

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

Study Guide



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Questions

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- 1. What is a key characteristic of the deceleration phase in active labor?**
 - A. Increase in maternal blood pressure**
 - B. Decrease in cervix dilation rate**
 - C. Stable fetal heart rate patterns**
 - D. Increased maternal discomfort**
- 2. What is one common reason for jaundice in newborns?**
 - A. Excessive feeding**
 - B. Low oxygen levels**
 - C. Decreased life span of red blood cells**
 - D. Inadequate hydration**
- 3. When the fetal head is extended, what will be the cephalic prominence?**
 - A. Forehead**
 - B. Occiput**
 - C. Chin**
 - D. Nape**
- 4. How soon after a full-term delivery can a non-breastfeeding woman safely start taking combination oral contraceptives?**
 - A. 1 week**
 - B. 2 weeks**
 - C. 3 weeks**
 - D. 4 weeks**
- 5. What is the underlying cause of hemodilution observed during pregnancy?**
 - A. Increased red blood cell production**
 - B. Increased plasma volume**
 - C. Hormonal changes**
 - D. Decreased iron absorption**

- 6. What does the sympto-thermal method of birth control utilize?**
- A. Only cervical mucus observation**
 - B. Basal body temperature alone**
 - C. All signs and symptoms indicating ovulation**
 - D. Periodic abstinence only**
- 7. Which presentation is diagnosed as longitudinal lie, head at or in the pelvis, back on the left, and cephalic prominence on the right?**
- A. Right Occipito-Posterior (ROP)**
 - B. Left Occipito-Anterior (LOA)**
 - C. Right Transverse Lie**
 - D. Left Sacrum Anterior (LSA)**
- 8. Which type of vegetables are known to be rich in folic acid?**
- A. Cruciferous vegetables**
 - B. Root vegetables**
 - C. Leguminous vegetables**
 - D. Dark green leafy vegetables**
- 9. What does hemoptysis refer to?**
- A. Passing out blood**
 - B. Throwing up blood**
 - C. Coughing up a clear liquid**
 - D. Experiencing chest pain**
- 10. What tests are best for confirming a suspected hydatidiform mole?**
- A. Urine test and ultrasound**
 - B. Single serum quantitative hCG level and sonogram**
 - C. Complete blood count and Doppler ultrasound**
 - D. Pelvic examination and MRI**

Answers

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

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Explanations

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1. What is a key characteristic of the deceleration phase in active labor?

- A. Increase in maternal blood pressure**
- B. Decrease in cervix dilation rate**
- C. Stable fetal heart rate patterns**
- D. Increased maternal discomfort**

The deceleration phase in active labor is characterized by a decrease in the cervix dilation rate. During this phase, labor may slow down or progress less rapidly, which can indicate that the body is adjusting or responding to various factors such as the fetal position, maternal fatigue, or even the emotional state of the laboring person. Understanding this characteristic is crucial for midwives and clinicians to assess labor progression accurately and provide appropriate support and interventions when necessary. In contrast to a steady or accelerated dilating rate, a decrease suggests a phase where careful monitoring is essential, as it could indicate the need for additional support or intervention to facilitate labor progression.

2. What is one common reason for jaundice in newborns?

- A. Excessive feeding**
- B. Low oxygen levels**
- C. Decreased life span of red blood cells**
- D. Inadequate hydration**

One common reason for jaundice in newborns is the decreased lifespan of red blood cells. Newborns typically have higher levels of bilirubin in their blood because of the rapid breakdown of their red blood cells, which have a shorter lifespan compared to those in adults. When red blood cells break down, they release hemoglobin, which is converted into bilirubin. As newborns' livers are still maturing, they may not be able to process this bilirubin efficiently at first, leading to an accumulation and resulting in jaundice, which manifests as a yellowing of the skin and eyes. The other factors, such as excessive feeding or inadequate hydration, may influence a newborn's overall health but are not direct causes of the bilirubin buildup typically associated with jaundice. Low oxygen levels can affect newborn health significantly, but they are not a common mechanism that leads directly to jaundice. Understanding this physiological process is essential for managing and recognizing jaundice in newborns.

3. When the fetal head is extended, what will be the cephalic prominence?

A. Forehead

B. Occiput

C. Chin

D. Nape

When the fetal head is extended, the position of the cephalic prominence, which is the most prominent part of the fetal head that can be palpated, shifts to the occiput. In an extended position, the neck is tilted backward which causes the occiput to move forward, making it the leading point during labor and delivery. Therefore, in this scenario, the occiput becomes the most prominent aspect of the fetal head relative to the pelvic inlet. Understanding fetal positioning is crucial in midwifery because it aids in assessing labor progress and determining the appropriate interventions. Recognizing that the occiput is the cephalic prominence in an extended position allows for better management of delivery as it influences the descent and rotation of the fetal head through the birth canal.

4. How soon after a full-term delivery can a non-breastfeeding woman safely start taking combination oral contraceptives?

A. 1 week

B. 2 weeks

C. 3 weeks

D. 4 weeks

The correct timing for a non-breastfeeding woman to begin taking combination oral contraceptives after a full-term delivery is at least three weeks postpartum. This recommendation is based on the understanding that the postpartum period presents specific risks and health considerations. Starting combination oral contraceptives too soon after delivery, particularly within the first three weeks, is associated with a higher risk of thromboembolic events, such as deep vein thrombosis or pulmonary embolism. The body undergoes significant changes during the postpartum period, including increased coagulability, which can elevate the risk of blood clots. By waiting until at least three weeks have passed, the slight increase in risk diminishes. Additionally, it's important to note that the hormonal changes associated with a woman's body returning to its pre-pregnancy state typically take several weeks. This time allows for better stability in hormonal levels, which can reduce side effects and improve the overall efficacy of the contraceptive method. While there are other contraceptive options that may be suitable sooner, especially for breastfeeding women, combination oral contraceptives specifically require this waiting period to ensure safety and optimal health outcomes.

5. What is the underlying cause of hemodilution observed during pregnancy?

- A. Increased red blood cell production**
- B. Increased plasma volume**
- C. Hormonal changes**
- D. Decreased iron absorption**

Hemodilution during pregnancy primarily occurs due to increased plasma volume. This physiological adaptation is essential in preparing the body for the demands of growing a fetus and supporting the increased blood flow required during pregnancy. As a woman's body prepares for pregnancy, there is a significant increase in blood plasma volume, which can increase by about 30-50% by the third trimester. This expansion contributes to the dilution of red blood cells and other components within the blood, resulting in a lower concentration of red blood cells relative to plasma. This dilution is a normal response that aids in ensuring that adequate blood supply is available for both the mother and the fetus, thus facilitating proper nutrient and waste exchange. While the other options include important aspects of pregnancy, they do not directly explain the phenomenon of hemodilution. Increased red blood cell production occurs as well, but it does not match the rate of plasma volume increase, leaving the net result as hemodilution. Hormonal changes contribute to the overall changes in the circulatory system during pregnancy but are not the direct cause of the hemodilution itself. Decreased iron absorption can affect anemia, yet it is not the primary factor in the relationship between plasma volume and hemodilution during pregnancy. Overall, the

6. What does the sympto-thermal method of birth control utilize?

- A. Only cervical mucus observation**
- B. Basal body temperature alone**
- C. All signs and symptoms indicating ovulation**
- D. Periodic abstinence only**

The sympto-thermal method of birth control is a comprehensive approach that combines multiple fertility awareness indicators to identify the fertile and infertile phases of the menstrual cycle. This method utilizes a combination of basal body temperature readings, cervical mucus changes, and additional signs and symptoms indicating ovulation, such as changes in position and texture of the cervix and ovulation pain. By monitoring these various signs, individuals using the sympto-thermal method can gain a clearer understanding of their cycle variations and pinpoint ovulation more accurately. This offers a greater chance of effectively avoiding or achieving pregnancy based on their intentions. Using all available indicators allows for a more holistic view of fertility, making it a more reliable method compared to using any single sign alone. This integrative approach is beneficial in enhancing awareness of one's reproductive health and can increase the method's effectiveness when practiced correctly.

7. Which presentation is diagnosed as longitudinal lie, head at or in the pelvis, back on the left, and cephalic prominence on the right?

A. Right Occipito-Posterior (ROP)

B. Left Occipito-Anterior (LOA)

C. Right Transverse Lie

D. Left Sacrum Anterior (LSA)

The description provided in the question indicates a specific fetal position known as the left occipito-anterior (LOA) presentation. In this case, the fetus is in a longitudinal lie, which means that the long axis of the fetus is parallel to the long axis of the mother. The next part of the description mentions that the head is in the pelvis with the baby's back on the left side of the mother, and the cephalic prominence (the part of the head that is most prominent and leading during labor) is noted to be on the right side. In the LOA position, the occiput (the back of the head) is facing the front left side of the mother's pelvis. This configuration supports the observation of the baby's back being on the left while the prominent part of the head is directed towards the right, aligning with the typical aspects of LOA presentation. The other options represent different presentations or positions of the baby. Understanding these distinctions is essential in midwifery practice since they influence delivery methods, maternal comfort, and fetal well-being during labor. Recognizing a LOA presentation helps in anticipating labor progress and participating in effective birthing strategies.

8. Which type of vegetables are known to be rich in folic acid?

A. Cruciferous vegetables

B. Root vegetables

C. Leguminous vegetables

D. Dark green leafy vegetables

Dark green leafy vegetables are recognized as an excellent source of folic acid, which is a essential B vitamin important for numerous bodily functions, especially in prenatal development. Folic acid plays a crucial role in DNA synthesis and repair, and it is vital during periods of rapid growth, such as during pregnancy. Vegetables such as spinach, kale, collard greens, and romaine lettuce are particularly high in folate, the natural form of folic acid. While other types of vegetables, like cruciferous and leguminous vegetables, may also contain some amount of folate, they do not match the high concentrations found in dark green leafy varieties. Root vegetables, while nutritious, are generally lower in folic acid compared to their dark green leafy counterparts. Recognizing the specific benefits of dark green leafy vegetables can aid individuals in making informed dietary choices to ensure adequate folate intake, especially for those who are pregnant or planning to conceive.

9. What does hemoptysis refer to?

- A. Passing out blood
- B. Throwing up blood**
- C. Coughing up a clear liquid
- D. Experiencing chest pain

Hemoptysis specifically refers to the act of coughing up blood from the respiratory tract, which aligns with the definition provided in the context of the question. This condition can occur due to various underlying health issues, such as infections, tumors, or injuries in the lungs or airways. Recognizing hemoptysis is crucial in clinical practice as it may indicate serious health problems that require immediate attention. The other options describe different medical situations: passing out blood could refer to a range of bleeding issues, throwing up blood is known as hematemeses, and experiencing chest pain is a symptom that could arise from many conditions but is not related to coughing up blood.

10. What tests are best for confirming a suspected hydatidiform mole?

- A. Urine test and ultrasound
- B. Single serum quantitative hCG level and sonogram**
- C. Complete blood count and Doppler ultrasound
- D. Pelvic examination and MRI

The best tests for confirming a suspected hydatidiform mole are a single serum quantitative hCG level and a sonogram. In cases of molar pregnancies, there is typically an abnormally high level of human chorionic gonadotropin (hCG), which can be detected through quantitative blood testing. This test provides precise quantification of hCG levels, allowing for the identification of significantly elevated values often associated with gestational trophoblastic disease, including hydatidiform moles. A sonogram (ultrasound) is also crucial as it enables visualization of the characteristic findings associated with a molar pregnancy. These findings might include the presence of clusters of cystic structures (resembling a "grape-like" appearance) in the uterus, which can help differentiate between a complete and partial mole. Other testing methods listed, such as urine tests, while useful for initial pregnancy screening, do not provide the specificity and accuracy needed to confirm a hydatidiform mole. Similarly, complete blood counts or imaging like MRI do not provide the needed focus on hCG levels and ultrasound findings that are central to diagnosing this specific condition. Therefore, the combination of a single serum quantitative hCG level and sonogram is the most effective for confirming a suspected hydatid