

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

Study Guide



Everything you need from our exam experts!

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SAMPLE

Questions

SAMPLE

- 1. What percentage of pregnancies typically experience cord looping?**
 - A. 5%**
 - B. 10%**
 - C. 15%**
 - D. 20%**
- 2. Why is Vitamin K administered to newborns?**
 - A. To prevent infections**
 - B. Due to immature gut synthesis**
 - C. To promote bone health**
 - D. To improve eyesight**
- 3. Which symptom is NOT commonly associated with Toxic Shock Syndrome?**
 - A. Severe fever of 102 degrees or higher**
 - B. COPIOUS watery diarrhea**
 - C. Rash and skin desquamation**
 - D. Frequent urination**
- 4. Which three documents/forms must every CPM use to practice?**
 - A. Client assessment form, referral document, emergency care form**
 - B. Practice guidelines, informed consent document, emergency care form**
 - C. Non-disclosure agreement, informed consent document, risk assessment form**
 - D. Emergency care form, practice assessment document, client education material**
- 5. Which type of viral hepatitis is primarily transmitted via the fecal-oral route?**
 - A. Hepatitis A**
 - B. Hepatitis B**
 - C. Hepatitis C**
 - D. Hepatitis D**

- 6. In which position is a patient lying on their side?**
- A. Sims position**
 - B. Dorsyl position**
 - C. Sitting position**
 - D. Supine position**
- 7. Which phase of the active labor denotes the period of most rapid dilation?**
- A. Acceleration phase**
 - B. Deceleration phase**
 - C. Transitional phase**
 - D. Peak phase**
- 8. What is the main mechanism of action for the Copper T 30A (Paragard) IUD?**
- A. Inhibiting ovulation directly**
 - B. Altering fallopian tube motility and incapacitating sperm**
 - C. Increasing hormonal levels in the body**
 - D. Suppressing ovulation by increasing cervical mucus**
- 9. What vaccine is administered as early as 6 weeks of age?**
- A. Hib**
 - B. DPT**
 - C. MMR**
 - D. Varicella**
- 10. What describes a sinusoidal pattern of fetal heart tones (FHT)?**
- A. Irregular spikes and dips**
 - B. Undulating, repetitive pattern**
 - C. Flat baseline with variations**
 - D. Non-repetitive gradual changes**

Answers

SAMPLE

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

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Explanations

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1. What percentage of pregnancies typically experience cord looping?

- A. 5%
- B. 10%
- C. 15%
- D. 20%**

Cord looping refers to the phenomenon where the umbilical cord wraps around itself or the fetus, potentially affecting fetal movements or causing complications during labor. Research indicates that cord looping occurs in approximately 20% of pregnancies, making this the correct percentage. The presence of cord loops can be a normal variation and is often detected through ultrasound examination. Though most cases of cord looping do not lead to significant issues, understanding this statistic is crucial for midwives in monitoring fetal well-being and preparing for possible interventions during labor. The other percentages may reflect lower occurrences based on various studies or contexts, but the consensus aligns with the higher figure presented, which reinforces the commonality of cord looping in midwifery practice. This knowledge is essential for midwives to anticipate and manage potential complications associated with cord presentations during labor.

2. Why is Vitamin K administered to newborns?

- A. To prevent infections
- B. Due to immature gut synthesis**
- C. To promote bone health
- D. To improve eyesight

Vitamin K is administered to newborns primarily due to their immature gut synthesis. At birth, infants have very little vitamin K in their systems because it is primarily produced by intestinal bacteria, which are not fully developed in newborns. This lack of vitamin K can lead to a condition known as Vitamin K Deficiency Bleeding (VKDB), which can result in serious bleeding issues. By administering vitamin K shortly after birth, healthcare providers can ensure that the newborn has adequate levels to support proper blood clotting and prevent these potential complications. Understanding the importance of vitamin K in this context highlights the necessity of preventive measures taken in the early hours and days of a newborn's life to safeguard against specific health risks. The other options, while they may relate to health in broader contexts, do not address the direct reason for vitamin K administration in newborns.

3. Which symptom is NOT commonly associated with Toxic Shock Syndrome?

- A. Severe fever of 102 degrees or higher**
- B. COPIOUS watery diarrhea**
- C. Rash and skin desquamation**
- D. Frequent urination**

Toxic Shock Syndrome (TSS) is a severe and potentially life-threatening condition typically associated with certain bacterial infections, most notably *Staphylococcus aureus* and *Streptococcus pyogenes*. The hallmark symptoms of TSS include a sudden onset of high fever, a rash that can lead to peeling of the skin (desquamation), and other systemic manifestations. Frequent urination is not a commonly recognized symptom of TSS. While it can occur in various conditions, it does not align with the main features associated with this syndrome. The other symptoms listed, such as a severe fever, copious watery diarrhea, and skin desquamation, are indeed typical of TSS and reflect the systemic response of the body to the toxins produced by the bacteria. Thus, recognizing the established symptoms of TSS helps to differentiate between it and other medical conditions, underscoring the importance of identifying the unusual or less common presentations, such as frequent urination, which diverge from the typical symptomatology of this syndrome.

4. Which three documents/forms must every CPM use to practice?

- A. Client assessment form, referral document, emergency care form**
- B. Practice guidelines, informed consent document, emergency care form**
- C. Non-disclosure agreement, informed consent document, risk assessment form**
- D. Emergency care form, practice assessment document, client education material**

In midwifery practice, particularly for Certified Professional Midwives (CPMs), it is vital to have certain foundational documents in place to ensure both legal compliance and the safety of clients. The combination of practice guidelines, an informed consent document, and an emergency care form serves crucial roles in this context. Practice guidelines outline the standard protocols and evidence-based practices that midwives should follow to provide safe care. These guidelines ensure that the practice is in line with the latest research and established standards in midwifery. The informed consent document is essential in midwifery. It ensures that clients have been adequately informed about their care options, potential risks, and benefits, allowing them to make autonomous decisions regarding their care. This document fosters a trusting relationship between the midwife and the client and ensures ethical practice. The emergency care form is necessary for documenting the procedures and protocols that a midwife would follow in case of an emergency. This form helps prepare midwives to respond effectively to unexpected situations, ensuring client safety and adherence to state regulations. Together, these documents create a framework for safe and ethical midwifery practice, emphasizing the importance of informed consent and preparedness for emergencies that might occur in the course of providing care.

5. Which type of viral hepatitis is primarily transmitted via the fecal-oral route?

- A. Hepatitis A**
- B. Hepatitis B**
- C. Hepatitis C**
- D. Hepatitis D**

Hepatitis A is primarily transmitted through the fecal-oral route, making it unique among the options presented. This mode of transmission typically occurs when an individual ingests food or water contaminated with the feces of an infected person. Poor hygiene practices, such as inadequate handwashing after using the toilet, significantly increase the risk of spreading the virus, especially in areas with unsafe water supplies or insufficient sanitation. In contrast, Hepatitis B, C, and D are transmitted primarily through blood and bodily fluids. Hepatitis B can be spread through sexual contact, use of infected needles, and from mother to child at birth. Hepatitis C is mainly transmitted through blood-to-blood contact, often associated with sharing needles or other equipment to inject drugs. Hepatitis D depends on the presence of Hepatitis B for its transmission, and it's also spread through blood. Understanding the transmission routes for different types of hepatitis is crucial for prevention practices and public health initiatives, particularly in educating about safe sanitation and hygiene measures to control the spread of diseases like Hepatitis A.

6. In which position is a patient lying on their side?

- A. Sims position**
- B. Dorsal position**
- C. Sitting position**
- D. Supine position**

The position in which a patient is lying on their side is known as the Sims position. This is a lateral position where the individual is typically positioned with one leg straight and the other leg bent at both the hip and knee, allowing for easy access to certain areas of the body for procedures or examinations. The Sims position is particularly useful for examinations of the rectum or for delivering medications via the rectal route. This position provides comfort and support while maintaining accessibility for practitioners, making it commonly used in midwifery, nursing, and other medical fields. It's important to note that lying on one's side helps facilitate breathing and reduces pressure on certain body structures, further enhancing patient care. The other positions mentioned do not pertain specifically to lying on one's side; thus, they do not accurately describe this posture.

7. Which phase of the active labor denotes the period of most rapid dilation?

A. Acceleration phase

B. Deceleration phase

C. Transitional phase

D. Peak phase

The active labor phase is characterized by a significant increase in the frequency, intensity, and duration of contractions, leading to cervical dilation. The acceleration phase specifically marks the time during which dilation occurs most rapidly, typically progressing from about 4 cm to around 7 cm. This phase often involves strong and closer contractions that help facilitate quick and efficient opening of the cervix, providing an essential transition toward the next stages of labor. This understanding underscores the description of the acceleration phase as a critical period where the laboring person experiences the most pronounced and swift change in cervical dilation. It is important to recognize the nature of contractions during this time, as they dramatically influence the labor process and can have implications for both maternal comfort and fetal well-being. Each of the other options does not represent a phase characterized by rapid dilation in the same manner.

8. What is the main mechanism of action for the Copper T 30A (Paragard) IUD?

A. Inhibiting ovulation directly

B. Altering fallopian tube motility and incapacitating sperm

C. Increasing hormonal levels in the body

D. Suppressing ovulation by increasing cervical mucus

The main mechanism of action for the Copper T 30A (Paragard) IUD is that it alters fallopian tube motility and incapacitates sperm. This is achieved through the release of copper ions into the uterine cavity, which have toxic effects on sperm, making it difficult for them to swim effectively and reach an egg. Additionally, the presence of the IUD itself creates a foreign body reaction that generates an inflammatory response in the uterus, further contributing to the prevention of fertilization. While other contraceptive methods may inhibit ovulation or alter hormonal levels, the Copper T IUD primarily functions via a non-hormonal mechanism. It does not rely on increasing hormonal levels in the body or suppressing ovulation through methods such as thickening cervical mucus, which are more characteristic of hormonal contraceptives. Therefore, understanding the specific action of the Copper T IUD is essential for recognizing its unique role in contraception and its effectiveness in preventing pregnancy.

9. What vaccine is administered as early as 6 weeks of age?

- A. Hib
- B. DPT**
- C. MMR
- D. Varicella

The DPT vaccine, also known as the Diphtheria, Pertussis, and Tetanus vaccine, is recommended for administration starting at 6 weeks of age. This is because infants begin to be at risk for these diseases shortly after birth, and the vaccine helps to build their immunity at a very young age. Each component of the DPT vaccine provides crucial protection: diphtheria is a serious bacterial infection affecting the throat, pertussis (whooping cough) is a highly contagious respiratory disease, and tetanus is a life-threatening condition caused by a toxin produced by the bacterium *Clostridium tetani*. In contrast, other vaccines listed are recommended at different ages. For example, the Hib (*Haemophilus influenzae* type b) vaccine typically starts at 2 months of age, while the MMR (Measles, Mumps, Rubella) vaccine is administered usually between 12 to 15 months of age, and the Varicella (chickenpox) vaccine is recommended starting at 12 to 15 months as well. Understanding the recommended ages for vaccinations is crucial for ensuring that infants and children receive timely protection against these infectious diseases.

10. What describes a sinusoidal pattern of fetal heart tones (FHT)?

- A. Irregular spikes and dips
- B. Undulating, repetitive pattern**
- C. Flat baseline with variations
- D. Non-repetitive gradual changes

A sinusoidal pattern of fetal heart tones is characterized by an undulating, repetitive pattern. This is a specific type of fetal heart rate variability that is smooth and has a regular amplitude and frequency. It suggests a particular physiological state of the fetus, often associated with certain conditions such as fetal anemia or other forms of compromise that may be impacting the fetal environment. The undulating nature means that the heart rate swings in a smooth, wave-like manner rather than exhibiting jagged spikes or irregular patterns. A flat baseline with variations doesn't fit this description as it lacks the consistent wave-like appearance. Similarly, irregular spikes and dips present a more chaotic and non-repetitive pattern, which does not represent the regular oscillation found in sinusoidal patterns. Non-repetitive gradual changes indicate variability but do not capture the essential rhythmic quality of the sinusoidal pattern. Thus, the repetitive and undulating nature is what correctly identifies a sinusoidal fetal heart tone pattern.