

NORTH AMERICAN REGISTRY OF MIDWIVES (NARM) PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

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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. What is one effective way to manage severe vomiting related to morning sickness?**
 - A. Using saltine crackers only
 - B. Taking ginger capsules with meals
 - C. Drinking soda
 - D. Eating spicy foods
- 2. What percentage of cells is typically reduced in symmetric fetal growth retardation due to malnutrition?**
 - A. Approximately 10%
 - B. Approximately 20%
 - C. Approximately 30%
 - D. Approximately the same percentage amount for all
- 3. What physiological change in pregnant women increases their susceptibility to urinary tract infections (UTIs)?**
 - A. Decreased kidney function
 - B. Reduced urine output
 - C. Hydronephrosis
 - D. Increased hormonal levels
- 4. What is the risk of perinatal HIV transmission without any antiretroviral treatment?**
 - A. 5%
 - B. 15%
 - C. 25%
 - D. 35%
- 5. What condition is associated with a pattern of petechiae on the vaginal walls and cervix?**
 - A. Bacterial vaginosis
 - B. Trichomoniasis
 - C. Candidiasis
 - D. Vulvovaginal thrush

- 6. Which type of lochia has the strongest odor?**
- A. Lochia rubra
 - B. Lochia serosa
 - C. Lochia alba
 - D. None of the above
- 7. What test is used to determine a newborn's HIV status?**
- A. Rapid HIV test
 - B. Viral culture and Polymerase chain reaction technique (PCR)
 - C. ELISA test
 - D. Antibody test
- 8. What is the primary hormone responsible for milk ejection?**
- A. Prolactin
 - B. Oxytocin
 - C. Estrogen
 - D. Progesterone
- 9. What do Leydig's cells synthesize and release?**
- A. Estrogen
 - B. Progesterone
 - C. Testosterone
 - D. Oxytocin
- 10. Which pelvic muscle comprises the largest portion of the pelvic floor?**
- A. Deep transverse perineal
 - B. Superficial transverse perineal
 - C. Pubic bone
 - D. Levator ani

Answers

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

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Explanations

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1. What is one effective way to manage severe vomiting related to morning sickness?

- A. Using saltine crackers only
- B. Taking ginger capsules with meals**
- C. Drinking soda
- D. Eating spicy foods

Managing severe vomiting related to morning sickness can significantly improve a pregnant person's comfort and overall well-being. One effective method involves taking ginger capsules with meals. Ginger is well-known for its anti-nausea effects and has been used for centuries to alleviate digestive discomfort. Clinical studies have shown that ginger can help reduce the severity and frequency of nausea during pregnancy, making it a suitable choice for managing morning sickness. Using ginger capsules provides a concentrated form of ginger that can be easily incorporated into a daily routine, especially with meals when nausea may be heightened. Unlike some other options, ginger has a solid evidence base supporting its efficacy and safety for pregnant individuals, making it a reliable choice for those seeking relief from morning sickness. In contrast, while saltine crackers can offer mild relief by providing a bland option to settle the stomach, they are not comprehensive enough for those experiencing severe vomiting. Drinking soda may not effectively address nausea and could exacerbate symptoms in some individuals due to carbonation and sugars. Furthermore, eating spicy foods could irritate the stomach lining and potentially increase nausea rather than alleviate it. Thus, ginger capsules emerge as a well-supported method for managing morning sickness effectively.

2. What percentage of cells is typically reduced in symmetric fetal growth retardation due to malnutrition?

- A. Approximately 10%
- B. Approximately 20%
- C. Approximately 30%
- D. Approximately the same percentage amount for all**

Symmetric fetal growth retardation typically occurs when there is a uniform reduction in overall cell mass due to early nutritional deficiencies, generally in the first trimester of pregnancy. In this condition, the decrease in fetal size affects the growth of all cells uniformly, meaning that the percentage of reduction is similar across various tissues and organ systems. In symmetric growth retardation, the body proportions remain normal, but the overall growth is restricted, indicating that the body has received insufficient nutrients early in development. The key aspect here is that the entire fetal environment is negatively impacted, leading to a balanced reduction in the size of all organs and structures, rather than affecting only certain parts. Therefore, the correct understanding is that the percentage of reduction in cells is approximately the same across the board, influencing all areas of growth uniformly, which aligns with the ideal answer. This contrasts with asymmetric growth retardation, where the brain may be spared while other areas show more significant growth reduction, leading to different percentages.

3. What physiological change in pregnant women increases their susceptibility to urinary tract infections (UTIs)?

- A. Decreased kidney function
- B. Reduced urine output
- C. Hydronephrosis**
- D. Increased hormonal levels

Hydronephrosis is a condition characterized by the swelling of a kidney due to a build-up of urine. During pregnancy, the growing uterus can exert pressure on the ureters, leading to partial obstruction. This can cause urine to back up into the kidneys, leading to hydronephrosis. As a result, the changes in urine flow and retention can create an environment conducive to bacterial growth, significantly increasing the susceptibility to urinary tract infections (UTIs). This physiological change is particularly relevant in the second and third trimesters when the uterus is larger and exerts more pressure on the urinary tract. As the urinary system becomes more prone to stasis (the slowing or stopping of normal flow), the likelihood of bacteria proliferating and causing infections rises. Understanding this physiological dynamic is crucial for midwives and healthcare providers in monitoring and managing the health of pregnant women.

4. 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.

5. What condition is associated with a pattern of petechiae on the vaginal walls and cervix?

- A. Bacterial vaginosis
- B. Trichomoniasis**
- C. Candidiasis
- D. Vulvovaginal thrush

Trichomoniasis is a sexually transmitted infection caused by the parasite Trichomonas vaginalis. One of its notable clinical manifestations is a pattern of petechiae, which are small, pinpoint red or purple spots, on the vaginal walls and cervix. This occurs due to the inflammatory response elicited by the infection, which can cause capillary rupture and bleeding, leading to the visible petechiae. The petechial pattern associated with trichomoniasis can be an important clinical indicator for midwives and healthcare providers when assessing patients with vaginal discomfort, unusual discharge, or other related symptoms. Recognizing this sign allows for prompt diagnosis and effective treatment, preventing further complications and facilitating better reproductive health outcomes. In contrast, other conditions listed do not typically present with petechiae on the vaginal walls or cervix. Bacterial vaginosis primarily involves a fishy odor and changes in vaginal discharge, candidiasis presents with itching and thick white discharge, and vulvovaginal thrush refers to a yeast infection that usually does not lead to petechiae. Understanding the specific signs and symptoms associated with different conditions helps in accurate diagnosis and management in midwifery practice.

6. Which type of lochia has the strongest odor?

- A. Lochia rubra
- B. Lochia serosa**
- C. Lochia alba
- D. None of the above

Lochia serosa is considered to have the strongest odor compared to the other types of lochia. This type of lochia occurs approximately four to ten days postpartum and is characterized by a pinkish-brown color, consisting of mainly serous fluid, leukocytes, and some red blood cells. The increase in fluid content and decomposition of blood can lead to a more pronounced odor during this phase. Lochia rubra, which occurs in the first few days postpartum, primarily consists of fresh blood and has a more metallic or earthy smell, typically due to the presence of red blood cells. On the other hand, lochia alba, which follows lochia serosa, is much lighter in color and odor, primarily consisting of white blood cells and tissue debris, leading to a minimal or no odor at all. Therefore, lochia serosa's composition and timing contribute to it having the strongest odor among the different stages of postpartum vaginal discharge.

7. What test is used to determine a newborn's HIV status?

- A. Rapid HIV test
- B. Viral culture and Polymerase chain reaction technique (PCR)**
- C. ELISA test
- D. Antibody test

The correct choice is the viral culture and Polymerase chain reaction technique (PCR) because it is the most accurate method for determining a newborn's HIV status, particularly in the first few months of life. Newborns can have maternal antibodies from their mothers if they are HIV positive, which can complicate the determination of their own HIV status. PCR testing directly detects the presence of the virus's genetic material, providing reliable results in infants who might still have maternal antibodies. While rapid HIV tests are beneficial for screening in larger populations and can provide fast results, they are not as reliable for newborns due to the reasons mentioned regarding maternal antibodies. The ELISA test and antibody tests rely on the detection of antibodies that may be present in the mother's blood and can lead to false positives in newborns until they are older. Therefore, utilizing the viral culture and PCR technique is critical for obtaining an accurate and timely diagnosis in the context of newborns.

8. What is the primary hormone responsible for milk ejection?

- A. Prolactin
- B. Oxytocin**
- C. Estrogen
- D. Progesterone

The primary hormone responsible for milk ejection is oxytocin. During breastfeeding, when the infant suckles at the breast, nerve signals are sent to the brain, triggering the release of oxytocin from the posterior pituitary gland. Oxytocin acts on the myoepithelial cells surrounding the alveoli in the breast tissue, causing them to contract and squeeze the milk down the ducts toward the nipple, facilitating the milk ejection reflex. Prolactin plays a vital role in milk production, but it is not directly responsible for the ejection of milk. Estrogen and progesterone are also important hormones involved in the development of breast tissue and preparing the breasts for lactation but do not play a direct role in the ejection process. Thus, understanding the specific roles of these hormones highlights why oxytocin is identified as the key hormone for milk ejection during breastfeeding.

9. What do Leydig's cells synthesize and release?

- A. Estrogen
- B. Progesterone
- C. Testosterone**
- D. Oxytocin

Leydig's cells are a type of endocrine cell located in the testes, specifically in the interstitial tissue between the seminiferous tubules. Their primary function is the synthesis and secretion of testosterone, which is a key male sex hormone. Testosterone plays a crucial role in male reproductive development, influencing secondary sexual characteristics such as the growth of facial hair, deepening of the voice, and increased muscle mass. The regulation of testosterone production is stimulated by luteinizing hormone (LH) from the pituitary gland, which binds to receptors on Leydig's cells, prompting them to produce this hormone. Overall, the biosynthesis and release of testosterone by Leydig's cells are vital for male fertility and sexual function. Other options do not pertain to the function of Leydig's cells; they are produced in different tissues or by different cell types, which are not involved in the synthesis of testosterone.

10. Which pelvic muscle comprises the largest portion of the pelvic floor?

- A. Deep transverse perineal
- B. Superficial transverse perineal
- C. Pubic bone
- D. Levator ani**

The levator ani muscle group is indeed the largest portion of the pelvic floor. This muscle group consists of several muscles, including the pubococcygeus, iliococcygeus, and ischiococcygeus. It plays a crucial role in supporting the pelvic organs, maintaining continence, and assisting with childbirth. The levator ani forms a significant part of the pelvic diaphragm, which acts to stabilize and support the pelvic cavity. This support is vital for not only the integrity of the pelvic organs but also for functioning during various activities such as standing, walking, and lifting. In contrast, the deep and superficial transverse perineal muscles, while important for pelvic floor function, comprise smaller portions of the pelvic floor compared to the levator ani. These muscles primarily support the urogenital region but do not provide the same extensive support and coverage of the pelvic cavity. The pubic bone, while a structural component of the pelvis, is not a muscle and therefore does not contribute to the muscular support of the pelvic floor in the same manner.

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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:

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

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