North American Registry of Midwives (NARM) Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

Questions

1. What is the normal range for newborn respirations?

A. 20 to 40 breaths per minute

B. 30 to 60 breaths per minute

C. 10 to 30 breaths per minute

D. 40 to 80 breaths per minute

2. What is the primary mode of HIV transmission among women globally?

A. Heterosexual transmission

B. Injection drug use

C. Blood transfusions

D. Mother-to-child transmission

3. Signs of subtle seizures in a newborn may include?

A. Persistent crying

B. Screaming and gasping

C. Apnea and eyelid fluttering

D. Jerking of the body

4. What do Leydig's cells synthesize and release?

A. Estrogen

B. Progesterone

C. Testosterone

D. Oxytocin

5. According to Varney, how often should blood pressure be checked in the second stage of labor?

A. Every 5 minutes

B. Every 10 minutes

C. Every 15 minutes

D. Every 20 minutes

6. How is asymmetric fetal growth retardation characterized?

A. Reduced body size with normal brain size

B. Normal body size with reduced brain size

C. Overall reduced body and brain size

D. Excess body size with reduced brain size

7. How often should fetal heart tone patterns be evaluated during the active first stage of labor according to Varney?

- **A. Every 15 minutes**
- **B. Every 30 minutes**
- **C. Every 45 minutes**
- **D. Every hour**

8. What physiological response may occur as a result of head compression during labor?

- **A. Fetal heart rate elevation**
- **B. Fetal vagal nerve response**
- **C. Increased maternal stress**
- **D. Decreased uterine contractions**

9. What is considered a normal rise in blood pressure during contractions for a woman in labor?

- **A. A rise of 5-10 mm Hg diastolic**
- **B. A rise of 5-15 mm Hg systolic**
- **C. A systolic rise of 10-20 mm Hg and diastolic rise of 5-10 mm Hg**
- **D. A systolic rise of 20-30 mm Hg and diastolic rise of 10-15 mm Hg**

10. Which test is considered the most accurate predictor of uteroplacental insufficiency?

- **A. CST - Contraction Stress Test**
- **B. Non-Stress Test (NST)**
- **C. Amniocentesis**
- **D. Doppler Ultrasound**

Answers

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

Explanations

1. What is the normal range for newborn respirations?

A. 20 to 40 breaths per minute

B. 30 to 60 breaths per minute

C. 10 to 30 breaths per minute

D. 40 to 80 breaths per minute

The normal range for newborn respirations is indeed 30 to 60 breaths per minute. Newborns have a higher respiratory rate compared to older children and adults due to their smaller lung capacity and higher metabolic rate. This rate allows for sufficient oxygenation to meet their needs as they transition from intrauterine to extrauterine life. Respiratory rates can vary widely based on factors such as the infant's activity level, whether they are awake or asleep, and their overall health. Monitoring respiratory rate is crucial as it can provide important indicators of an infant's condition, such as signs of respiratory distress or illness. Understanding the normal range ensures that healthcare providers can identify any deviations that may require further assessment or intervention.

2. What is the primary mode of HIV transmission among women globally?

A. Heterosexual transmission

B. Injection drug use

C. Blood transfusions

D. Mother-to-child transmission

Heterosexual transmission is recognized as the primary mode of HIV transmission among women globally. This form of transmission occurs during sexual intercourse between an infected individual and a non-infected partner. Various factors contribute to this being the most prevalent route for women, including biological susceptibility, differences in the mucosal transmission potential between genders, and socio-cultural factors that may limit women's control over their sexual health and practices. In many regions, particularly in sub-Saharan Africa, data shows that the majority of HIV infections among women can be traced back to heterosexual relationships. Socioeconomic status, lack of access to healthcare and prevention resources, and varying cultural norms around sexuality and fidelity further exacerbate the risks associated with this mode of transmission. While other modes of transmission such as injection drug use, blood transfusions, and mother-to-child transmission do pose risks, they account for a smaller percentage of infections in women compared to heterosexual transmission. Injection drug use is often more prevalent in certain populations but does not primarily affect women globally in the same way. Blood transfusion risks are mitigated significantly in many countries due to improved screening practices, and mother-to-child transmission is primarily a concern during childbirth or breastfeeding but represents a lower overall percentage compared to the vast impact of heterosexual relationships. Thus,

3. Signs of subtle seizures in a newborn may include?

A. Persistent crying

B. Screaming and gasping

C. Apnea and eyelid fluttering

D. Jerking of the body

Subtle seizures in a newborn can often present with less obvious signs, making it crucial for caregivers and healthcare providers to recognize these indicators early on. The signs of apnea and eyelid fluttering are particularly significant because they can indicate a disruption in neurological function. Apnea refers to periods where the newborn stops breathing, which can occur during seizures as the brain temporarily misfires nerve signals. Eyelid fluttering is another subtle symptom that may be overlooked but is recognized as a potential indicator of seizure activity. This fluttering motion suggests that there may be abnormal electrical activity occurring in the brain, which is consistent with seizure episodes. Other options do indeed reflect symptoms that could occur in various situations, but they may not be as specific or reliable in signaling subtle seizures. Persistent crying and jerking of the body, for example, might be attributed to a variety of stimuli or conditions unrelated to seizure activity. Screaming and gasping, while concerning, can also arise from non-seizure-related distress and do not specifically indicate seizure occurrence. Thus, recognizing apnea and eyelid fluttering as signs of subtle seizures in a newborn is essential for prompt identification and intervention, which can significantly impact the outcomes for these vulnerable patients.

4. What do Leydig's cells synthesize and release?

A. Estrogen

B. Progesterone

C. Testosterone

D. Oxytocin

Leydig's cells are a type of endocrine cell located in the testes, specifically in the interstitial tissue between the seminiferous tubules. Their primary function is the synthesis and secretion of testosterone, which is a key male sex hormone. Testosterone plays a crucial role in male reproductive development, influencing secondary sexual characteristics such as the growth of facial hair, deepening of the voice, and increased muscle mass. The regulation of testosterone production is stimulated by luteinizing hormone (LH) from the pituitary gland, which binds to receptors on Leydig's cells, prompting them to produce this hormone. Overall, the biosynthesis and release of testosterone by Leydig's cells are vital for male fertility and sexual function. Other options do not pertain to the function of Leydig's cells; they are produced in different tissues or by different cell types, which are not involved in the synthesis of testosterone.

5. According to Varney, how often should blood pressure be checked in the second stage of labor?

A. Every 5 minutes

B. Every 10 minutes

C. Every 15 minutes

D. Every 20 minutes

In the context of the second stage of labor, checking the mother's blood pressure every 15 minutes is considered a standard practice according to Varney. This frequency allows for consistent monitoring of the mother's cardiovascular status while balancing the need for intervention and support during labor. During this stage, it's essential to keep an eye on maternal vitals due to the physical stressors of labor and the potential impact on fetal well-being. Monitoring blood pressure at this interval helps to ensure that any significant changes in the mother's condition can be detected promptly, allowing for timely interventions if necessary. Therefore, this routine assessment contributes to safer labor management and supports positive outcomes for both mother and baby.

6. How is asymmetric fetal growth retardation characterized?

A. Reduced body size with normal brain size

B. Normal body size with reduced brain size

C. Overall reduced body and brain size

D. Excess body size with reduced brain size

Asymmetric fetal growth retardation is characterized by a situation where the growth of the fetus is not uniform, leading to a specific pattern of growth restriction. This condition typically results in a reduced body size while the brain size remains normal. The reason behind this is that the brain has higher priority for nutrients and oxygen during fetal development. Therefore, in cases of asymmetric growth retardation, the fetal body size diminishes while the brain develops adequately. This contrasts with other types of growth restrictions, where both the body and brain may be affected or where the brain is smaller despite a normal body size, reflecting different underlying pathophysiologies. Recognizing this characteristic pattern is crucial for the assessment and management of fetal growth concerns. Understanding asymmetric growth can help healthcare providers tailor their monitoring and interventions for affected pregnancies.

7. How often should fetal heart tone patterns be evaluated during the active first stage of labor according to Varney?

A. Every 15 minutes

B. Every 30 minutes

C. Every 45 minutes

D. Every hour

During the active first stage of labor, it is essential to monitor fetal heart tones to assess the well-being of the fetus and to detect any signs of distress. According to Varney's Midwifery, the recommended frequency for evaluating fetal heart tone patterns is every 30 minutes. This intervals strike a balance, ensuring that healthcare providers can accurately monitor fetal status while allowing sufficient time between assessments to observe patterns and trends in the fetal heart rate. Frequent assessments at this interval enable practitioners to respond quickly to any abnormalities or changes in fetal heart rate characteristics, which is crucial for the timely management of potential complications. This practice aligns with guidelines for intrapartum care aimed at improving outcomes for both the mother and the baby.

8. What physiological response may occur as a result of head compression during labor?

A. Fetal heart rate elevation

B. Fetal vagal nerve response

C. Increased maternal stress

D. Decreased uterine contractions

During labor, head compression occurs when the fetal head exerts pressure against the cervix and pelvic structures. This pressure can stimulate the baby's vagus nerve, which is part of the autonomic nervous system responsible for regulating bodily functions including heart rate. The stimulation of the vagus nerve results in a fetal vagal nerve response, causing a transient decrease in fetal heart rate, known as a variable deceleration. Understanding this physiological response is crucial for midwives and healthcare providers, as it can indicate normal fetal adaptation during contractions, reflecting the interplay between labor dynamics and fetal well-being. When assessing fetal heart patterns during labor, recognizing that head compression leads to a vagal response helps differentiate between benign variations related to labor progress and more concerning patterns that might indicate distress. Other physiological responses, such as increased fetal heart rate or maternal stress, do not typically result directly from head compression. Additionally, decreased uterine contractions are not a response to head compression; rather, they are often related to different factors such as uterine fatigue or lack of labor progress. Therefore, the vagal nerve response is the most accurate physiological response to consider in this context.

9. What is considered a normal rise in blood pressure during contractions for a woman in labor?

A. A rise of 5-10 mm Hg diastolic

B. A rise of 5-15 mm Hg systolic

C. A systolic rise of 10-20 mm Hg and diastolic rise of 5-10 mm Hg

D. A systolic rise of 20-30 mm Hg and diastolic rise of 10-15 mm Hg

During labor, it is expected that a woman's blood pressure will rise in response to the physiological stress and pain of contractions. This response is part of the body's normal adaptation to the intense physical demands placed on it during labor. In the context of this question, the option indicating a systolic rise of 10-20 mm Hg and a diastolic rise of 5-10 mm Hg accurately reflects the typical physiological changes that occur during contractions. This range demonstrates a balanced increase in both systolic and diastolic pressures, which can result from factors such as increased cardiac output and catecholamine release during labor. Understanding this normal response is critical for midwives and healthcare providers, as it helps differentiate between expected physiological changes and potentially pathological conditions that require further evaluation. Monitoring blood pressure is essential during labor, and recognizing these normal rises can aid in ensuring that both the mother and baby remain stable throughout the labor process.

10. Which test is considered the most accurate predictor of uteroplacental insufficiency?

A. CST - Contraction Stress Test

B. Non-Stress Test (NST)

C. Amniocentesis

D. Doppler Ultrasound

The Contraction Stress Test (CST) is regarded as the most accurate predictor of uteroplacental insufficiency because it assesses the fetus's response to uterine contractions, which can simulate the stress experienced during labor. During the test, contractions are induced, and the fetal heart rate is monitored to evaluate how well the placenta is providing oxygen to the fetus in response to these contractions. A healthy fetal heart rate pattern during contractions indicates that the uteroplacental circulation is adequate, while abnormal responses can signal insufficiency. This direct observation of fetal heart rate response to the stress of contractions makes the CST particularly sensitive and specific for detecting issues related to placental function. In contrast, other tests like the Non-Stress Test (NST) primarily monitor fetal heart rate in a resting state without contractions, which may not provide a complete picture of placental sufficiency during the more stressful conditions of labor. Amniocentesis is not typically used for assessing placental function but rather for genetic testing or assessing amniotic fluid conditions. Doppler Ultrasound is valuable for evaluating blood flow in the umbilical artery and can provide indirect evidence of placental perfusion, but it does not give as immediate a picture of placental insufficiency under stress as