# NCC CREDENTIAL IN INPATIENT ANTEPARTUM NURSING (RNC-IAP) PRACTICE TEST (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. **Among monozygotic (identical) twins, what percentage are monochorionic diamniotic?**

   A. 70%

   B. 30%

   C. 40%

   D. 90%

2. **Maternal complications of pyelonephritis in pregnancy include which of the following?**

   A. Respiratory insufficiency

   B. Postpartum hemorrhage

   C. Gestational diabetes

   D. Deep vein thrombosis

3. **Iron deficiency anemia in pregnancy is primarily caused by what?**

   A. Increased iron absorption

   B. Insufficient iron stores to meet demands of pregnancy

   C. Excess iron stores

   D. Vitamin B12 deficiency

4. **What happens to PT and aPTT during pregnancy?**

   A. Increase significantly

   B. Decrease slightly

   C. No change

   D. Become unpredictable

5. **Which symptom is commonly associated with HELLP syndrome?**

   A. Flu-like symptoms with malaise and right upper quadrant pain

   B. Seizures without proteinuria

   C. Weight gain with edema

   D. Shortness of breath without other symptoms

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**6. Which statement describes a maternal effect of cocaine use?**

A. Profuse sweating and dilated pupils

B. Hypotension

C. Sedation

D. Weight gain

**7. What is the primary objective of the McRobert's Maneuver in shoulder dystocia management?**

A. Hyperflexion of the hips against the abdomen to change the pelvis–spine relationship

B. Extension of the legs to widen the pelvic outlet

C. Internal rotation of the fetal shoulders by pressure on the pubic symphysis

D. Applying suprapubic pressure to rotate the fetal head

**8. What acid-base disturbance is seen in pregnancy due to ventilation changes?**

A. Metabolic acidosis

B. Normal compensated respiratory alkalosis

C. Metabolic alkalosis

D. Respiratory acidosis

**9. If decelerations occur with less than 50% of contractions over 20 minutes, they are categorized as what?**

A. Intermittent decelerations

B. Recurrent decelerations

C. Episodic decelerations

D. Periodic decelerations

**10. How do the liver and LFTs change during pregnancy?**

A. Liver size increases; blood flow decreases; fibrinogen decreases; albumin increases; metabolic enzymes speed up

B. Liver size does not change; blood flow increases; fibrinogen increases 50%; plasma albumin decreases; enzymatic processes can slow down delaying drug metabolism

C. Liver enlarges with increased metabolism; LFTs decrease

D. Liver shrinkage; bilirubin increases

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# Answers

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

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# Explanations

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## 1. Among monozygotic (identical) twins, what percentage are monochorionic diamniotic?

A. 70%

B. 30%

C. 40%

D. 90%

*In monozygotic twinning, the placentation type is determined by when the zygote splits after fertilization. If the split happens very early, you get two separate placentas and two amniotic sacs (dichorionic diamniotic). If splitting occurs a bit later, roughly between days 4 and 8, the twins share one chorion but have two amnions (monochorionic diamniotic). Splitting after day 8 can produce a single chorion and a single amnion (monochorionic monoamniotic). The majority of monozygotic twinning falls in that 4–8 day window, so about 70% are monochorionic diamniotic. The remaining cases fall into the other placentation types and are less common.*

## 2. Maternal complications of pyelonephritis in pregnancy include which of the following?

A. Respiratory insufficiency

B. Postpartum hemorrhage

C. Gestational diabetes

D. Deep vein thrombosis

*Severe pyelonephritis during pregnancy can become a systemic illness that triggers sepsis and respiratory compromise. Inflammation and infection can lead to impaired gas exchange, pulmonary edema, and, in extreme cases, respiratory failure. That direct risk to the mother's breathing makes respiratory insufficiency a recognized complication of pyelonephritis in pregnancy. Postpartum hemorrhage, gestational diabetes, and deep vein thrombosis are not direct sequelae of this infection—though pregnancy carries baseline risks for those conditions, they are not specific complications of pyelonephritis itself.*

## 3. Iron deficiency anemia in pregnancy is primarily caused by what?

A. Increased iron absorption

B. Insufficient iron stores to meet demands of pregnancy

C. Excess iron stores

D. Vitamin B12 deficiency

*Iron needs rise in pregnancy because maternal blood volume expands and the fetus and placenta require iron. If a person starts with low iron reserves or cannot meet the increased demand with dietary intake and supplementation, those stores become depleted, causing iron deficiency anemia. In pregnancy, the body does try to absorb more iron, but that compensatory increase isn't enough when stores are insufficient. Excess iron stores are not the cause of anemia, and vitamin B12 deficiency leads to a different type of anemia, not iron deficiency.*

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## 4. What happens to PT and aPTT during pregnancy?

A. Increase significantly

B. Decrease slightly

C. No change

D. Become unpredictable

*During pregnancy the coagulation system shifts toward faster clot formation to help prevent severe bleeding at delivery. Levels of several clotting factors and fibrinogen rise, and natural anticoagulant activity can be reduced, making the blood more prone to clotting. Because of this procoagulant state, clotting times measured by PT and aPTT tend to shorten slightly or remain within the normal range rather than lengthening. So the best answer is that these times decrease slightly. They aren't markedly shortened or unpredictable; the changes are modest and within the expected range for pregnancy.*

## 5. Which symptom is commonly associated with HELLP syndrome?

A. Flu-like symptoms with malaise and right upper quadrant pain

B. Seizures without proteinuria

C. Weight gain with edema

D. Shortness of breath without other symptoms

*The symptom pattern tied to HELLP involves nonspecific systemic illness with liver involvement, which commonly shows up as flu-like malaise along with right upper quadrant pain. This RUQ pain reflects hepatic distress from the syndrome—liver swelling, possible injury, and the process of hemolysis and coagulation abnormalities. Together, these signs fit HELLP best because the condition directly affects the liver and blood cells, producing both the general malaise and the localized RUQ tenderness. Seizures without proteinuria would point more toward eclampsia, especially in the setting of preeclampsia, where hypertension and seizures can occur. Weight gain with edema and shortness of breath can occur in pregnancy and preeclampsia as well but are not specific to HELLP.*

## 6. Which statement describes a maternal effect of cocaine use?

A. Profuse sweating and dilated pupils

B. Hypotension

C. Sedation

D. Weight gain

*Cocaine stimulates the sympathetic nervous system, so acute maternal effects include signs of increased adrenergic activity. Profuse sweating and dilated pupils reflect this heightened sympathetic state and are classic physical signs you'd expect to see in a pregnant patient using cocaine. The other options don't fit because cocaine's stimulatory effects raise blood pressure (not cause hypotension), do not produce sedation (that would be a depressant effect), and weight changes from cocaine use are typically weight loss from appetite suppression rather than weight gain.*

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## 7. What is the primary objective of the McRobert's Maneuver in shoulder dystocia management?

A. Hyperflexion of the hips against the abdomen to change the pelvis–spine relationship

B. Extension of the legs to widen the pelvic outlet

C. Internal rotation of the fetal shoulders by pressure on the pubic symphysis

D. Applying suprapubic pressure to rotate the fetal head

*The main idea behind this maneuver is to increase the size of the birth canal by changing the way the pelvis and spine align. By sharply flexing the mother's hips up toward her abdomen, the lumbosacral angle is straightened and the pelvic outlet opens up in the anterior-posterior dimension. This added space helps the impacted anterior fetal shoulder to pass under the pubic symphysis, making it easier to disengage the shoulder without applying force to rotate the head. It does not involve extending the legs, does not rely on rotating the shoulders with pressure on the pubic symphysis, and although suprapubic pressure may be used in conjunction, the primary aim here is widening the pelvis by altering the pelvis–spine relationship.*

## 8. What acid-base disturbance is seen in pregnancy due to ventilation changes?

A. Metabolic acidosis

B. Normal compensated respiratory alkalosis

C. Metabolic alkalosis

D. Respiratory acidosis

*In pregnancy, ventilation increases due to hormonal effects, especially progesterone, which lowers arterial CO2 and creates a mild respiratory alkalosis. The body then compensates by the kidneys eliminating bicarbonate, which brings the pH back toward normal but with a reduced bicarbonate level. The result is a near-normal pH with low CO2 and low bicarbonate, described as a normal compensated respiratory alkalosis. This is why the best answer reflects a compensated respiratory alkalosis rather than a primary metabolic or respiratory disturbance. Metabolic acidosis would show low pH with low bicarbonate, metabolic alkalosis would raise pH with high bicarbonate, and respiratory acidosis would show elevated CO2 with acidemia; none of those align with the compensated alkalemic state seen in pregnancy. Typical ABG pattern to remember: pH near normal, PaCO2 reduced (around 30 mmHg), bicarbonate modestly decreased due to renal compensation.*

## 9. If decelerations occur with less than 50% of contractions over 20 minutes, they are categorized as what?

A. Intermittent decelerations

B. Recurrent decelerations

C. Episodic decelerations

D. Periodic decelerations

*Fetal heart rate decelerations are categorized by how often they occur in relation to contractions within a 20-minute tracing. When decelerations happen with fewer than half of the contractions, they are called intermittent decelerations. This means they're not consistently tied to most contractions. If decelerations occur with 50% or more of contractions, they're labeled recurrent. Periodic decelerations describe a pattern that reliably tracks with contractions, while episodic decelerations occur without a consistent relationship to contractions. So, decelerations occurring in less than half of contractions over 20 minutes are intermittent decelerations.*

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## 10. How do the liver and LFTs change during pregnancy?

A. Liver size increases; blood flow decreases; fibrinogen decreases; albumin increases; metabolic enzymes speed up

B. Liver size does not change; blood flow increases; fibrinogen increases 50%; plasma albumin decreases; enzymatic processes can slow down delaying drug metabolism

C. Liver enlarges with increased metabolism; LFTs decrease

D. Liver shrinkage; bilirubin increases

*During pregnancy the liver doesn't usually enlarge; what changes are largely hemodynamic and synthetic. Hepatic blood flow increases to support the greater metabolic demands of both mother and fetus. At the same time the liver increases production of coagulation factors, so fibrinogen rises—about a 50% increase is typical—helping create the hypercoagulable state of pregnancy. Plasma albumin, the main protein in blood, decreases due to hemodilution, which can affect colloid osmotic pressure and drug binding. LFTs themselves are not expected to consistently drop; they usually remain within normal limits, though drug-metabolizing activity can be altered. Some enzymes and pathways may slow down for certain drugs, leading to changes in drug metabolism. Taken together, this description matches the physiological pattern of increased blood flow and coagulation factor production with lowered albumin, rather than changes in liver size or straightforward decreases in enzyme activity across the board.*

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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://nccrnciap.examzify.com

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

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