NARM CERTIFIED PROFESSIONAL MIDWIFE (CPM) 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 does the presence of Chadwick's sign indicate about a woman's pregnancy?

A. She is at high risk for miscarriage

B. She is experiencing early pregnancy changes

C. She has a normal pregnancy.

D. She is in labor.

2. During later stages of pregnancy, what is considered the normal threshold for hemoglobin levels?

A. 10.5 g/dL

B. 11.0 g/dL

C. 12.0 g/dL

D. 10.0 g/dL

3. How should parents be reassured regarding erythema toxicum neonatorum?

A. It is a serious condition requiring medical attention

B. It is benign and self-limiting

C. It may lead to severe reactions

D. Immediate treatment is necessary

4. What is the normal variation in fetal heart rate (FHR)?

A. 10-20 BPM

B. 5-15 BPM

C. 15-25 BPM

D. 20-30 BPM

5. What does abruptio placentae refer to?

A. Premature separation of the placenta from the uterine wall

B. Intrauterine pregnancy

C. Normal fetal heart rate

D. Delivery complications

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6. What is Angelica used for in midwifery?

A. To treat hypothyroidism

B. A tincture used for placenta separation

C. A remedy for caput succedaneum

D. To manage erythema toxicum neonatorum

7. What is placenta previa?

A. Placenta grows in the upper uterus

B. Placenta detaches prematurely

C. Placenta covers the cervix

D. Placenta is located at the sides of the uterus

8. How does the uterus size change approximately 6 weeks after delivery?

A. It increases in size

B. It remains the same size

C. It is approximately pre-pregnant size

D. It becomes larger than pre-pregnant size

9. What disorder is caused by a single dominant allele and results in dwarfism?

A. Achondroplasia

B. Turner syndrome

C. Down syndrome

D. Marfan syndrome

10. What is the approximate blood volume of a fetus?

A. 150 mL

B. 250 mL

C. 350 mL

D. 450 mL

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Answers

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

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Explanations

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1. What does the presence of Chadwick's sign indicate about a woman's pregnancy?

A. She is at high risk for miscarriage

B. She is experiencing early pregnancy changes

C. She has a normal pregnancy.

D. She is in labor.

Chadwick's sign is characterized by a bluish discoloration of the cervix, vagina, and vulva, which occurs due to increased blood flow and vascular congestion in the pelvic region during pregnancy. The presence of this sign is an early indicator of pregnancy, reflecting hormonal changes and physiological adaptations that support the developing fetus. It typically appears around six to eight weeks of gestation, making it an important sign used by healthcare providers to assess early pregnancy changes. Recognizing this sign allows practitioners to gauge the gestational status and validate that certain physiological adaptations are taking place, which is normal in the context of a healthy pregnancy. While it indicates normal changes occurring in early pregnancy, it does not necessarily relate to miscarriage risk or the status of labor. Hence, the correct interpretation of Chadwick's sign aligns with the understanding that it signifies the woman's experience of early pregnancy changes.

2. During later stages of pregnancy, what is considered the normal threshold for hemoglobin levels?

A. 10.5 g/dL

B. 11.0 g/dL

C. 12.0 g/dL

D. 10.0 g/dL

In the later stages of pregnancy, normal hemoglobin levels are generally considered to be above 11.0 g/dL. While a level of 10.5 g/dL may be observed in some pregnant individuals, it does not meet the established threshold for what is considered normal. Hemoglobin levels can decrease during pregnancy due to increased plasma volume, leading to dilutional anemia. Monitoring these levels is crucial, as low hemoglobin can indicate anemia, which may affect oxygen delivery to the mother and fetus. Therefore, maintaining hemoglobin levels above 11.0 g/dL is important for ensuring the health and well-being of both the pregnant individual and the developing baby.

3. How should parents be reassured regarding erythema toxicum neonatorum?

A. It is a serious condition requiring medical attention

B. It is benign and self-limiting

C. It may lead to severe reactions

D. Immediate treatment is necessary

Erythema toxicum neonatorum is a common skin condition seen in newborns, characterized by red patches and small bumps, often resembling a rash. The reassurance for parents regarding this condition lies in its benign and self-limiting nature. This means that erythema toxicum generally does not pose any health risks to the baby and typically resolves on its own within a week or two without the need for medical intervention. Parents can be informed that this condition is a normal part of newborn skin development and is not indicative of any underlying illness or infection. It's important for parents to understand that while they might encounter skin changes in their newborn, most of these are temporary and part of the natural adaptation process that occurs after birth. By acknowledging the benign nature of erythema toxicum, parents can be reassured and alleviated of undue anxiety regarding their baby's health.

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4. What is the normal variation in fetal heart rate (FHR)?

A. 10-20 BPM

B. 5-15 BPM

C. 15-25 BPM

D. 20-30 BPM

In assessing the normal variation in fetal heart rate (FHR), a typical range is recognized as 5 to 15 beats per minute (BPM). This range indicates the degree of fluctuation in the fetal heart rate that occurs due to the autonomic nervous system's regulation in response to various stimuli. Variability is crucial as it reflects fetal oxygenation and well-being; adequate variability is often a sign that the fetus is healthy and that there are no signs of distress. The normal variation is an important indicator for healthcare providers during labor and delivery, helping them assess fetal health through continuous monitoring. Variability that falls within the established range is associated with strong fetal neurodevelopment and a well-functioning autonomic nervous system, which is essential for fetal health. Assessing variability is a standard practice in intrapartum care, making the understanding of this specific range critical for midwives and other healthcare practitioners involved in labor and birth.

5. What does abruptio placentae refer to?

A. Premature separation of the placenta from the uterine wall

B. Intrauterine pregnancy

C. Normal fetal heart rate

D. Delivery complications

Abruptio placentae refers to the premature separation of the placenta from the uterine wall before the birth of the baby. This condition can occur in various situations, such as trauma, high blood pressure, or certain maternal health issues. The separation can lead to complications such as bleeding, fetal distress, or even fetal death, making it a serious condition that requires immediate medical attention. Understanding this condition is crucial for midwives and healthcare providers because it can impact the management of labor and delivery, as well as the health outcomes for both the mother and the baby. Recognizing the signs and symptoms of abruptio placentae can help in providing timely interventions, which are vital in reducing risks associated with this condition. The other options do not accurately describe abruptio placentae; intrauterine pregnancy simply refers to a pregnancy that is occurring within the uterus, a normal fetal heart rate is a standard measure of fetal well-being, and delivery complications can refer to a broad range of issues that may arise during childbirth, but do not specifically denote the condition of placenta separation. Thus, understanding the precise definition of abruptio placentae is essential for effective midwifery practice.

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6. What is Angelica used for in midwifery?

A. To treat hypothyroidism

B. A tincture used for placenta separation

C. A remedy for caput succedaneum

D. To manage erythema toxicum neonatorum

Angelica, particularly the species Angelica sinensis, is commonly used in midwifery for its beneficial properties related to childbirth and postpartum recovery. One of its primary uses is as a tincture to aid in the process of placenta separation after delivery. The herb contains compounds that promote uterine contractions, which can help facilitate the expulsion of the placenta. This ability to support the body's natural processes during the postpartum period is valuable for midwives, as it contributes to reducing the risk of retained placenta, which can lead to complications if not addressed promptly. The tincture form allows for easier administration and absorption, making it a practical choice for midwives assisting in home or birthing center settings where herbal remedies might be preferred. While other options mentioned may reference conditions that pertain to childbirth and neonatal care, they do not align with the traditional or evidence-based uses of Angelica in midwifery practice. This understanding enhances the knowledge of midwives in using herbal remedies effectively to support their clients' experiences during and after childbirth.

7. What is placenta previa?

A. Placenta grows in the upper uterus

B. Placenta detaches prematurely

C. Placenta covers the cervix

D. Placenta is located at the sides of the uterus

Placenta previa occurs when the placenta implants in the lower part of the uterus and partially or completely covers the cervix. This condition is significant because it can lead to complications during labor and delivery, such as severe bleeding for both the mother and the baby. In contrast, situations where the placenta grows in the upper uterus, detaches prematurely, or is located at the sides of the uterus do not involve the cervix being obstructed by placental tissue. These conditions are not classified under placenta previa. Understanding the location of the placenta and its implications for delivery is crucial for managing pregnancy and ensuring both maternal and fetal health.

8. How does the uterus size change approximately 6 weeks after delivery?

A. It increases in size

B. It remains the same size

C. It is approximately pre-pregnant size

D. It becomes larger than pre-pregnant size

Approximately six weeks after delivery, the size of the uterus typically returns to around its pre-pregnant size. This process is known as involution, where the uterus gradually shrinks as it recovers from the changes it underwent during pregnancy. During pregnancy, the uterus expands significantly to accommodate the growing fetus, and after delivery, a significant reduction in size occurs due to the shedding of the placenta and the loss of the amniotic fluid. Hormonal changes, primarily the decrease in levels of hormones that supported the pregnancy, also help facilitate this return to its normal size. By about six weeks postpartum, most women's uterine size is roughly comparable to what it was before they became pregnant, although individual experiences may vary based on factors like the number of pregnancies and individual health conditions. This understanding is crucial for recognizing the body's recovery process and monitoring the health of postpartum women.

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9. What disorder is caused by a single dominant allele and results in dwarfism?

A. Achondroplasia

B. Turner syndrome

C. Down syndrome

D. Marfan syndrome

Achondroplasia is a genetic disorder caused by a mutation in the FGFR3 gene, which is inherited in an autosomal dominant manner. This means that only one copy of the mutated allele is necessary for an individual to exhibit the characteristics of the disorder. Achondroplasia predominantly results in dwarfism due to the way that this mutation affects bone growth, leading to shorter stature and disproportionate body proportions. The disorder is characterized specifically by a large head with a prominent forehead, shortened limbs, and overall shorter stature compared to individuals without the condition. This genetic basis explains its classification as a single dominant allele disorder rather than a complex condition with multiple genetic influences. In contrast, Turner syndrome is a chromosomal disorder affecting females, characterized by the absence of one X chromosome, which leads to various physical and developmental features. Down syndrome, caused by an extra copy of chromosome 21, is a chromosomal condition and not related to single allele dominance. Marfan syndrome is also an autosomal dominant disorder, but it primarily affects connective tissue and results in tall stature, long limbs, and cardiovascular problems, rather than dwarfism. This distinction further emphasizes why achondroplasia is the correct answer regarding dwarfism associated with a single dominant allele.

10. What is the approximate blood volume of a fetus?

A. 150 mL

B. 250 mL

C. 350 mL

D. 450 mL

The approximate blood volume of a fetus is typically around 250 mL. This volume is crucial as it plays a significant role in fetal development and overall physiological functions. The blood volume in a fetus is essential for ensuring adequate nutrient and oxygen delivery, waste removal, and maintaining proper hemodynamics during gestation. As a fetus grows, its blood volume increases, and it is generally estimated that at full term, the blood volume represents about 10% of the body weight of the baby. This protective and functional aspect is vital as the fetus relies on maternal circulation for many of its needs prior to birth. Understanding fetal blood volume can also be important for midwives and healthcare providers when assessing fetal well-being and planning for labor and delivery. Having adequate knowledge in this area helps ensure that newborns transition smoothly to independent life post-delivery.

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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:

https://narmcpm.examzify.com

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

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