

RNC LOW RISK NEONATAL (LRN) NURSING PRACTICE TEST (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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. Approximately how many additional calories does a breastfeeding woman need per day compared to a non-breastfeeding woman?**
 - A. 150 calories
 - B. 250 calories
 - C. 330 calories
 - D. 400 calories
- 2. Cleft lip results from the failure of which fetal tissue to fuse?**
 - A. The tongue
 - B. The nasal passages
 - C. The left and right sides of the fetal lip tissue
 - D. The cheeks
- 3. What change occurs to the respiratory rate of a pregnant woman?**
 - A. Increases significantly
 - B. Decreases significantly
 - C. Remains unchanged
 - D. Varies greatly
- 4. What is a common complication associated with respiratory distress syndrome in neonates?**
 - A. Hypoglycemia
 - B. Hyperbilirubinemia
 - C. Uncompensated respiratory acidosis
 - D. Esophageal reflux
- 5. What role does the ductus arteriosus play in fetal circulation?**
 - A. It directs blood from the heart to the lungs
 - B. It shunts blood from the pulmonary trunk to the descending aorta
 - C. It connects the left atrium to the right atrium
 - D. It filters blood before it reaches the body

- 6. Which condition is considered a minor risk factor for venous thromboembolism during the postpartum period?**
- A. obesity
 - B. preeclampsia
 - C. prolonged labor
 - D. multiple gestation
- 7. Large testes in a male newborn may suggest which condition?**
- A. Down syndrome
 - B. Fragile X syndrome
 - C. Klinefelter syndrome
 - D. Turner syndrome
- 8. Excessive enzymatic release during apoptosis can lead to what type of defects?**
- A. skeletal defects
 - B. organ malformations
 - C. limb abnormalities
 - D. neurodevelopmental delays
- 9. In what timeframe do most undescended testicles descend naturally without treatment?**
- A. Within the first month of life
 - B. Within the first six months of life
 - C. Within the first year of life
 - D. After the first year of life
- 10. Which factor indicates potential fluid retention in preterm infants?**
- A. Decreased urine output
 - B. Increased feeding
 - C. Concentrated urine
 - D. Improved filtration

Answers

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

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Explanations

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1. Approximately how many additional calories does a breastfeeding woman need per day compared to a non-breastfeeding woman?

- A. 150 calories
- B. 250 calories
- C. 330 calories**
- D. 400 calories

During breastfeeding, a woman's body requires additional calories to support milk production and maintain her energy levels. The recommended increase in caloric intake for breastfeeding mothers is approximately 330 calories per day, as this amount helps to meet the nutritional needs of both the mother and the infant. Breastfeeding burns calories as the body works to produce and supply milk, and the additional intake helps ensure that the mother can sufficiently nourish her baby without compromising her own health. This caloric increase is important for maintaining maternal strength and facilitating recovery from the physical demands of childbirth while supporting optimal growth and development of the newborn. Any lower caloric increase would not adequately support these needs, likely leading to insufficient energy levels for the mother or inadequate milk supply. Thus, 330 calories stands as the balanced recommendation for nursing mothers.

2. Cleft lip results from the failure of which fetal tissue to fuse?

- A. The tongue
- B. The nasal passages
- C. The left and right sides of the fetal lip tissue**
- D. The cheeks

Cleft lip occurs due to the failure of the left and right sides of the fetal lip tissue to fuse properly during early fetal development. This fusion typically happens between the sixth and eighth weeks of gestation. When this normal process is disrupted, it results in a cleft lip, which can vary in severity from a small notch in the lip to a complete separation that extends up into the nasal passages. Focusing on the other options, the tongue and cheeks are not directly involved in the formation of the cleft lip. While the nasal passages can be affected by cleft lip condition, they do not play a role in the fusion of lip tissue itself. Therefore, the correct answer highlights the specific tissues involved in the development of a cleft lip, providing the clarity needed to understand this congenital condition.

3. What change occurs to the respiratory rate of a pregnant woman?

- A. Increases significantly
- B. Decreases significantly
- C. Remains unchanged**
- D. Varies greatly

During pregnancy, a woman's body undergoes various physiological changes, including adaptations in the respiratory system. While the overall respiratory rate may not show a significant change, other factors like increased tidal volume and altered oxygen demands can affect the way the body handles breathing. It's important to note that although the resting respiratory rate remains relatively stable during normal pregnancy, increased oxygen demand due to the growing fetus can lead to changes in breathing patterns rather than in the rate itself. Pregnant women may experience a deeper breathing pattern due to elevated progesterone levels, which stimulate the respiratory centers in the brain. This leads to the lungs' increased efficiency in gas exchange without a notable increase in the overall number of breaths taken per minute. Therefore, stating that the respiratory rate remains unchanged reflects an understanding of how pregnancy affects respiratory physiology, acknowledging that while women may breathe more deeply, the rate of respiration typically does not spike in a significant manner.

4. What is a common complication associated with respiratory distress syndrome in neonates?

- A. Hypoglycemia
- B. Hyperbilirubinemia
- C. Uncompensated respiratory acidosis**
- D. Esophageal reflux

Uncompensated respiratory acidosis is a common complication associated with respiratory distress syndrome (RDS) in neonates. When newborns experience RDS, their lungs are not fully developed or functioning optimally, which leads to insufficient gas exchange. One of the primary consequences of this impaired respiratory function is the retention of carbon dioxide in the bloodstream, resulting in respiratory acidosis. In uncomplicated cases, the body can often compensate for changes in acid-base balance; however, in severe cases of RDS where the baby's ability to breathe effectively is significantly compromised, the acidosis may become uncompensated. This can lead to further physiological disturbances, exacerbating the overall condition of the neonate. Understanding this mechanism helps healthcare providers identify and manage complications related to RDS effectively, ensuring timely interventions to restore adequate oxygenation and support respiratory function in affected newborns.

5. What role does the ductus arteriosus play in fetal circulation?

- A. It directs blood from the heart to the lungs
- B. It shunts blood from the pulmonary trunk to the descending aorta**
- C. It connects the left atrium to the right atrium
- D. It filters blood before it reaches the body

The ductus arteriosus plays a crucial role in fetal circulation by shunting blood from the pulmonary trunk to the descending aorta. During fetal development, the lungs are not used for oxygenation as they are after birth; instead, oxygen-rich blood is supplied to the fetus through the placenta. As a result, blood flow needs to be diverted away from the non-functioning lungs. The ductus arteriosus is a blood vessel that connects the pulmonary artery and the aorta. This allows most of the blood from the right ventricle to bypass the lungs and flow directly into systemic circulation through the aorta. This adaptation is vital for fetal survival, as it ensures that adequate oxygenated blood reaches the body while the lungs remain undeveloped prior to birth. After birth, the ductus arteriosus typically closes and becomes the ligamentum arteriosum, a normal anatomical change as the newborn's lungs begin to function and oxygen exchange occurs through them. The other options describe functions or connections that do not align with the actual role of the ductus arteriosus in fetal circulation, which specifically involves shunting blood away from the lungs to optimize oxygen delivery to the developing fetus.

6. Which condition is considered a minor risk factor for venous thromboembolism during the postpartum period?

- A. obesity
- B. preeclampsia**
- C. prolonged labor
- D. multiple gestation

Preeclampsia is a condition characterized by high blood pressure and signs of damage to other organ systems, often occurring after the 20th week of pregnancy. While it does pose risks during the postpartum period, particularly due to potential complications such as increased blood clotting tendencies, it is typically considered a more significant risk factor for venous thromboembolism (VTE) than some other conditions. In contrast, conditions like obesity, prolonged labor, and multiple gestation are better categorized as minor risk factors in the context of VTE. For example, obesity significantly increases the risk of VTE due to factors such as reduced mobility and increased body weight putting additional pressure on veins. Prolonged labor can also be associated with increased risk due to extended immobility and other physiological changes. Multiple gestation, while it does carry some risk, often does not have the same level of association with thrombosis compared to the other risk factors mentioned. Therefore, while preeclampsia is an important concern in the postpartum period, it does not qualify as a minor risk factor in the same way the others do.

7. Large testes in a male newborn may suggest which condition?

- A. Down syndrome
- B. Fragile X syndrome**
- C. Klinefelter syndrome
- D. Turner syndrome

Large testes in a male newborn are most commonly associated with Klinefelter syndrome. Klinefelter syndrome is a genetic condition resulting from the presence of an extra X chromosome in males (47,XXY), which often leads to physical and developmental characteristics, including larger-than-normal testes (hypertrophy). While fragile X syndrome involves an expansion of a specific gene that can lead to developmental issues and might present with other signs such as macroorchidism (larger than average testes) in older children and adolescents, it is not typically used to describe the newborn presentation. Down syndrome and Turner syndrome have distinct characteristics that do not include large testes in male newborns. Down syndrome is characterized by features such as hypotonia and distinct facial features while Turner syndrome affects females, leading to traits such as short stature and absence of secondary sexual development. Therefore, in the context of the initial question, large testes in a male newborn point towards Klinefelter syndrome as the most appropriate condition associated with this physical characteristic.

8. Excessive enzymatic release during apoptosis can lead to what type of defects?

- A. skeletal defects
- B. organ malformations
- C. limb abnormalities**
- D. neurodevelopmental delays

Excessive enzymatic release during apoptosis can indeed lead to limb abnormalities. Apoptosis, or programmed cell death, is a critical process in embryonic development, including the development of limbs. During this phase, the appropriate formation and sculpting of limbs rely on the regulated apoptosis of certain cells. If there is an excessive release of enzymes that promote apoptosis, it can disrupt the normal developmental processes and result in partial or complete limb deficiencies or deformities. This highlights the importance of controlled apoptotic pathways in ensuring proper limb formation, as abnormal cell death can lead to significant physical differences or abnormalities in limb structure and function. While skeletal defects, organ malformations, and neurodevelopmental delays are all potential consequences of apoptotic dysregulation, limb abnormalities specifically represent a direct outcome of excessive apoptosis during a critical period of limb development, making it the most relevant choice in this context.

9. In what timeframe do most undescended testicles descend naturally without treatment?

- A. Within the first month of life
- B. Within the first six months of life
- C. Within the first year of life**
- D. After the first year of life

The correct answer indicates that most undescended testicles, or cryptorchidism, tend to descend naturally within the first year of life. While some may descend during the first month or six months, the majority will usually move into the scrotum by the time a child reaches their first birthday. This phenomenon is largely due to the natural growth and development of the infant, as many cases of undescended testicles resolve on their own due to the hormonal changes and physical growth that occur during this time frame. After the first year of life, the likelihood of spontaneous descent decreases significantly, making early monitoring important for the health and development of the child. Therefore, understanding that the majority of cases resolve in this timeframe helps ensure appropriate clinical follow-up and intervention, if necessary.

10. Which factor indicates potential fluid retention in preterm infants?

A. Decreased urine output

B. Increased feeding

C. Concentrated urine

D. Improved filtration

Decreased urine output in preterm infants is a significant indicator of potential fluid retention. In this patient population, various factors can lead to challenges in renal function and fluid balance. When urine output diminishes, it may suggest that the kidneys are struggling to excrete excess fluid or are unable to produce adequate urine due to immature renal function or physiological stressors. Fluid retention can have serious implications for preterm infants, including increased risk for edema, hypertension, or even pulmonary complications as excess fluid can accumulate in the lungs. Monitoring urine output is therefore essential in managing and assessing the overall fluid status of these vulnerable infants to ensure they are neither dehydrated nor overloaded. The other options do not indicate fluid retention directly: increased feeding could lead to better hydration and nutrient availability; concentrated urine typically signifies a state of dehydration rather than retention; and improved filtration refers to enhanced kidney function, which would not suggest fluid retention.

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://rnclowriskneonatalnursing.examzify.com>

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

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