North American Registry of Midwives (NARM) 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. Don’t worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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. **During labor, what is the normal range for white blood cell count by complete dilation?**

   A. 7,000 to 10,000

   B. 10,000 to 12,000

   C. 15,000 to 20,000

   D. 20,000 to 25,000

2. **In the case of an occiput-anterior delivery, how does the birth of the head occur?**

   A. Flexion

   B. Extension

   C. Flexion then extension

   D. Extension then flexion

3. **What is the term for decreased oxygen in the tissue and metabolic acidosis?**

   A. Hypoxia

   B. Asphyxia

   C. Ischemia

   D. Anaerobic metabolism

4. **Which condition necessitates a C-Section if present when a woman goes into labor?**

   A. Active HSV (Herpes Simplex Virus) lesions

   B. Condylomata Acuminata (genital warts)

   C. Chlamydia infection

   D. Pelvic Inflammatory Disease

5. **How is the cephalic prominence identified in various presentations?**

   A. By observing the fetal heart rate

   B. By comparing it to the fetal back

   C. By locating it centrally in the fundus

   D. By assessing the engagement of the cervix

6. What is the primary purpose of conducting a fetal heart rate (FHT) check during labor?

A. To estimate the weight of the baby

B. To monitor the baby's well-being during labor

C. To determine the stage of labor

D. To assist in maternal positioning

7. What happens to maternal hemoglobin levels during labor?

A. They decrease significantly

B. They increase slightly

C. They remain unchanged

D. They drop below normal

8. What does extensive infarction of entire cotyledons indicate about placental health?

A. Normal placental aging

B. Abnormal conditions related to maternal health

C. Potential fetal growth abnormalities

D. Successful placental adaptation

9. What defines essential hypertension in pregnant women?

A. High blood pressure readings during labor

B. Initial readings of 140/90 or more before pregnancy

C. Blood pressure spikes during delivery

D. Low blood pressure readings

10. What is a key symptom of endometriosis that might lead to further testing?

A. Frequent headaches

B. Abdominal bloating

C. Severe menstrual cramping

D. Fatigue

Answers

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

Explanations

1. During labor, what is the normal range for white blood cell count by complete dilation?

A. 7,000 to 10,000

B. 10,000 to 12,000

C. 15,000 to 20,000

D. 20,000 to 25,000

The normal range for white blood cell count (WBC) during labor, particularly by complete dilation, typically shows an increase due to the physiological stress and the inflammatory response associated with labor. It is common to see WBC counts rise to between 15,000 and 20,000 cells per microliter at this stage. This elevation can be attributed to factors like tissue trauma, stress, pain, and the onset of labor itself, which all stimulate the immune response. Understanding the normal physiological changes during labor is crucial for midwives and healthcare providers, as it helps differentiate between normal labor responses and potential pathological conditions, such as infection. Recognizing where this WBC range fits in the context of labor can aid in clinical decision-making and monitoring of maternal health.

2. In the case of an occiput-anterior delivery, how does the birth of the head occur?

A. Flexion

B. Extension

C. Flexion then extension

D. Extension then flexion

In an occiput-anterior delivery, the birth of the head typically occurs through a sequence that culminates in extension. During labor, as the head descends into the pelvic inlet, it rotates into an optimal position for birth, which is the occiput anterior position. When the crowning occurs, the vertex of the fetal head reaches the vaginal introitus, and as the head continues to descend, it begins to extend. The chin moves away from the chest, allowing the occiput to slip under the pubic symphysis. This extension is critical as it facilitates the emergence of the forehead, face, and chin after the occiput has cleared the pubic bone. While flexion is essential earlier in the process for the fetal head to navigate through the birth canal effectively, it is the act of extension during crowning that allows for the complete delivery of the head in an occiput-anterior position. Consequently, recognizing that the delivery phase specifically involves this extension provides clarity in the uncomplicated mechanics of an occiput-anterior delivery.

3. What is the term for decreased oxygen in the tissue and metabolic acidosis?

A. Hypoxia

B. Asphyxia

C. Ischemia

D. Anaerobic metabolism

The correct answer is asphyxia, which refers to a condition where there is a significant deficiency of oxygen reaching the tissues, often leading to metabolic acidosis. Asphyxia can result from various factors such as suffocation, obstruction of the airway, or any situation that severely compromises the oxygen supply to body tissues. This state leads to a combination of hypoxia (lack of oxygen) and the accumulation of carbon dioxide and lactate, resulting in metabolic acidosis due to anaerobic metabolism. While hypoxia specifically refers to low oxygen levels, it does not inherently include the metabolic acidosis aspect. Ischemia is related to an inadequate blood supply to an organ or tissue, which causes a deficiency in oxygen and nutrients but does not specifically denote the resultant acidosis. Anaerobic metabolism occurs when the body relies on processes that do not require oxygen, leading to lactic acid buildup, but it does not capture the overall condition of asphyxia as a whole. Therefore, asphyxia encapsulates the vital components of decreased oxygen in tissues coupled with metabolic acidosis, making it the most accurate response to the question.

4. Which condition necessitates a C-Section if present when a woman goes into labor?

A. Active HSV (Herpes Simplex Virus) lesions

B. Condylomata Acuminata (genital warts)

C. Chlamydia infection

D. Pelvic Inflammatory Disease

Active HSV (Herpes Simplex Virus) lesions are a significant condition that necessitates a C-section in a woman who is in labor. The presence of active lesions in the genital area poses a serious risk of transmitting the virus to the newborn during vaginal delivery. If the baby is exposed to HSV during birth, it can lead to serious complications, including neonatal herpes, which can be life-threatening. In cases where the mother has active HSV lesions, a cesarean delivery is typically recommended to minimize this risk, ensuring the safety of the baby. The other conditions listed may require monitoring and treatment but do not carry the same immediate risk of transmission during delivery that active HSV does, making them less critical in the context of determining the mode of delivery in labor.

5. How is the cephalic prominence identified in various presentations?

A. By observing the fetal heart rate

B. By comparing it to the fetal back

C. By locating it centrally in the fundus

D. By assessing the engagement of the cervix

The correct choice focuses on identifying the cephalic prominence by comparing it to the fetal back. In obstetrics, particularly during palpation in labor, healthcare providers can determine the position of the fetus by feeling for specific landmarks. The cephalic prominence refers to the part of the fetal head that is presenting, usually at the top of the fetus's head. By comparing the cephalic prominence to the fetal back, practitioners can accurately assess the orientation of the fetus. This comparison allows for a clearer understanding of the fetal presentation, whether it's in a vertex (head down) position or another presentation. It provides vital information on how labor may progress and informs decisions regarding the most appropriate management for delivery. Other methods, such as evaluating fetal heart rate, locating the head centrally in the fundus, or assessing cervical engagement, do not specifically help in identifying the cephalic prominence and may provide less direct insight into fetal positioning during labor. Therefore, the key to accurately determining the cephalic prominence lies in that tactile comparison with the fetal back, making it a reliable method for assessment.

6. What is the primary purpose of conducting a fetal heart rate (FHT) check during labor?

A. To estimate the weight of the baby

B. To monitor the baby's well-being during labor

C. To determine the stage of labor

D. To assist in maternal positioning

Conducting a fetal heart rate (FHT) check during labor primarily serves to monitor the baby's well-being. This practice is essential for assessing the fetus's health status in real time and is a critical component of intrapartum care. The fetal heart rate offers valuable insights into the fetus's response to uterine contractions and overall condition. Changes or abnormalities in the fetal heart rate can indicate distress or potential complications, allowing for timely interventions to ensure the safety of both the mother and the baby. While estimating the baby's weight, determining the stage of labor, and assisting in maternal positioning are important aspects of maternity care, they do not directly relate to the primary purpose of FHT checks. Weight estimation relies on ultrasound or physical assessment, the stage of labor is determined through clinical evaluation of cervical dilation and effacement, and maternal positioning is guided by comfort and delivery progress rather than the fetal heart monitoring itself. Thus, the focus during FHT checks is squarely on the fetus's well-being.

7. What happens to maternal hemoglobin levels during labor?

A. They decrease significantly

B. They increase slightly

C. They remain unchanged

D. They drop below normal

During labor, maternal hemoglobin levels often increase slightly due to hemodilution and the physiological changes occurring in the body. As labor progresses, there is a release of red blood cells from the maternal spleen and a shift of plasma volume, which can cause a relative concentration of hemoglobin even if there is no significant increase in the actual production of red blood cells. This slight increase is typically due to the mother's increased fluid volume before labor, as well as the body's compensatory mechanisms to maintain oxygen delivery to both the mother and the fetus during the stress of labor. Understanding this physiological response is crucial for midwifery practice, as it helps in monitoring the well-being of the mother during the labor process while considering her hemoglobin levels. It's important to note that while some may assume that hemoglobin can drop due to blood loss, labor typically involves a controlled environment where the body actively works to adapt to various stressors, which is why significant drops or a level below normal are not typically observed during this stage.

8. What does extensive infarction of entire cotyledons indicate about placental health?

A. Normal placental aging

B. Abnormal conditions related to maternal health

C. Potential fetal growth abnormalities

D. Successful placental adaptation

Extensive infarction of entire cotyledons suggests significant abnormalities in placental health, often linked to issues with maternal health. Cotyledons are the functional units of the placenta, and extensive infarction in these areas indicates a lack of adequate blood flow and oxygen to the developing placental tissue. This can occur due to various factors, such as hypertensive disorders in pregnancy, diabetes, or other vascular-related issues. When the cotyledons are extensively infarcted, it typically reflects compromised placental function, leading to inadequate nutrient and oxygen delivery to the fetus. Such conditions can negatively impact fetal development and increase the risk of complications, including growth restrictions and even stillbirth. In this context, understanding that these significant changes in the placenta can often be rooted in maternal health conditions provides vital insight into the potential risks faced during pregnancy. Therefore, the indication of extensive infarction aligns closely with maternal health concerns rather than normal placental aging or successful adaptation processes.

9. What defines essential hypertension in pregnant women?

A. High blood pressure readings during labor

B. Initial readings of 140/90 or more before pregnancy

C. Blood pressure spikes during delivery

D. Low blood pressure readings

Essential hypertension in pregnant women is defined by initial blood pressure readings that are 140/90 mmHg or higher before pregnancy. This benchmark is critical because it establishes a baseline for diagnosing the condition. High blood pressure that is present prior to conception indicates that the woman has chronic hypertension, which can impact her pregnancy and may lead to complications for both the mother and the fetus. Understanding this definition is important in the context of prenatal care, as it allows healthcare providers to monitor and manage the condition effectively throughout pregnancy. In contrast, high blood pressure readings during labor or spikes occurring during delivery do not indicate essential hypertension but may reflect other issues such as gestational hypertension or an acute physiological response to stress. Low blood pressure readings, on the other hand, do not pertain to the classification of hypertension at all, further reinforcing the significance of accurate baseline measurements before pregnancy.

10. What is a key symptom of endometriosis that might lead to further testing?

A. Frequent headaches

B. Abdominal bloating

C. Severe menstrual cramping

D. Fatigue

Severe menstrual cramping is a hallmark symptom of endometriosis, a condition where tissue similar to the lining inside the uterus starts to grow outside the uterus. This cramping is often more intense than typical menstrual pain and can occur not only during menstruation but also at other times in the menstrual cycle. The severity of the cramps experienced by individuals with endometriosis can lead them to seek medical attention, at which point further diagnostic testing such as imaging studies or laparoscopy may be conducted to evaluate the presence and extent of endometrial-like tissue outside the uterus. Understanding this symptom is crucial for early diagnosis and management of endometriosis, as it can help differentiate between normal menstrual discomfort and potentially serious underlying conditions that warrant further investigation. Other symptoms, while still relevant, may not lead to the same level of urgency for further testing as severe menstrual cramping does.

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://narm.examzify.com

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