

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. 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. Rupture of membranes occurring more than 24 hours before delivery is known as?**
 - A. Normal rupture of membranes**
 - B. Prolonged rupture of membranes**
 - C. PROM**
 - D. Preterm labor**

- 2. 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**

- 3. What respiratory condition is more common in infants born to women who smoke?**
 - A. Acute bronchitis**
 - B. Sudden infant death syndrome**
 - C. Chronic obstructive pulmonary disease**
 - D. Croup**

- 4. What hormone produced by the anterior pituitary gland is vital for luteal function in the first two weeks of pregnancy?**
 - A. Estrogen**
 - B. Testosterone**
 - C. Luteinizing hormone**
 - D. Follicle-stimulating hormone**

- 5. 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**

- 6. What is the risk of perinatal HIV transmission without any antiretroviral treatment?**
- A. 5%**
 - B. 15%**
 - C. 25%**
 - D. 35%**
- 7. How long is a diaphragm usable if properly cared for and fitted?**
- A. 1 year**
 - B. 2 years**
 - C. 3 years**
 - D. 5 years**
- 8. What is the purpose of the Pinard Maneuver?**
- A. To facilitate normal delivery**
 - B. To turn the baby during labor**
 - C. To bring down the feet in a frank breech delivery**
 - D. To assess fetal heart tones**
- 9. What is the primary content of lochia serosa?**
- A. Blood and decidual tissue**
 - B. Serous fluid and leukocytes**
 - C. Pus and bacteria**
 - D. Amniotic fluid**
- 10. What is a common characteristic of an omphalocele defect in newborns?**
- A. External organs covered by a sac**
 - B. Internal organs with no sac**
 - C. Spinal roots located externally in a sac**
 - D. Deformed vertebrae with internal organs**

Answers

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

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Explanations

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1. Rupture of membranes occurring more than 24 hours before delivery is known as?

- A. Normal rupture of membranes**
- B. Prolonged rupture of membranes**
- C. PROM**
- D. Preterm labor**

The phenomenon described as ruptured membranes occurring more than 24 hours before the onset of delivery is recognized as prolonged rupture of membranes. This condition is significant in obstetrics because it can be associated with an increased risk of infection for both the mother and the fetus, specifically intrauterine infection such as chorioamnionitis. The terminology used in obstetrics differentiates between spontaneous rupture of membranes at term and the prolonged nature of rupture if it exceeds 24 hours. Monitoring is crucial in this scenario to manage risk and complications effectively. While other terms are relevant to the context, such as PROM (Premature Rupture of Membranes), which refers to the rupture of membranes before labor begins regardless of the duration until delivery, it does not specifically indicate the time frame being over 24 hours. Preterm labor refers to labor that starts before 37 weeks of gestation, and normal rupture of membranes would typically denote an expected timing relative to the onset of labor. Thus, when membranes have been ruptured for more than a day prior to delivery, it is most accurately characterized as prolonged rupture of membranes.

2. 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.

3. What respiratory condition is more common in infants born to women who smoke?

- A. Acute bronchitis
- B. Sudden infant death syndrome**
- C. Chronic obstructive pulmonary disease
- D. Croup

Infants born to women who smoke are at a higher risk for Sudden Infant Death Syndrome (SIDS). Research has shown that maternal smoking during pregnancy can significantly increase the likelihood of SIDS, which is the unexpected death of an apparently healthy infant, typically during sleep. The mechanisms behind this association may include impaired respiratory and autonomic regulation in the infant, which can be exacerbated by exposure to nicotine and other harmful substances found in tobacco smoke. The impact of maternal smoking on the infant's respiratory system may also predispose them to other complications; however, the direct and specific connection between smoking and SIDS is particularly strong. Increased rates of SIDS in infants from smoking mothers reflect a complex interplay of environmental and biological factors, highlighting the importance of smoke-free environments for pregnant women to reduce risks to their infants.

4. What hormone produced by the anterior pituitary gland is vital for luteal function in the first two weeks of pregnancy?

- A. Estrogen
- B. Testosterone
- C. Luteinizing hormone**
- D. Follicle-stimulating hormone

Luteinizing hormone (LH) is crucial for maintaining luteal function during the early stages of pregnancy, particularly within the first two weeks after conception. LH is produced by the anterior pituitary gland and plays a significant role in the menstrual cycle and ovulation. During the luteal phase, LH stimulates the corpus luteum, which is responsible for producing progesterone. Progesterone is essential for preparing the uterine lining for a potential implantation of a fertilized egg. If pregnancy occurs, LH helps to maintain the corpus luteum, allowing it to continue producing progesterone until the placenta is fully formed and can take over hormone production. This hormonal support is vital for sustaining the early stages of pregnancy and ensuring a suitable environment for the embryo. In contrast, while estrogen, testosterone, and follicle-stimulating hormone (FSH) have important roles in the reproductive cycle, they do not specifically carry out the function of maintaining the luteal phase immediately after fertilization. Therefore, luteinizing hormone's active role in supporting the corpus luteum and its subsequent progesterone production makes it the correct answer in this context.

5. 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.

6. What is the risk of perinatal HIV transmission without any antiretroviral treatment?

- A. 5%**
- B. 15%**
- C. 25%**
- D. 35%**

Perinatal HIV transmission refers to the transmission of the HIV virus from an HIV-positive mother to her child during pregnancy, labor, delivery, or breastfeeding. Without any antiretroviral treatment (ART), the risk of transmitting HIV from an infected mother to her infant is significantly elevated. Research indicates that, in the absence of any preventive measures, including antiretroviral therapy, the risk of perinatal transmission can be as high as 25% to 35%. Specifically, the 25% figure is often cited as a baseline risk when considering mothers who are not receiving treatment. If we also consider various factors such as the stage of HIV infection, the mode of delivery, and whether the mother is breastfeeding, the risk can increase even further. In contrast, the figures suggested in the other choices are lower than the established risk associated with untreated HIV. With current guidelines and aggressively treating HIV with ART during pregnancy, perinatal transmission rates can drop to below 1%. However, in an untreated context, the 25% risk is consistent with established medical literature and reflects the serious implications of unmanaged HIV in expectant mothers.

7. How long is a diaphragm usable if properly cared for and fitted?

- A. 1 year
- B. 2 years**
- C. 3 years
- D. 5 years

The diaphragm, when properly cared for and fitted, is generally considered to have a usable lifespan of up to two years. This timeframe is based on the structural integrity of the material from which the diaphragm is made, as well as the potential for wear and tear over time, which can occur even with diligent maintenance. Proper care includes cleaning the diaphragm after each use, ensuring it is stored correctly (usually in a cool, dry place), and checking it regularly for any signs of damage, such as cracks or holes. If the diaphragm shows any signs of deterioration, it is important to replace it, regardless of whether the two-year mark has been reached. While other options suggest longer durations, they do not align with the typical recommendations provided by manufacturers and healthcare professionals. It's important for users to adhere to the two-year guideline to ensure effectiveness in contraception and to maintain optimal health and safety.

8. What is the purpose of the Pinard Maneuver?

- A. To facilitate normal delivery
- B. To turn the baby during labor
- C. To bring down the feet in a frank breech delivery**
- D. To assess fetal heart tones

The Pinard Maneuver is a technique specifically utilized during breech deliveries, particularly in situations where the baby is in a frank breech presentation. This maneuver involves gently manipulating the fetus to encourage the descent of the presenting part or to bring down the feet during the delivery process. In a frank breech position, the baby's legs are extended upward, and the goal of the Pinard Maneuver is to help position the baby for a safer and more effective delivery. Using this maneuver is vital for midwives and healthcare providers as it can facilitate the process of delivering a baby in a breech position, ultimately helping to reduce complications associated with breech deliveries. Understanding and correctly applying this technique is an essential skill for midwives working in settings where they may encounter breech presentations.

9. What is the primary content of lochia serosa?

- A. Blood and decidual tissue
- B. Serous fluid and leukocytes**
- C. Pus and bacteria
- D. Amniotic fluid

Lochia serosa is a type of postpartum uterine discharge that typically occurs from about four to ten days following childbirth. The primary content of lochia serosa includes serous fluid, which is a clear to pinkish fluid, and leukocytes, which are white blood cells that help to prevent infection as the body recovers from delivery. This composition indicates that the body is healing and that the initial heavy bleeding, which includes blood and decidual tissue (found in lochia rubra), is tapering off and changing in consistency and color. The presence of serous fluid suggests that the discharge is less about shedding blood or damaged tissue, which characterizes earlier phases. The leukocytes in lochia serosa play a crucial role in maintaining the health of the woman as they respond to potential infections during the postpartum period. The shift to lochia serosa is an essential part of the healing process, representing the transition towards the final phase of lochia, known as lochia alba, which is even lighter and primarily consists of mucus and leukocytes. Understanding this progression is significant for midwives in monitoring the recovery of postpartum individuals and identifying any complications that may arise.

10. What is a common characteristic of an omphalocele defect in newborns?

- A. External organs covered by a sac**
- B. Internal organs with no sac
- C. Spinal roots located externally in a sac
- D. Deformed vertebrae with internal organs

An omphalocele is a congenital defect characterized by the herniation of abdominal contents through a defect in the abdominal wall, typically at the umbilicus (navel). A key feature of omphalocele is that the protruding organs are covered by a membrane or sac, which consists of peritoneum and amniotic tissue. This protective covering distinguishes omphalocele from other similar conditions, such as gastroschisis, where the organs are exposed to the external environment due to a lack of this sac. The presence of the sac in omphalocele provides not only a degree of protection to the exposed organs but also helps surgeons assess the condition prior to potential surgical intervention. The membranes can be delicate and may require careful management. Therefore, recognizing the presence of this membranous covering is crucial for diagnosis and treatment planning in clinical practice.

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!

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