INPATIENT OBSTETRIC NURSE (NCC) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://inpatientobstericnurse.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 16

SAMPLE

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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. What is the normal AFI range at term?

A. 5-9.9 cm

B. 10-24 cm

C. 25-30 cm

D. 30-35 cm

2. Which of the following is true about coarctation of the aorta?

A. It involves absence of pulmonary circulation

B. It is a narrowing of the lower thoracic aorta

C. It produces obstruction to blood flow through the aorta

D. It rarely affects newborns

3. What is frequently observed in infants who are symmetrically grown small for gestational age (SGA)?

A. They generally have a normal prognosis

B. They catch up in growth by six months

C. They often have chromosomal abnormalities

D. They are usually larger than average birth-weight

4. What is the primary goal when monitoring fetal heart rate during labor?

A. To ensure the mother remains comfortable

B. To assess the baby's health and detect any distress

C. To evaluate maternal contractions

D. To guide medication administration

5. In cases of reduced fetal heart rate variability, what underlying issue might be suspected?

A. Increased fetal movement

B. Fetal distress or hypoxia

C. Normal physiological variation

D. Maternal anxiety levels

SAMPLE

6. What symptom is most indicative of severe hypertension in a pregnant woman?

A. Frequent headaches

B. Visual disturbances

C. Swelling of the hands and feet

D. Increased appetite

7. What maternal condition can lead to fetal macrosomia?

A. Placenta abruption

B. Gestational diabetes mellitus

C. Preeclampsia

D. Chronic hypertension

8. What is one indicator that a fetus may require antepartum testing?

A. Unexplained weight gain in the mother

B. Presence of maternal hypertension

C. Change in fetal movements reported by the mother

D. Maternal history of allergies

9. What does the term 'multiparity' refer to in the context of obstetric risk factors?

A. Having multiple pregnancies

B. Risk associated with first-time mothers

C. Single childbirth experience

D. Gestational age

10. What screening test is commonly performed at 24 to 28 weeks of gestation?

A. Complete blood count

B. Gestational diabetes screening

C. Ultrasound examination

D. Fetal heart rate monitoring

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is the normal AFI range at term?

A. 5-9.9 cm

B. 10-24 cm

C. 25-30 cm

D. 30-35 cm

The normal amniotic fluid index (AFI) range at term is recognized to be between 10 and 24 cm. This range indicates a healthy amount of amniotic fluid surrounding the fetus, which is essential for proper fetal development, cushioning, and facilitating movement. Enough amniotic fluid ensures that the fetus can safely grow and swim, providing a protective environment that helps with lung and limb development. When the AFI is below 10 cm, it may suggest oligohydramnios, a condition where there is too little amniotic fluid, which can have implications for fetal health. Conversely, an AFI above 24 cm can indicate polyhydramnios, which is an excessive amount of amniotic fluid, potentially leading to complications for both the mother and the fetus. Therefore, understanding the normal AFI range is critical for monitoring pregnancy health and managing potential risks effectively.

2. Which of the following is true about coarctation of the aorta?

A. It involves absence of pulmonary circulation

B. It is a narrowing of the lower thoracic aorta

C. It produces obstruction to blood flow through the aorta

D. It rarely affects newborns

Coarctation of the aorta is characterized by a narrowing or constriction of the aorta, typically located just distal to the left subclavian artery, which leads to an obstruction of blood flow through the vessel. This condition can have significant impacts on blood circulation, causing differential hypertension between the upper and lower parts of the body. The increased pressure in the upper body can lead to complications, while the lower body may experience reduced blood flow. Recognizing this obstruction is crucial, as it often requires prompt medical intervention to correct the narrowing and restore normal blood circulation. While the other options present misconceptions about coarctation of the aorta, the essence of the condition lies in this obstruction to blood flow, making it a critical factor for treatment and management in clinical practice. Understanding this feature is vital for recognizing the implications of the condition in both immediate and long-term care scenarios for those affected.

SAMPLE

3. What is frequently observed in infants who are symmetrically grown small for gestational age (SGA)?

A. They generally have a normal prognosis

B. They catch up in growth by six months

C. They often have chromosomal abnormalities

D. They are usually larger than average birth-weight

Infants who are symmetrically grown small for gestational age (SGA) often present specific challenges, and one of these is the association with chromosomal abnormalities. When growth is symmetric, meaning that all body parts are proportionately small and not disproportionately affected, it is often indicative of a condition that can stem from genetic factors or specific intrauterine circumstances. Chromosomal abnormalities can lead to fundamental growth deficiencies that result in a child being symmetrically SGA. For instance, conditions such as Down syndrome or Turner syndrome can manifest as a symmetric growth pattern where the fetus is small across all measurements, including weight and length. The other options do not align with typical outcomes for symmetrically SGA infants. Generally, they tend not to have an entirely normal prognosis, as their small size can be reflective of underlying issues that may affect their health and development. While some may experience catch-up growth, this is more common in asymmetrical SGA infants, and it's not universal for symmetrically SGA infants, who might not catch up as expected and may require long-term follow-up. Lastly, symmetrically SGA infants are characterized by being smaller than average at birth, not larger, making that option inconsistent with the definition of sym

4. What is the primary goal when monitoring fetal heart rate during labor?

A. To ensure the mother remains comfortable

B. To assess the baby's health and detect any distress

C. To evaluate maternal contractions

D. To guide medication administration

The primary goal when monitoring fetal heart rate during labor is to assess the baby's health and detect any distress. Continuous or intermittent monitoring of fetal heart rate allows healthcare providers to obtain vital information regarding the fetus's well-being. Changes in the fetal heart rate pattern can indicate potential issues such as hypoxia or other forms of fetal distress, enabling timely interventions to improve outcomes for both the mother and the baby. By closely monitoring these vital signs, healthcare providers can make informed decisions about the labor process, including the need for additional interventions, such as delivery or changes in maternal positioning to optimize fetal oxygenation. The use of fetal heart rate monitoring is integral to ensuring a safe labor process and addressing any complications that may arise promptly.

SAMPLE

5. In cases of reduced fetal heart rate variability, what underlying issue might be suspected?

A. Increased fetal movement

B. Fetal distress or hypoxia

C. Normal physiological variation

D. Maternal anxiety levels

Reduced fetal heart rate variability is an important indicator in fetal assessment, often suggesting that the fetus may be experiencing some level of distress or hypoxia. Variability in fetal heart rate is a reflection of the autonomic nervous system's influence on the heart rate, and significant reductions in this variability can signify that the fetus is not responding well to stimuli, which may be caused by oxygen deprivation or stress. When the fetus is experiencing distress or hypoxia, the normal physiological adaptations that increase heart rate variability may be blunted. Factors such as inadequate blood flow, placental insufficiency, or other complications can lead to this impaired response, highlighting a critical point in fetal monitoring that requires immediate evaluation and potential intervention. Recognizing this relationship allows healthcare providers to take necessary actions to support the fetus's well-being. In contrast, increased fetal movement is typically associated with increased heart rate variability, and normal physiological variation would not typically lead to reduced variability. Maternal anxiety could influence fetal heart rate patterns but is not a direct cause of reduced variability in the same way that fetal distress does.

6. What symptom is most indicative of severe hypertension in a pregnant woman?

A. Frequent headaches

B. Visual disturbances

C. Swelling of the hands and feet

D. Increased appetite

Visual disturbances are a significant symptom indicative of severe hypertension in pregnant women. This can manifest as blurred vision, seeing spots or flashes of light, or even complete vision loss in extreme cases. These visual changes are associated with elevated blood pressure and can indicate the potential for severe complications, including preeclampsia or eclampsia. Severe hypertension poses serious risks to both the mother and fetus, making the identification of such symptoms critical for timely intervention. While headaches and swelling can also be associated with hypertension, visual disturbances are categorized as a more severe warning sign and may prompt immediate medical evaluation and management. Increased appetite is not typically associated with hypertension and does not indicate a clinical problem in this context. Thus, the presence of visual disturbances warrants urgent attention and assessment.

SAMPLE

7. What maternal condition can lead to fetal macrosomia?

A. Placenta abruption

B. Gestational diabetes mellitus

C. Preeclampsia

D. Chronic hypertension

Fetal macrosomia, which is defined as a fetus that is significantly larger than average, often arises from maternal metabolic conditions, particularly gestational diabetes mellitus (GDM). In the case of GDM, elevated maternal blood glucose levels lead to increased insulin production in the fetus. This excess insulin can promote fetal growth and fat deposition, resulting in a larger-than-average baby at birth. Furthermore, GDM affects the transport of glucose and nutrients to the fetus, causing it to gain weight at a faster rate. The risk of fetal macrosomia increases with the severity and duration of the maternal condition, making close monitoring and management of gestational diabetes crucial for preventing complications related to larger fetal size at delivery. While other maternal conditions listed can have impacts on pregnancy and fetal health, they do not have the same direct association with the development of macrosomia as is seen with gestational diabetes. For example, placental abruption may lead to complications like preterm labor but does not typically cause increased fetal growth. Preeclampsia and chronic hypertension are also more related to placental insufficiency and may lead to restricted fetal growth rather than macrosomia. Thus, gestational diabetes is the condition most clearly linked to an increased risk of fetal macrosomia.

8. What is one indicator that a fetus may require antepartum testing?

A. Unexplained weight gain in the mother

B. Presence of maternal hypertension

C. Change in fetal movements reported by the mother

D. Maternal history of allergies

The presence of a change in fetal movements reported by the mother is a critical indicator that a fetus may require antepartum testing. Fetal movement is a key sign of fetal well-being, and any significant reduction or change in the pattern of these movements can signal the need for further evaluation. For example, decreased movements may indicate potential issues like fetal distress or compromised blood flow, necessitating closer monitoring to ensure the fetus's safety and health. In the context of antepartum testing, it's essential to identify any concerns that could affect the fetus before labor begins. Monitoring fetal movements allows healthcare providers to assess the condition of the fetus and decide if additional tests, such as non-stress tests or biophysical profiles, are necessary to ensure the fetus is thriving. Other options, while they may have relevance in maternal or fetal health, do not specifically indicate the immediate need for antepartum testing. Unexplained weight gain in the mother does not directly indicate fetal distress. Maternal hypertension can be a risk factor for complications, but not all cases require immediate testing of the fetus. Lastly, maternal history of allergies does not pertain to fetal well-being in the same way as fetal movements do. Hence, a change in fetal movements is the most direct measure indicating that

SAMPLE

9. What does the term 'multiparity' refer to in the context of obstetric risk factors?

A. Having multiple pregnancies

B. Risk associated with first-time mothers

C. Single childbirth experience

D. Gestational age

In obstetrics, the term 'multiparity' specifically refers to a woman who has had multiple pregnancies that have resulted in a viable fetus. This is important as it indicates that a woman has given birth more than once, which can carry various implications for maternal and fetal health. While multiparity can help evaluate a woman's experience with childbirth, it may also be associated with particular obstetric risks. Having multiple pregnancies can affect the risks dealt with in later pregnancies, including uterine tone, placental issues, and potential complications during delivery. Understanding multiparity is crucial for healthcare providers in assessing risks and preparing for appropriate care plans for expectant mothers. While other options describe aspects of obstetric care, they do not accurately capture the essence of what multiparity means in this context. Therefore, recognizing that it refers to having multiple pregnancies is essential for understanding obstetric risk factors effectively.

10. What screening test is commonly performed at 24 to 28 weeks of gestation?

A. Complete blood count

B. Gestational diabetes screening

C. Ultrasound examination

D. Fetal heart rate monitoring

Gestational diabetes screening is commonly performed between 24 to 28 weeks of gestation as part of routine prenatal care. This screening is essential because it helps to identify women who develop gestational diabetes, a condition that can have significant implications for both the mother and the developing fetus. During this period, the placenta becomes more active in producing hormones that can affect insulin's function, which can lead to increased blood glucose levels. The typical method for this screening involves a glucose challenge test, where a patient consumes a glucose solution, and plasma glucose levels are then measured after a specified period. If the initial results indicate elevated glucose levels, a more comprehensive oral glucose tolerance test may be conducted to confirm the diagnosis. This screening is vital for early intervention, which can help manage blood sugar levels effectively and reduce the risk of complications such as larger birth weight or preterm delivery. Therefore, the timing and importance of gestational diabetes screening make it the correct answer among the options presented.

SAMPLE

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://inpatientobstericnurse.examzify.com

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

SAMPLE