MIDWIFERY NATIONAL PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 15

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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 is generally true about preauricular pits and tags found on the neonatal ear?**

   A. Require immediate surgical intervention

   B. Are benign in nature

   C. Are associated with severe hearing loss

   D. Signal a need for urgent referrals

2. **What is the 'latent phase' of labor?**

   A. The initial stage of labor with irregular contractions

   B. The stage where the cervix is fully dilated

   C. The early stage of regular contractions with the cervix dilating but less than 4 cm

   D. The stage just after the water breaks

3. **Which hormone is primarily responsible for milk production?**

   A. Oxytocin

   B. Progesterone

   C. Prolactin

   D. Estrogen

4. **What mechanism of action does the copper IUD employ to prevent pregnancy?**

   A. It alters the uterine lining

   B. It releases hormones

   C. It creates a toxic environment for sperm

   D. It prevents ovulation

5. **Caput succedaneum typically resolves within:**

   A. 4-5 days

   B. 24-48 hours

   C. 1 week

   D. 2 weeks

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6. Chigon is defined as...

A. Friction injury leading to bleeding

B. Impaired venous return causing scalp odema

C. Odema caused by application of ventouse cup

D. Congenital fusion of the skull

7. Which condition could make an IUD unsuitable for a woman?

A. History of pelvic inflammatory disease

B. Desire for long-term contraception

C. Future plans to conceive

D. Stable menstrual cycles

8. What may occur due to the increase in glomerular filtration rate (GFR) during pregnancy?

A. Increased reabsorption of glucose

B. Decreased water retention

C. Mild glycosuria or proteinuria

D. Normal protein levels

9. What is one reason a woman might choose to remove her IUD?

A. She is nearing menopause

B. She desires pregnancy

C. She no longer has sexual intercourse

D. She experienced an allergic reaction

10. What is the appropriate dose of morphine administered intramuscularly for women?

A. 10mg ampoule diluted into morphine sulphate up to 10 ml

B. 50-100 mcg

C. 2 milligram diluted into morphine sulphate up to 10 ml

D. 10mg of undiluted morphine sulphate

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Answers

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

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Explanations

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1. What is generally true about preauricular pits and tags found on the neonatal ear?

A. Require immediate surgical intervention

B. Are benign in nature

C. Are associated with severe hearing loss

D. Signal a need for urgent referrals

Preauricular pits and tags are commonly observed congenital anomalies of the ear that typically do not pose a significant health risk. They are usually considered benign in nature, meaning that they do not typically lead to serious medical issues or require invasive treatments. Preauricular pits are small openings near the front of the ear, whereas preauricular tags are small tissue growths. While they can be associated with some genetic syndromes, the majority of cases are isolated findings without other complications. In most instances, no further treatment is needed unless there are signs of infection or other concerns, which is rare. The other options suggest a need for aggressive intervention or indicate a serious health concern. However, most individuals with preauricular pits and tags can lead normal lives without any complications related to these benign conditions. Thus, recognizing them as benign is crucial for both understanding their clinical implications and managing patient concerns appropriately.

2. What is the 'latent phase' of labor?

A. The initial stage of labor with irregular contractions

B. The stage where the cervix is fully dilated

C. The early stage of regular contractions with the cervix dilating but less than 4 cm

D. The stage just after the water breaks

The latent phase of labor is characterized by early regular contractions that help to initiate the dilation of the cervix. During this phase, the cervix generally dilates to less than 4 centimeters. This means that the contractions might be fairly irregular and not particularly strong at the beginning but do become more organized as labor progresses. The onset of this phase marks the beginning of labor, and while it can vary in duration from woman to woman, it's essential for the subsequent phases of labor. This phase is important for understanding the overall labor process because it can be a lengthy part of labor that may lead some women to believe that they are in active labor when they are still in the latent stage. Recognizing the characteristics of the latent phase helps healthcare providers in monitoring progress and managing expectations for the birthing person.

3. Which hormone is primarily responsible for milk production?

A. Oxytocin

B. Progesterone

C. Prolactin

D. Estrogen

Prolactin is the hormone primarily responsible for milk production in the breasts following childbirth. It is produced by the anterior pituitary gland and plays a crucial role in the development of mammary glands during pregnancy and in the initiation and maintenance of lactation after delivery. Prolactin levels rise significantly during pregnancy, preparing the body for breastfeeding. In contrast, oxytocin is important for the milk ejection reflex, promoting the release of milk during breastfeeding but not its production. Progesterone and estrogen, while significant for breast development and preparing the body for potential lactation, do not have a direct role in producing milk. Estrogen helps with the growth of ducts in the breast, while progesterone is responsible for preparing the lobules for milk production, but it does not stimulate the actual lactation process. Thus, prolactin is essential for the synthesis of milk, affirming its primary role in this physiological process.

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4. What mechanism of action does the copper IUD employ to prevent pregnancy?

A. It alters the uterine lining

B. It releases hormones

C. It creates a toxic environment for sperm

D. It prevents ovulation

The copper IUD primarily prevents pregnancy by creating a toxic environment for sperm. The copper ions released from the device have a detrimental effect on sperm motility and viability, which significantly reduces the chances of fertilization. Additionally, the presence of the IUD in the uterus triggers a local inflammatory response that is hostile to both sperm and ova, further contributing to its effectiveness as a contraceptive method. While altering the uterine lining, releasing hormones, and preventing ovulation are mechanisms used by other forms of contraception, such as hormonal IUDs or systemic hormonal contraceptives, the copper IUD does not function through these pathways. Its efficacy relies primarily on the spermicidal properties of the copper material itself and the resulting local inflammatory environment.

5. Caput succedaneum typically resolves within:

A. 4-5 days

B. 24-48 hours

C. 1 week

D. 2 weeks

Caput succedaneum is a condition commonly seen in newborns, characterized by edema or swelling of the soft tissues on the head, usually resulting from pressure during delivery. This condition is often a result of the baby's head pressing against the cervix during labor and can occur with both vaginal and assisted deliveries. The swelling associated with caput succedaneum typically resolves within 24-48 hours after birth, as the fluid gradually reabsorbs and normalizes the shape of the head. This timely resolution is a key characteristic of caput succedaneum and helps differentiate it from other conditions that may cause similar head swelling, which might take longer to resolve. This short recovery period reflects the nature of this condition, where the underlying structures of the skull remain intact, and the swelling is due to transient fluid accumulation. Understanding the timeline for resolution of caput succedaneum is important for healthcare providers to reassure parents and ensure proper management in the immediate postnatal period.

6. Chigon is defined as...

A. Friction injury leading to bleeding

B. Impaired venous return causing scalp odema

C. Odema caused by application of ventouse cup

D. Congenital fusion of the skull

Chigon refers to a type of edema caused specifically by the application of a ventouse cup during assisted delivery. When a ventouse (vacuum extraction) is employed, the suction created can lead to localized swelling of the scalp, known as chigon. This condition generally characterizes a temporary accumulation of fluid that results from the mechanical effects of the cup on the fetal head. Understanding chigon is essential for midwives and healthcare professionals involved in labor and delivery, as it helps them to differentiate between normal post-procedural findings and conditions that may require further assessment. The proper identification of this condition aids in reassuring parents and ensuring appropriate monitoring of the newborn, while also informing potential interventions, if necessary, to ensure the infant's wellbeing. This is why identifying chigon as the consequence of ventouse cup application is critical knowledge in the context of assisted deliveries.

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7. Which condition could make an IUD unsuitable for a woman?

A. History of pelvic inflammatory disease

B. Desire for long-term contraception

C. Future plans to conceive

D. Stable menstrual cycles

A history of pelvic inflammatory disease (PID) can make an intrauterine device (IUD) unsuitable for a woman due to the increased risk of complications. PID is an infection of the reproductive organs, often caused by sexually transmitted infections. The presence of PID can lead to scarring and other changes in the reproductive system, which may increase the risk of complications, such as the potential for expulsion or difficulty during insertion of the IUD. Additionally, women with a history of PID may have an elevated risk of future infections or adverse outcomes if an IUD is placed. This clinical history necessitates careful evaluation and consideration, making the use of an IUD potentially inappropriate in such cases. For the other choices, the desire for long-term contraception aligns well with the effectiveness and longevity of an IUD, which is designed for extended use. Future plans to conceive do not make an IUD unsuitable; instead, women may opt for removal when they decide to become pregnant. Finally, having stable menstrual cycles does not negatively impact the suitability of an IUD, as its ability to manage menstrual flow can even be a benefit for some women. Thus, option A stands out as the condition that could render the use of an IUD inappropriate.

8. What may occur due to the increase in glomerular filtration rate (GFR) during pregnancy?

A. Increased reabsorption of glucose

B. Decreased water retention

C. Mild glycosuria or proteinuria

D. Normal protein levels

During pregnancy, the increase in glomerular filtration rate (GFR) is a normal physiological adaptation that helps meet the increased metabolic demands of both the mother and the developing fetus. This heightened GFR leads to more fluid being filtered through the kidneys, which can result in the presence of mild glycosuria or proteinuria. Increased GFR means that the kidneys are filtering blood more rapidly, and while the renal tubules still attempt to reabsorb glucose and protein, they may be overwhelmed by the increased amount being filtered. Consequently, small amounts of glucose and protein may spill into the urine, leading to glycosuria (glucose in urine) or proteinuria (protein in urine), which can be seen as mild findings during routine urine screening in pregnant women. This physiological process does not typically indicate a pathological concern unless the levels are excessive, which could imply more significant issues, such as gestational diabetes or preeclampsia. Therefore, the presence of mild glycosuria or proteinuria during pregnancy can be a result of the increased GFR rather than an abnormal condition.

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9. What is one reason a woman might choose to remove her IUD?

A. She is nearing menopause

B. She desires pregnancy

C. She no longer has sexual intercourse

D. She experienced an allergic reaction

A woman might choose to remove her IUD primarily because she desires pregnancy. The presence of an intrauterine device (IUD) is intended for contraception, and if a woman wants to conceive, the first step would typically be to remove the device to allow for the possibility of fertilization and implantation. While nearing menopause might influence a woman's thoughts about contraception, many women remain fertile until menopause is fully established. The decision about sexual activity does not necessarily correlate with the functional need for contraception, as some women opt to keep the IUD for continued pregnancy prevention even if they are not sexually active at that moment. An allergic reaction is a valid concern, but it is usually associated with the immediate need for removal due to discomfort or health considerations, rather than a proactive reproductive choice aimed at achieving pregnancy.

10. What is the appropriate dose of morphine administered intramuscularly for women?

A. 10mg ampoule diluted into morphine sulphate up to 10 ml

B. 50-100 mcg

C. 2 milligram diluted into morphine sulphate up to 10 ml

D. 10mg of undiluted morphine sulphate

The appropriate dose of morphine administered intramuscularly for women is based on providing effective pain relief while minimizing the risk of overdose or adverse effects. The use of a 10 mg ampoule diluted into morphine sulphate up to 10 ml allows for the medication to be administered in a manageable volume, providing an effective dose while ensuring that the concentration is suitable for intramuscular injection. This method also helps accommodate individual patient needs and monitoring. In contrast, an undiluted dose or smaller doses may not provide adequate pain relief for conditions requiring morphine. The choice of dose should always consider factors like the woman's weight, overall health, level of pain, and previous exposure to opioids. However, the dilution method not only aids in precision when dosing but can also improve comfort during administration, which is particularly important in a clinical setting.

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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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