

# 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. How can progesterone affect gastrointestinal function during pregnancy?**
  - A. It decreases appetite**
  - B. It increases GI motility**
  - C. It relaxes the cardiac sphincter of the stomach**
  - D. It promotes acidity**
  
- 2. What are three effects of hypoxia in the newborn?**
  - A. Increased heart rate, increased blood pressure, and metabolic alkalosis**
  - B. Persistent fetal circulation, CO<sub>2</sub> buildup, and metabolic acidosis**
  - C. Decreased oxygen saturation, increased respiratory rate, and metabolic acidosis**
  - D. Increased temperature, metabolic alkalosis, and increased heart rate**
  
- 3. Which forms of birth control are known to decrease the risk of PID (pelvic inflammatory disease)?**
  - A. Oral contraceptives and IUDs**
  - B. Diaphragms and cervical caps with vaginal spermicides**
  - C. Implants and hormone patches**
  - D. Withdrawal method and natural cycles**
  
- 4. What is defined as protein in the urine in excess of 1 g/L?**
  - A. Proteinuria**
  - B. Preeclampsia**
  - C. Hemolysis**
  - D. Nephrotic syndrome**
  
- 5. How should newborn infants of Hepatitis B infected mothers be managed?**
  - A. Immediate bath, immunization with Hep B immune Globulin (HBIG), and immunization with Hep B vaccine**
  - B. Observation for 48 hours and routine vaccinations**
  - C. Breastfeeding immediately and follow-up check in two weeks**
  - D. Intravenous fluids and observation only**

- 6. What symptom would indicate that a woman should discontinue her oral contraceptive?**
- A. Nausea**
  - B. Headaches**
  - C. Weight gain**
  - D. Fatigue**
- 7. Which of the following foods is particularly rich in folic acid?**
- A. Lean beef**
  - B. Brussels sprouts**
  - C. Cheese**
  - D. Fish**
- 8. What would be the major concern with a placenta that has lobated structures?**
- A. Pregnancy complications may arise**
  - B. All lobes must be thoroughly expelled after delivery**
  - C. Lobated sections enhance placental functionality**
  - D. It is a sign of a healthy pregnancy**
- 9. How soon after circumcision can parents typically give their newborns a bath?**
- A. After 1 day**
  - B. When the umbilical stump has fallen off**
  - C. Once both healing sites are completely healed**
  - D. At any time after surgery**
- 10. Which of the following infections is NOT usually transmitted sexually?**
- A. Candidiasis**
  - B. Trichomoniasis**
  - C. Gonorrhea**
  - D. Chlamydia**

## Answers

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

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## **Explanations**

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## 1. How can progesterone affect gastrointestinal function during pregnancy?

- A. It decreases appetite
- B. It increases GI motility
- C. It relaxes the cardiac sphincter of the stomach**
- D. It promotes acidity

Progesterone plays a significant role during pregnancy, particularly in relation to gastrointestinal function. One of its effects is the relaxation of the smooth muscles in the gastrointestinal tract, including the cardiac sphincter of the stomach. This relaxation can lead to increased occurrences of gastroesophageal reflux, as the cardiac sphincter—responsible for preventing stomach contents from flowing back into the esophagus—may not function as effectively. As for the other options, while progesterone does impact appetite and gastrointestinal motility, its primary and well-documented role in the context of this question focuses on its relaxing effects on the sphincters. Increased acidity is not a direct action of progesterone either; rather, it's often a consequence of the relaxation of the cardiac sphincter, which could allow stomach acid to rise, but progesterone does not inherently promote acidity. Understanding these interactions is key for midwives and healthcare professionals managing the physiological changes during pregnancy.

## 2. What are three effects of hypoxia in the newborn?

- A. Increased heart rate, increased blood pressure, and metabolic alkalosis
- B. Persistent fetal circulation, CO<sub>2</sub> buildup, and metabolic acidosis**
- C. Decreased oxygen saturation, increased respiratory rate, and metabolic acidosis
- D. Increased temperature, metabolic alkalosis, and increased heart rate

Hypoxia in the newborn can lead to several critical physiological responses, primarily affecting the cardiovascular and respiratory systems, as well as acid-base balance. When a newborn experiences hypoxia, the body responds in ways that attempt to compensate for the lack of oxygen. One significant effect is persistent fetal circulation, where the newborn's circulation patterns do not transition as they should after birth. Instead of the normal shift to newborn pulmonary circulation, the blood continues to bypass the lungs due to a combination of poor oxygenation and vasoconstriction of pulmonary vessels, resulting from elevated levels of carbon dioxide (CO<sub>2</sub>) in the body. Additionally, CO<sub>2</sub> buildup occurs because the body is unable to adequately exchange gases, leading to respiratory distress. This buildup can lead to metabolic acidosis as the body attempts to compensate for changes in acid-base balance due to hypoxia and inadequate oxygen supply, resulting in an accumulation of acids in the bloodstream. Understanding these physiological responses to hypoxia is crucial for managing newborns at risk and providing timely intervention to prevent further complications.

**3. Which forms of birth control are known to decrease the risk of PID (pelvic inflammatory disease)?**

**A. Oral contraceptives and IUDs**

**B. Diaphragms and cervical caps with vaginal spermicides**

**C. Implants and hormone patches**

**D. Withdrawal method and natural cycles**

The choice indicating that diaphragms and cervical caps with vaginal spermicides are known to decrease the risk of pelvic inflammatory disease (PID) reflects an understanding of how certain forms of barrier methods contribute to reproductive health. Diaphragms and cervical caps create a physical barrier that prevents sperm from entering the uterus, thus also limiting the potential for sexually transmitted infections (STIs) traveling into the upper reproductive tract. With the right application of vaginal spermicides, these devices can enhance this protective effect. Adequate use of these methods can lead to a reduction in the incidence of infections that often lead to PID since they can help to prevent the introduction of pathogens into the reproductive system. Other options, despite their effectiveness in preventing pregnancy, do not have the same association with a decreased risk of PID. Some, like oral contraceptives, primarily work through hormonal regulation and do not provide a barrier to potential infections. Each type of birth control offers various benefits, but understanding the specific impact on PID highlights the unique role that barrier methods play in terms of both contraceptive effectiveness and sexually transmitted infection prevention.

**4. What is defined as protein in the urine in excess of 1 g/L?**

**A. Proteinuria**

**B. Preeclampsia**

**C. Hemolysis**

**D. Nephrotic syndrome**

Proteinuria is defined as the presence of an excess amount of protein in the urine, and a commonly accepted threshold for diagnosing proteinuria is indeed greater than 1 g/L. In the context of midwifery and maternal health, proteinuria can indicate complications such as preeclampsia, but it is a standalone clinical term used to describe any abnormal amount of protein in the urine, regardless of the underlying cause. Preeclampsia is a specific condition that can involve proteinuria along with hypertension, but it requires additional criteria beyond just the presence of protein in the urine. Hemolysis refers to the breakdown of red blood cells and is not directly related to protein levels in urine, and nephrotic syndrome is a specific type of kidney disorder characterized by high levels of proteinuria, but it describes a syndrome rather than defining the condition itself in the manner specified in the question. Therefore, the definition provided in the question specifically aligns with the term proteinuria.

**5. How should newborn infants of Hepatitis B infected mothers be managed?**

- A. Immediate bath, immunization with Hep B immune Globulin (HBIG), and immunization with Hep B vaccine**
- B. Observation for 48 hours and routine vaccinations**
- C. Breastfeeding immediately and follow-up check in two weeks**
- D. Intravenous fluids and observation only**

The management of newborn infants born to mothers who are infected with Hepatitis B is crucial to prevent the transmission of the virus. The correct answer involves immediate intervention that includes an immediate bath to reduce the risk of virus transmission through contact with maternal blood or fluids, followed by the administration of Hepatitis B immune globulin (HBIG) along with the Hepatitis B vaccine. HBIG provides passive immunity and helps prevent the virus from establishing an infection in the newborn. The timing of these treatments is essential, as they are most effective when administered within 12 hours of birth. The subsequent vaccination with the Hepatitis B vaccine ensures that the newborn can develop active immunity against the virus, offering long-term protection. Other management strategies, such as merely observing the infant for 48 hours, do not adequately address the immediate risk of Hepatitis B transmission. Routine vaccinations or simply monitoring without the administration of HBIG and the vaccine may leave the infant vulnerable to infection. Similarly, approaches focusing solely on breastfeeding or intravenous fluids fail to provide the necessary preventative measures to protect the infant from Hepatitis B. Thus, the first choice correctly outlines a comprehensive and proactive management strategy for these newborns.

**6. What symptom would indicate that a woman should discontinue her oral contraceptive?**

- A. Nausea**
- B. Headaches**
- C. Weight gain**
- D. Fatigue**

Headaches can be a significant symptom indicating that a woman may need to discontinue her oral contraceptive, especially if they are unusual in nature or intensity. This is particularly important if the headaches are new, severe, or occur with symptoms such as visual disturbances, which may suggest the development of complications like hypertension or increased intracranial pressure linked to oral contraceptive use. While nausea, weight gain, and fatigue may be common side effects associated with oral contraceptives, headaches are more alarming as they can signal potential serious conditions that necessitate a reassessment of the contraceptive method. It is crucial for women to monitor their symptoms and maintain communication with their healthcare provider about any concerning changes, particularly regarding headaches, to ensure their safety and well-being.

**7. Which of the following foods is particularly rich in folic acid?**

- A. Lean beef**
- B. Brussels sprouts**
- C. Cheese**
- D. Fish**

Brussels sprouts are particularly rich in folic acid, making them an excellent choice for individuals looking to increase their intake of this essential nutrient. Folic acid, also known as vitamin B9, is crucial for DNA synthesis, cell division, and overall growth. It is especially important during periods of rapid growth, such as during pregnancy. Brussels sprouts, along with other leafy green vegetables and legumes, contain high levels of folate, the natural form of folic acid. Including these vegetables in a diet can significantly enhance folate levels, supporting health and well-being. In contrast, while lean beef contains nutrients like iron and protein, it does not offer substantial amounts of folic acid. Cheese, rich in calcium and protein, also lacks significant folic acid compared to green vegetables. Fish, although a great source of omega-3 fatty acids and protein, is not known for being high in folate either. Therefore, Brussels sprouts stand out as the food option that provides the most folic acid among the choices given.

**8. What would be the major concern with a placenta that has lobated structures?**

- A. Pregnancy complications may arise**
- B. All lobes must be thoroughly expelled after delivery**
- C. Lobated sections enhance placental functionality**
- D. It is a sign of a healthy pregnancy**

The concern with a placenta that has lobated structures primarily relates to the need for all lobes to be thoroughly expelled after delivery. In cases where the placenta is lobated, there is a risk that one or more lobes might remain in the uterus, leading to complications such as postpartum hemorrhage or infection. Ensuring that all lobes are expelled is crucial for the mother's health following childbirth. This scenario highlights the importance of careful examination of the placenta post-delivery to confirm that no fragments remain, which could compromise the mother's recovery and overall well-being. Other considerations regarding the functions or health implications of lobation are secondary to the necessity of complete placental expulsion.

**9. How soon after circumcision can parents typically give their newborns a bath?**

- A. After 1 day**
- B. When the umbilical stump has fallen off**
- C. Once both healing sites are completely healed**
- D. At any time after surgery**

The timing of when parents can safely give their newborns a bath after circumcision is crucial to ensure proper healing and to prevent infections. Typically, a newborn should not have a bath until both healing sites—the circumcision site and the umbilical stump—are completely healed. Bathing before these areas are fully healed can increase the risk of water exposure leading to infection or irritation of the surgical site. Complete healing of the circumcision area often takes several days, while the umbilical stump falls off and heals within the first few weeks of life. Therefore, the emphasis is on ensuring that both sites have had adequate time to heal before bathing the infant to promote the best outcomes for their health and recovery. On the other hand, bathing too soon after circumcision can impede the healing process of the circumcision site, which might be sensitive and prone to complications such as bleeding or infection. Thus, waiting until everything is completely healed is the safest approach for both the circumcised area and the umbilical stump.

**10. Which of the following infections is NOT usually transmitted sexually?**

- A. Candidiasis**
- B. Trichomoniasis**
- C. Gonorrhea**
- D. Chlamydia**

Candidiasis is primarily caused by an overgrowth of the yeast *Candida*, which can naturally exist in the body, particularly in warm and moist areas. It is not typically classified as a sexually transmitted infection (STI) because it does not rely on sexual contact for transmission; rather, it can occur due to various factors such as antibiotic use, hormonal changes, or a weakened immune system. While sexual activity may influence the occurrence of *Candida* infections, it is not a primary transmission route like it is for Trichomoniasis, Gonorrhea, and Chlamydia, which are all definitively considered sexually transmitted infections.

## 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](mailto: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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