfort. Flat nipples can make latching more difficult, and interventions that focus on promoting proper latch and nipple projection are more effective. Nipple shields can assist by providing a more pronounced surface for the infant to latch onto, which can be particularly helpful for flat nipples. Nipple rolling, which involves gently stimulating the nipples to draw them out, directly addresses the issue of flatness, making them more accessible for a baby to latch properly. Manual expression can also help in this scenario as it stimulates breast tissue and can encourage nipple protrusion, assisting the baby in achieving a better latch. Therefore, while cold compresses may provide comfort, they do not directly influence the physical challenges presented by flat nipples during breastfeeding.

5. What condition is indicated if a preterm infant experiences rapid breathing and cyanosis?

- A. Hypoglycemia
- B. Respiratory distress syndrome**
- C. Infection
- D. Congenital heart defect

When a preterm infant presents with rapid breathing and cyanosis, respiratory distress syndrome (RDS) is a likely condition due to its common occurrence in this vulnerable population. RDS is primarily caused by inadequate surfactant production in the lungs, which is crucial for keeping the alveoli open and facilitating gas exchange. Preterm infants, especially those born before 34 weeks of gestation, are at a higher risk for developing this condition. In cases of RDS, the infant might show signs such as increased respiratory effort, grunting, nasal flaring, and retractions, alongside cyanosis, indicating insufficient oxygenation of the blood. This condition typically arises shortly after birth and requires prompt medical intervention, including the administration of oxygen therapy and surfactant replacement. Understanding RDS's specific clinical manifestation in preterm infants helps distinguish it from other conditions such as infection or congenital heart defects, which can also present with respiratory symptoms but have different underlying mechanisms and onset characteristics. Hypoglycemia, while concerning in preterm infants, presents with different signs such as jitteriness or lethargy rather than respiratory distress.

6. What is the risk of developing diabetes in women with a history of gestational diabetes?

- A. Increased only with multiple diabetes risk factors
- B. Increased within 10-15 years in about 50% of women**
- C. The same as women without gestational diabetes
- D. Decreased with subsequent pregnancies

Women with a history of gestational diabetes have a notably increased risk of developing type 2 diabetes later in life, with studies indicating that approximately 50% of these women will develop diabetes within 10 to 15 years following their pregnancy. This heightened risk is attributed to underlying insulin resistance that may have been present during pregnancy and persists post-delivery. Monitoring and appropriate lifestyle interventions can play a crucial role in reducing this risk. Health care providers often recommend regular screening for diabetes following gestational diabetes to catch any potential onset early and to implement strategies for management. The understanding of this risk is vital for healthcare planning and patient education, emphasizing the importance of continued monitoring for women who have experienced gestational diabetes.

7. What is primarily assessed during the neurological portion of the newborn exam?

A. Motor skills and reflexes

B. Weight and length

C. Density of bones

D. Heart rate variability

The primary focus of the neurological assessment during the newborn exam is on motor skills and reflexes. This assessment is crucial for determining the newborn's neurological status and ensuring that their nervous system is functioning properly. Motor skills observe the infant's ability to move and respond to stimuli, while reflexes, such as the Moro reflex or the rooting reflex, are key indicators of neurological development. Assessing motor skills and reflexes provides insight into how well the central nervous system, which includes the brain and spinal cord, is working after birth. The presence and strength of these reflexes give valuable information about the development of the newborn's brain and how well they can respond to their environment. Other options such as weight and length, while important for assessing overall growth and health, do not specifically evaluate neurological function. Similarly, bone density and heart rate variability concern aspects of physical health and cardiovascular status, rather than directly assessing neurological integrity. Therefore, motor skills and reflexes are the primary indicators in a neurological assessment of the newborn.

8. What is a risk associated with a cesarean section in terms of maternal health?

A. Pneumonia

B. Endometritis

C. Urinary tract infection

D. Fat embolism

Endometritis is a known risk associated with cesarean sections due to the surgical nature of the procedure, which involves incisions and direct exposure of the uterine lining. This exposure can introduce bacteria, leading to an infection of the endometrium, the tissue that lines the uterus. The risk of endometritis is particularly heightened in cases where there is a prolonged rupture of membranes or if there were multiple vaginal examinations before the cesarean section, as these factors can contribute to the presence of bacteria in the vaginal canal. In comparison, while pneumonia, urinary tract infections, and fat embolism are potential complications in the postpartum period or after major surgeries, they are not as directly associated with cesarean sections as endometritis. For instance, pneumonia can develop from immobility or inadequate respiratory care post-surgery rather than being a direct consequence of cesarean delivery. Urinary tract infections can occur but are generally attributed to factors like catheterization rather than the cesarean procedure itself. Fat embolism is a very rare complication most often seen in cases of trauma or certain orthopedic procedures, making it less relevant in the context of cesarean deliveries. Therefore, the direct association of endometritis with cesarean delivery underscores why

9. If a newborn is delivered with meconium staining but is responsive, how should they be managed?

- A. Always suction at the perineum
- B. No suction if baby is active and does not require resuscitation**
- C. Suction only after the airway has been inspected
- D. Suction immediately regardless of activity

When a newborn is delivered with meconium staining and is responsive, the management approach focuses on the baby's condition. If the newborn is active and does not exhibit any signs of respiratory distress or requires resuscitation, suctioning is typically not necessary. The rationale behind this practice stems from the understanding that an active, responsive newborn is less likely to have significant meconium aspiration. In these situations, the priority shifts to ensuring that the newborn remains stable and monitored rather than performing unnecessary procedures that could interfere with normal transition and bonding. It is also important to let the baby clear their own airway if they are able to do so effectively. This approach minimizes potential trauma and risk associated with aggressive suctioning and supports the infant's natural physiological processes immediately after birth. Other methods, such as suctioning at the perineum or immediately suctioning regardless of the baby's condition, might not be indicated if the newborn is responding well. Therefore, the focus on observation and management aligned with the baby's activity level and need for resuscitation reinforces the chosen response.

10. How long is exclusive breastfeeding recommended?

- A. For the first three months
- B. For the first six months**
- C. For the first year
- D. As long as the mother prefers

Exclusive breastfeeding is recommended for the first six months of an infant's life. During this critical period, breast milk provides all the necessary nutrients, hydration, and antibodies required for optimal growth and development. This recommendation, supported by organizations such as the World Health Organization and the American Academy of Pediatrics, emphasizes that exclusive breastfeeding helps to enhance the baby's immune system and reduce the risk of infections and chronic diseases. Introducing complementary foods before six months can interfere with the beneficial effects of breastfeeding and may expose infants to unnecessary allergens and pathogens. Therefore, the focus during this period should be on providing only breast milk to ensure that the infant receives the full range of health benefits offered through breastfeeding.

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!

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