MIDWIFERY AND WHNP CERTIFICATION PRACTICE EXAM (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.

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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!

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Questions

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1. **What condition is associated with a history of low trauma fractures that may warrant a Vertebral Fracture Assessment?**

   A. Age 70 or older

   B. Age 50 or older

   C. Postmenopause with osteoporosis

   D. Childhood fractures

2. **Which of the following medications primarily causes an increase in incretin levels?**

   A. Dipeptidyl peptidase-4 inhibitors

   B. Thiazolidinediones

   C. Alpha-glucosidase inhibitors

   D. Meglitinides

3. **What are some contraindications for the use of COCs and Transdermal patch in all women?**

   A. Smoker age 30 or older

   B. Smoker 35 years of age or older

   C. Diabetes with no complications

   D. Non-hypertensive

4. **What is a significant early symptom of malignant melanoma?**

   A. Ulceration

   B. Bleeding

   C. Pruritus

   D. Change in color

5. **What is a significant indicator for hospitalization based on the CURB-65 criteria?**

   A. Respiratory rate less than 20

   B. Age below 65

   C. Confusion

   D. Normal blood pressure

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6. What is the primary treatment for basal cell and squamous cell carcinoma?

A. Excision and biopsy of lesions

B. Cryotherapy

C. 5-FU or imiquimod

D. Long-term follow-up

7. What is included in the treatment plan for mild persistent stage 2 asthma?

A. High-dose inhaled corticosteroids

B. Short-acting beta agonist as needed

C. Long-acting beta agonist

D. Oral corticosteroids

8. Which symptoms are associated with a herniated intervertebral disc?

A. Increased range of motion

B. Sharp, burning, shooting pain

C. Muscle stiffness and weakness

D. Frequent headaches

9. What is the frequency of short-acting inhaler use for someone with mild persistent asthma?

A. No more than once a week

B. More than two days per week

C. Daily usage is required

D. Only on rare occasions

10. What fasting plasma glucose level is diagnostic for diabetes?

A. 100 mg/dL

B. 110 mg/dL

C. 126 mg/dL

D. 140 mg/dL

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Answers

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

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Explanations

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1. What condition is associated with a history of low trauma fractures that may warrant a Vertebral Fracture Assessment?

A. Age 70 or older

B. Age 50 or older

C. Postmenopause with osteoporosis

D. Childhood fractures

The most pertinent condition associated with a history of low trauma fractures that may warrant a Vertebral Fracture Assessment is postmenopause with osteoporosis. This situation is particularly significant as postmenopausal women experience a rapid decrease in estrogen levels, which plays a critical role in maintaining bone density. The loss of estrogen increases the risk of developing osteoporosis, leading to a higher likelihood of fractures, even with minimal trauma. When these factors are present, a Vertebral Fracture Assessment becomes essential to evaluate potential vertebral fractures that can occur due to weakened bone integrity. The other conditions, while they may indicate a different level of risk for fractures, do not specifically tie into the reasons for conducting a Vertebral Fracture Assessment as closely as postmenopause with osteoporosis does. Age-related risks increase, but the specific association with low trauma fractures is strongest with osteoporosis, making this option the most accurate choice in the context of the question.

2. Which of the following medications primarily causes an increase in incretin levels?

A. Dipeptidyl peptidase-4 inhibitors

B. Thiazolidinediones

C. Alpha-glucosidase inhibitors

D. Meglitinides

Dipeptidyl peptidase-4 (DPP-4) inhibitors are medications that specifically target the incretin pathway of glucose metabolism. Incretins are hormones released from the gastrointestinal tract in response to food intake, and they play a crucial role in insulin secretion and blood glucose regulation. DPP-4 is an enzyme that breaks down incretins like glucagon-like peptide-1 (GLP-1) and glucose-dependent insulinotropic polypeptide (GIP). By inhibiting DPP-4, these medications prolong the action of incretins, leading to increased levels of these hormones in the body. This results in enhanced insulin secretion, reduced glucagon release, and ultimately a decrease in blood sugar levels after meals. In comparison, the other medication classes listed do not primarily operate through the incretin system. Thiazolidinediones primarily enhance insulin sensitivity; alpha-glucosidase inhibitors work by delaying carbohydrate absorption in the intestines; and meglitinides stimulate insulin secretion from the pancreas, but not through the incretin mechanism. Therefore, the primary role of DPP-4 inhibitors in increasing incretin levels makes them the correct choice for this question.

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3. What are some contraindications for the use of COCs and Transdermal patch in all women?

A. Smoker age 30 or older

B. Smoker 35 years of age or older

C. Diabetes with no complications

D. Non-hypertensive

The use of combined oral contraceptives (COCs) and transdermal patches carries certain contraindications, particularly for specific demographics and health conditions. The correct answer focuses on the age and smoking status of women. Women who smoke and are 35 years of age or older are at an increased risk for serious cardiovascular events such as thrombosis and stroke when using COCs or the transdermal patch. The risk intensifies with age and the habitual practice of smoking. This is due to the combined hormonal content in these contraceptive methods, which can further elevate the risk of adverse cardiovascular outcomes in women who already have lifestyle factors that significantly increase these risks. In contrast, the other choices do not represent the same level of risk associated with the use of these contraceptives. For example, the option concerning smokers aged 30 or older is less restrictive and does not account for the heightened risk that begins specifically at age 35. Diabetes with no complications generally does not preclude the use of COCs as long as the diabetes is well controlled, and non-hypertensive status indicates no contraindicating hypertensive conditions. Thus, focusing on the crucial risk factors of age and smoking status is essential when considering the safety of COCs and transdermal

4. What is a significant early symptom of malignant melanoma?

A. Ulceration

B. Bleeding

C. Pruritus

D. Change in color

A significant early symptom of malignant melanoma is a change in color. This dermatological condition often begins with alterations in the pigmentation of a mole or the appearance of a new spot on the skin. Such changes may include variations in shade, irregular borders, or the presence of multiple colors within a single lesion, like brown, black, red, or white. Recognizing these color changes is critical as they can indicate the development of melanoma, prompting further evaluation and timely intervention. While symptoms like ulceration, bleeding, and pruritus might occur in more advanced stages of melanoma or in other skin conditions, they are not typically the first signs that practitioners identify. A change in color is a hallmark indicator and is often emphasized in patient education about skin cancer awareness, making it a vital aspect of early detection efforts.

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5. What is a significant indicator for hospitalization based on the CURB-65 criteria?

A. Respiratory rate less than 20

B. Age below 65

C. Confusion

D. Normal blood pressure

The CURB-65 criteria are utilized to assess the severity of pneumonia and help determine the need for hospitalization. In this assessment tool, confusion is a significant indicator for hospitalization. This is attributed to the fact that confusion can indicate a higher severity of illness and a potential for worse outcomes. It reflects a significant decline in mental status, which may be associated with systemic infection and warrants closer monitoring and intervention in a hospital setting. The other criteria in CURB-65 include elevated blood urea nitrogen levels, respiratory rate, and age. While all these factors provide insight into the patient's condition, confusion directly implies a significant impact on mental and neurological function and can signal a more serious infection and a greater need for comprehensive care that is often only achievable in a hospital environment.

6. What is the primary treatment for basal cell and squamous cell carcinoma?

A. Excision and biopsy of lesions

B. Cryotherapy

C. 5-FU or imiquimod

D. Long-term follow-up

The primary treatment for basal cell carcinoma (BCC) and squamous cell carcinoma (SCC) is excision and biopsy of lesions. This surgical approach is aimed at completely removing the cancerous cells while also providing a definitive diagnosis through histopathologic evaluation. Excision often allows for clear margins to be established, which is crucial in ensuring that all cancerous tissue has been removed, minimizing the risk of recurrence. While other treatment options exist, such as cryotherapy or topical therapies like 5-fluorouracil (5-FU) and imiquimod, these are typically reserved for superficial forms of these skin cancers or when surgery is not a viable option due to patient preference, health status, or the specific characteristics of the lesion. Cryotherapy involves freezing the lesion and may not be suitable for more invasive or larger tumors. Similarly, 5-FU and imiquimod are generally used for superficial BCCs and act as immunomodulators or cytotoxic agents but do not provide the same level of certainty in achieving clear margins. Long-term follow-up is important for monitoring recurrence, especially for those who have had skin cancers, yet it does not constitute the primary treatment of BCC and SCC. Instead, follow-up serves as

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7. What is included in the treatment plan for mild persistent stage 2 asthma?

A. High-dose inhaled corticosteroids

B. Short-acting beta agonist as needed

C. Long-acting beta agonist

D. Oral corticosteroids

In the treatment plan for mild persistent stage 2 asthma, a short-acting beta agonist (SABA) is included as a key component for symptom relief on an as-needed basis. These medications, such as albuterol, are effective for rapid bronchodilation and are designed to be used during asthma exacerbations or when symptoms worsen. While SABAs provide quick relief, they do not address the underlying inflammation associated with asthma, which necessitates the addition of long-term control medications in a comprehensive treatment plan. For mild persistent asthma specifically, daily use of a controller medication, typically a low-dose inhaled corticosteroid, is commonly recommended to help manage inflammation and prevent symptoms. However, in the context of this question, the emphasis is on the immediate relief provided by a SABA. This combination approach ensures that patients can effectively manage both the acute and chronic aspects of asthma, making SABA use a critical aspect of treatment when symptoms arise. Understanding the role of SABAs in managing asthma is essential, as they are pivotal in addressing acute episodes, providing timely symptom relief while long-term control medications establish more sustained management of the condition.

8. Which symptoms are associated with a herniated intervertebral disc?

A. Increased range of motion

B. Sharp, burning, shooting pain

C. Muscle stiffness and weakness

D. Frequent headaches

A herniated intervertebral disc typically occurs when the soft inner core of the disc protrudes through the tougher exterior, potentially pressing on nearby nerves. This can lead to a variety of symptoms, among which sharp, burning, shooting pain is particularly prominent. This pain often radiates along the pathway of the affected nerve, which is a classic sign of nerve involvement. The discomfort can be severe and is often experienced in specific areas that correspond to the nerve root being compressed, such as down the leg in cases of lumbar disc herniation. In contrast with the symptoms associated with a herniated intervertebral disc, increased range of motion would be unlikely, as the condition often leads to restricted movement due to pain and muscle spasms. Muscle stiffness and weakness may accompany the condition, but these symptoms are secondary and not as immediate or defining as the sharp, burning pain characteristic of a herniated disc. Frequent headaches are not typically related to this specific condition unless there is a cervical herniation affecting upper cervical nerves, but in general, such headaches are not a primary symptom associated with herniated discs.

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9. What is the frequency of short-acting inhaler use for someone with mild persistent asthma?

A. No more than once a week

B. More than two days per week

C. Daily usage is required

D. Only on rare occasions

For someone with mild persistent asthma, the correct frequency of short-acting inhaler use would be more than two days per week, but not daily. Individuals with mild persistent asthma typically experience symptoms more than twice a month but less than once a day. The National Asthma Guidelines recommend that short-acting beta-agonists (SABAs), which are often used in these inhalers, should not be the mainstay of asthma management for these patients. When asthmatic individuals find themselves using their rescue inhaler more than twice a week, it indicates that their asthma may not be adequately controlled and suggests the need for reassessment of their asthma management plan. Therefore, the frequency of use reflects relative control of the disease and may warrant additional therapies, such as inhaled corticosteroids or other long-term control medications, to effectively manage their condition and prevent exacerbations. Using the inhaler on rare occasions or only once a week would imply better control over their asthma, which does not align with the criteria for mild persistent asthma, where symptoms can often be more frequent. Daily usage, on the other hand, suggests the patient may have more persistent symptoms requiring a reevaluation of their treatment strategy.

10. What fasting plasma glucose level is diagnostic for diabetes?

A. 100 mg/dL

B. 110 mg/dL

C. 126 mg/dL

D. 140 mg/dL

A fasting plasma glucose level of 126 mg/dL or higher is diagnostic for diabetes mellitus. This threshold is based on guidelines established by organizations such as the American Diabetes Association. In the context of diabetes diagnosis, a fasting plasma glucose test measures blood sugar levels after an overnight fast. A level at or above 126 mg/dL indicates that the body is not effectively regulating glucose, which is a hallmark of diabetes. To provide context for the other levels: a fasting glucose level of 100 mg/dL typically indicates normal blood glucose levels, while levels between 100 and 125 mg/dL suggest a state known as prediabetes. A level of 140 mg/dL or higher is indicative of diabetes during an oral glucose tolerance test rather than a fasting test. Therefore, the level of 126 mg/dL is the key value that confirms a diabetes diagnosis.

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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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