

REGISTERED NURSE CERTIFIED IN MATERNAL NEWBORN NURSING (RNC-MNN) PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 the approximate chest circumference of a newborn measured at the nipple line?**
 - A. 25 cm
 - B. 22 cm
 - C. 33 cm
 - D. 38 cm

- 2. Which of the following is a risk factor for a retained placenta?**
 - A. Previous uterine curettage
 - B. Preeclampsia
 - C. Nulliparity
 - D. All of the above

- 3. According to WHO, what is the recommended duration for exclusive breastfeeding?**
 - A. Three months
 - B. Four months
 - C. Six months
 - D. Nine months

- 4. What is the primary concern when a patient's fetal heart rate shows bradycardia during labor?**
 - A. Dehydration
 - B. Fetal hypoxia
 - C. Maternal anxiety
 - D. Uterine contractions

- 5. How often should a pregnant woman have prenatal visits during the first trimester?**
 - A. Every 2 weeks
 - B. Every 4 weeks
 - C. Every month
 - D. Every 6 weeks

- 6. Which of the following is an effect of smoking on fetal development?**
- A. Increased birth weight
 - B. Improved lung function
 - C. Increased risk of developmental delays
 - D. Higher likelihood of multiple births
- 7. What is a major cause of bleeding syndrome in a healthy newborn due to deficiency?**
- A. Vitamin A
 - B. Vitamin B12
 - C. Vitamin D
 - D. Vitamin K
- 8. What is the lowest heart rate a full term newborn may reach during deep sleep?**
- A. 50
 - B. 50-60
 - C. 60-80
 - D. 80-100
- 9. Which substance influences amniotic fluid volume through fetal urination?**
- A. Insulin
 - B. Oxytocin
 - C. Glucose
 - D. Hypertension
- 10. During the first week postpartum, the cervix generally narrows to what diameter?**
- A. 1 cm
 - B. 2 cm
 - C. 0.5 cm
 - D. 3 cm

Answers

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

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Explanations

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1. What is the approximate chest circumference of a newborn measured at the nipple line?

- A. 25 cm
- B. 22 cm
- C. 33 cm**
- D. 38 cm

The approximate chest circumference of a newborn measured at the nipple line is typically around 30 to 33 centimeters. This measurement is an essential aspect of assessing the newborn's growth and development, as well as ensuring proper fitting for equipment and clothing. A chest circumference of 33 cm aligns with the expected range for newborns, indicating that the infant is likely within average measurements for this age group. Chest circumference measurements are important as they help in evaluating the proportionate growth between the head, abdomen, and chest, which can be indicative of the newborn's health status. Values that are significantly lower or higher than this range can prompt further assessment to rule out any potential health issues.

2. Which of the following is a risk factor for a retained placenta?

- A. Previous uterine curettage
- B. Preeclampsia
- C. Nulliparity
- D. All of the above**

A retained placenta can occur when the placenta is not expelled completely or effectively after childbirth. Each of the listed risk factors contributes in different ways to the likelihood of this complication. Previous uterine curettage can lead to changes in the uterine lining or structure, potentially affecting its ability to contract and expel the placenta properly. Scar tissue formation may interfere with normal uterine wall function during the third stage of labor. Preeclampsia is a condition that can complicate pregnancy and may impact the physiology of labor and delivery. It is associated with a heightened risk of uterine atony, which is when the uterus fails to contract adequately, leading to complications including retained placenta. Nulliparity refers to a woman who has never given birth before. Research indicates that first-time mothers face a higher risk of various complications during labor, including retained placenta, due to the relative inexperience of the uterine muscle during the birthing process. Given these connections, it's clear that all these factors can contribute to an increased risk of a retained placenta, making the option indicating all of the above a comprehensive choice.

3. According to WHO, what is the recommended duration for exclusive breastfeeding?

- A. Three months
- B. Four months
- C. Six months**
- D. Nine months

The recommended duration for exclusive breastfeeding, according to the World Health Organization (WHO), is six months. This guidance is based on extensive research indicating that infants benefit from exclusive breastfeeding during the first six months of life, as it provides all the necessary nutrients and hydration needed for optimal growth and development. During this period, exclusive breastfeeding can help strengthen the infant's immune system, reducing the risk of infections and illnesses. This practice also promotes better attachment and bonding between the mother and infant. Beginning complementary foods after six months while continuing breastfeeding is advised to meet the evolving nutritional needs of the infant. This timing supports healthy physical and cognitive development, helping ensure that the child receives a well-rounded diet as they grow. The focus on exclusive breastfeeding for the full six months underscores its critical role in early childhood health.

4. What is the primary concern when a patient's fetal heart rate shows bradycardia during labor?

- A. Dehydration
- B. Fetal hypoxia**
- C. Maternal anxiety
- D. Uterine contractions

When a patient's fetal heart rate shows bradycardia during labor, the primary concern is fetal hypoxia. Bradycardia, defined as a fetal heart rate of less than 110 beats per minute, can indicate that the fetus is not receiving enough oxygen. This may arise from various factors such as uteroplacental insufficiency, umbilical cord compression, or other complications that restrict blood flow and oxygen delivery to the fetus. Monitoring the fetal heart rate is critical during labor because abnormalities can signal distress and necessitate immediate intervention to ensure the safety of both the mother and the baby. Fetal hypoxia can lead to further complications, including neurological damage or fetal demise if not addressed promptly. Other factors listed, such as dehydration, maternal anxiety, and uterine contractions, may influence the labor process but are secondary to the immediate implications of fetal bradycardia. While they can contribute to the overall clinical picture, they do not represent the direct threat to fetal well-being that hypoxia does during episodes of bradycardia. The focus on fetal hypoxia underscores the importance of continuous fetal monitoring and readiness to act in response to abnormal heart rate patterns during labor.

5. How often should a pregnant woman have prenatal visits during the first trimester?

- A. Every 2 weeks
- B. Every 4 weeks**
- C. Every month
- D. Every 6 weeks

During the first trimester, it is recommended that a pregnant woman has prenatal visits every 4 weeks. This frequency allows healthcare providers to monitor the health and development of both the mother and the fetus, ensuring that any potential issues can be addressed early. During these visits, various assessments are performed, such as checking vital signs, conducting lab tests, and providing education on lifestyle and prenatal care. The monthly schedule aligns with the typical progression of pregnancy, helping to establish a routine for maternal care and fetal monitoring. It also allows healthcare providers to track the mother's health markers, such as weight and blood pressure, as well as to provide guidance on dietary and exercise recommendations during these crucial early weeks of pregnancy. This frequency ensures that both the physical health and emotional well-being of expectant mothers are prioritized during this foundational stage of pregnancy.

6. Which of the following is an effect of smoking on fetal development?

- A. Increased birth weight
- B. Improved lung function
- C. Increased risk of developmental delays**
- D. Higher likelihood of multiple births

Smoking during pregnancy has been shown to have several adverse effects on fetal development, one of the most significant being the increased risk of developmental delays. Exposure to nicotine and other harmful substances present in cigarettes can impair brain development in the fetus. This impairment can lead to cognitive and behavioral issues that may manifest as developmental delays after birth. Smoking reduces the oxygen supply to the fetus and can lead to complications such as low birth weight, preterm birth, and stillbirth, all of which can contribute to developmental challenges. Moreover, children exposed to tobacco in utero may be at a higher risk for attention deficit hyperactivity disorder (ADHD) and learning difficulties, which further underline the connection between maternal smoking and developmental risks. In contrast to this, increased birth weight, improved lung function, and a higher likelihood of multiple births are not associated with smoking and do not reflect the detrimental impact of smoking on fetal growth and development.

7. What is a major cause of bleeding syndrome in a healthy newborn due to deficiency?

- A. Vitamin A
- B. Vitamin B12
- C. Vitamin D
- D. Vitamin K**

A major cause of bleeding syndrome in a healthy newborn due to deficiency is Vitamin K. Newborns are typically born with low levels of Vitamin K because the vitamin does not easily cross the placenta, and they also have limited storage of it in their liver. Vitamin K is essential for the synthesis of certain clotting factors in the liver, which are crucial for normal blood coagulation. Without adequate Vitamin K, newborns are at risk for conditions such as hemorrhagic disease of the newborn, which can lead to serious bleeding issues. Other vitamins mentioned play different roles in the body. Vitamin A is primarily involved in vision and immune function. Vitamin B12 is crucial for red blood cell formation and neurological function. Vitamin D is important for bone health and calcium regulation but does not play a significant role in blood clotting. Thus, while deficiencies in these vitamins can lead to various health issues, they are not directly linked to bleeding syndromes in newborns like Vitamin K deficiency is.

8. What is the lowest heart rate a full term newborn may reach during deep sleep?

- A. 50
- B. 50-60
- C. 60-80
- D. 80-100**

In a full-term newborn, a resting heart rate during deep sleep can drop significantly due to their unique physiological state. Typically, the normal heart rate for a full-term newborn ranges from approximately 120 to 160 beats per minute when awake and may slow to around 80 to 100 beats per minute during deep sleep. The correct choice reflects the physiological characteristics of newborns, showing that their heart rate can stabilize in a lower range while they are in a deep sleep state. The heart rate may decrease from its normal awake levels, yet should not fall below approximately 80 bpm for a healthy, full-term infant. This range indicates that while a newborn's heart rate can indeed lower as they enter deeper stages of sleep, it typically does not go much lower than the 80 bpm mark in healthy conditions. Understanding this physiological phenomenon is crucial for nursing assessment, as it highlights the importance of monitoring heart rates in newborns to determine their overall health and well-being. Recognizing this range allows healthcare providers to differentiate between acceptable variations and potential causes for concern.

9. Which substance influences amniotic fluid volume through fetal urination?

- A. Insulin
- B. Oxytocin
- C. Glucose**
- D. Hypertension

The substance that influences amniotic fluid volume through fetal urination is glucose. During fetal development, the fetus metabolizes glucose, which plays a crucial role in several physiological processes, including urine production. Amniotic fluid volume is significantly influenced by the balance of fluid produced by the fetus and the fluid absorbed by the mother. Fetal urination contributes to the amniotic fluid volume, and glucose levels can affect fetal metabolism and hydration status, subsequently influencing urine output. An adequate amount of amniotic fluid is essential for fetal development, providing a protective cushion, facilitating movement, and allowing for normal lung development. Other substances mentioned, like insulin and oxytocin, do not have a direct impact on the volume of amniotic fluid through urination in the fetus. Insulin is primarily related to glucose metabolism and does not directly affect urination. Oxytocin is more involved in processes associated with labor and postpartum milk ejection, rather than regulating amniotic fluid volume. Hypertension can lead to complications during pregnancy but is not a substance that influences fetal urination and amniotic fluid volume.

10. During the first week postpartum, the cervix generally narrows to what diameter?

- A. 1 cm**
- B. 2 cm
- C. 0.5 cm
- D. 3 cm

During the first week postpartum, the cervix typically narrows to about 1 centimeter in diameter. This change is part of the body's natural process of recovery following childbirth. Immediately after delivery, the cervix remains significantly dilated, often ranging from 10 centimeters during active labor to wider. However, over the first few days and into the first week postpartum, it gradually begins to reduce in size due to the involution process, which is the body's way of returning to its pre-pregnancy state. The narrowing of the cervix is influenced by various factors, including hormonal changes, the physical healing that takes place after the trauma of delivering a baby, and uterine contractions that help reduce the size of the uterus and cervix. By the end of the first week, the cervix appears narrower and firmer, preparing for its roles in protection and fertility in future pregnancies. This physiological adaptation is critical for the postpartum recovery process and overall reproductive health.

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://rnc-mnn.examzify.com>

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

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