NCC LOW RISK NEONATAL INTENSIVE CARE NURSING (RNC-LRN) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://nccrnclrn.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. **For how long can maternal hormone exposure affect vaginal discharge in newborns?**

   A. 5 days

   B. 7 days

   C. 10 days

   D. 2 weeks

2. **What is the correlation between prenatal asphyxia and meconium passage?**

   A. They are unrelated

   B. Meconium passage is more likely to occur before labor

   C. Meconium passage often occurs due to prenatal asphyxia

   D. Both occur during the second trimester

3. **What is a common characteristic of Group B streptococcus (GBS) in pregnant women?**

   A. It is found in the bloodstream of all pregnant women

   B. It can only be found in those with a history of infections

   C. It is normally found in the vagina or rectum of approximately 25% of healthy adult women

   D. It is a rare infection affecting less than 5% of pregnant women

4. **Which vaccine should be avoided during the postpartum period for breastfeeding mothers?**

   A. MMR vaccine

   B. Tetanus toxoid vaccine

   C. Smallpox vaccine

   D. Varicella vaccine

5. **Which physical feature is most commonly associated with osteogenesis imperfecta?**

   A. Short stature

   B. Blue sclera

   C. Joint hypermobility

   D. Enlarged head circumference

SAMPLE

6. What is a potential consequence of cocaine exposure to a fetus?

A. Normal fetal growth

B. Increased fetal movement

C. Prematurity

D. Improved Apgar scores

7. Which protein found in breast milk inhibits the growth of iron-dependent bacteria?

A. Lactoferrin

B. Casein

C. Whey

D. IgA

8. What is one major health benefit for infants breastfed exclusively for 6 months?

A. Higher risk of gastrointestinal infections

B. Improved lung capacity

C. Less morbidity from gastrointestinal infection

D. Decrease in allergies

9. During pregnancy, what weight gain does the American College of Obstetrics and Gynecology recommend for women of ideal body weight?

A. 15 to 20 lbs

B. 20 to 25 lbs

C. 25 to 35 lbs

D. 35 to 45 lbs

10. If a newborn's mother has not received adequate iron, what is the potential outcome?

A. Rapid weight loss

B. Delayed motor skills

C. Anemia

D. Hypertension

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. For how long can maternal hormone exposure affect vaginal discharge in newborns?

A. 5 days

B. 7 days

C. 10 days

D. 2 weeks

Maternal hormone exposure can significantly impact a newborn's physiology, particularly in the days and weeks following birth. It is known that maternal hormones, mainly estrogen and progesterone, are passed to the infant during pregnancy. This hormonal influence can lead to variations in vaginal discharge in newborns due to the newborn's immature hormonal system. Typically, these hormonal effects can last around 10 days after delivery. This duration aligns with the natural decrease in maternal hormone levels that occur post-partum, allowing for a normalization of the newborn's hormonal profile. While hormonal influences can persist for some time, 10 days is considered the general time frame where noticeable effects on vaginal discharge can still be observed in newborns, leading to this option being the most accurate. This understanding is critical for neonatal nursing as it helps guide assessments of newborn health and manage parental expectations regarding normal physiological changes.

2. What is the correlation between prenatal asphyxia and meconium passage?

A. They are unrelated

B. Meconium passage is more likely to occur before labor

C. Meconium passage often occurs due to prenatal asphyxia

D. Both occur during the second trimester

The relationship between prenatal asphyxia and meconium passage is well documented in perinatal care. When a fetus experiences stress or deprivation of oxygen, commonly referred to as asphyxia, there is an increased likelihood of stress-related physiological responses. One such response is the passage of meconium, which is the thick, tar-like substance that lines the intestines of the fetus and is typically expelled after birth. The presence of meconium in the amniotic fluid is often associated with fetal distress, which can be a direct result of asphyxia. In cases of prenatal asphyxia, the fetus may experience a reaction to the stress, leading to bowel relaxation and the expulsion of meconium into the amniotic cavity. This can create potential complications for both the mother and baby during labor, such as meconium aspiration syndrome. Understanding this correlation is crucial for healthcare providers in monitoring and managing at-risk pregnancies and recognizing signs of potential distress in the fetus. As such, the connection between prenatal asphyxia and meconium passage is significant, as it aids in making informed clinical decisions and interventions during labor.

SAMPLE

3. What is a common characteristic of Group B streptococcus (GBS) in pregnant women?

A. It is found in the bloodstream of all pregnant women

B. It can only be found in those with a history of infections

C. It is normally found in the vagina or rectum of approximately 25% of healthy adult women

D. It is a rare infection affecting less than 5% of pregnant women

Group B streptococcus (GBS) is a type of bacteria that can be normally found in the gastrointestinal and genitourinary tracts of healthy individuals, including pregnant women. It is estimated that about 25% of pregnant women may carry GBS in their vagina or rectum. This colonization is usually harmless, but it poses a risk during labor and delivery because GBS can be transmitted to the baby, potentially leading to severe infections. Understanding this characteristic is crucial for neonatal care since screening and management of GBS in pregnant women can significantly impact neonatal outcomes. Recognizing its prevalence highlights the importance of screening at around 35-37 weeks gestation, allowing for appropriate intrapartum prophylaxis if a woman is found to be GBS-positive. The status of GBS as part of the normal flora rather than an infection helps to inform clinical practices and guidelines for managing labor and delivery in pregnant women who are carriers of the bacteria. This knowledge helps ensure that neonatal care practices are in place to reduce the risks associated with GBS transmission.

4. Which vaccine should be avoided during the postpartum period for breastfeeding mothers?

A. MMR vaccine

B. Tetanus toxoid vaccine

C. Smallpox vaccine

D. Varicella vaccine

During the postpartum period, breastfeeding mothers should avoid the smallpox vaccine. This vaccine contains a live virus that can pose a risk to both the mother and the breastfed infant. Although the risk of transmission through breastfeeding is low, the potential complications arising from the live virus make it advisable for nursing mothers to refrain from receiving this vaccine. In contrast, the MMR (measles, mumps, rubella) vaccine and the varicella (chickenpox) vaccine are both live vaccines but are considered safe for breastfeeding mothers. This is because the live attenuated viruses in these vaccines do not seem to pose a risk to an infant through breast milk. The tetanus toxoid vaccine is an inactivated vaccine and is also safe during breastfeeding, so it can be administered without concern. Thus, the smallpox vaccine is the only one among the listed options that should be avoided by breastfeeding mothers due to the associated risks with its live viral content.

SAMPLE

5. Which physical feature is most commonly associated with osteogenesis imperfecta?

A. Short stature

B. Blue sclera

C. Joint hypermobility

D. Enlarged head circumference

Blue sclera is the most commonly associated physical feature with osteogenesis imperfecta. This condition, also known as brittle bone disease, is primarily caused by defects in collagen production, which affects the strength and integrity of bones. The blue sclera occurs due to the translucency of the collagen in the sclera (the white part of the eye), allowing the underlying uvea (the vascular layer of the eye) to show through. This characteristic is notable and can be a visible indicator of the disorder. Short stature, joint hypermobility, and enlarged head circumference can be seen in individuals with osteogenesis imperfecta, but they are not as definitive or characteristic as blue sclera. In some cases, individuals with osteogenesis imperfecta may have normal stature, and while joint hypermobility is present, it is not universally observed. Enlarged head circumference may occur in certain patients, but it is not a prominent or diagnostic feature of the condition. The presence of blue sclera has a stronger correlation with osteogenesis imperfecta and serves as a recognizable hallmark of the disease.

6. What is a potential consequence of cocaine exposure to a fetus?

A. Normal fetal growth

B. Increased fetal movement

C. Prematurity

D. Improved Apgar scores

Cocaine exposure during pregnancy can have several detrimental effects on fetal development, and one significant consequence is prematurity. Cocaine is a powerful stimulant that can lead to vasoconstriction of the maternal blood vessels, which in turn can reduce blood flow to the placenta. This diminished blood flow can impair fetal nutrition and oxygen supply, contributing to preterm labor and ultimately resulting in premature birth. Prematurity can have various implications for the neonate, including a higher risk of complications in the neonatal period, such as respiratory distress syndrome, developmental delays, and increased susceptibility to infections. This connection highlights the potential risks associated with drug exposure during pregnancy and emphasizes the importance of maternal health and substance avoidance for fetal well-being. The other options do not accurately reflect the consequences of cocaine exposure: normal fetal growth is unlikely in the presence of cocaine use, increased fetal movement is not a documented effect of cocaine on the fetus, and improved Apgar scores contradict the potential negative impact that cocaine can have on fetal health.

SAMPLE

7. Which protein found in breast milk inhibits the growth of iron-dependent bacteria?

A. Lactoferrin

B. Casein

C. Whey

D. IgA

Lactoferrin is a glycoprotein that is abundantly found in breast milk and has unique properties that contribute to the health of the neonate. One of its primary roles is to bind iron, thus creating a condition in which iron-dependent bacteria, such as certain pathogenic strains, have reduced access to this essential nutrient, thereby inhibiting their growth. This mechanism not only helps maintain a balanced microbial flora in the infant's gut but also provides an important defense against infections. Casein and whey are proteins that support the nutritional needs of the newborn, but they do not have the specific antibacterial properties attributed to lactoferrin. While immunoglobulin A (IgA) plays a crucial role in the immune response and helps protect the intestines from infections, it does not specifically inhibit the growth of iron-dependent bacteria. Therefore, lactoferrin stands out for its unique ability to restrict bacterial growth via iron chelation.

8. What is one major health benefit for infants breastfed exclusively for 6 months?

A. Higher risk of gastrointestinal infections

B. Improved lung capacity

C. Less morbidity from gastrointestinal infection

D. Decrease in allergies

Breastfeeding exclusively for the first six months of an infant's life provides numerous health benefits, one of which is a significant reduction in morbidity from gastrointestinal infections. Breast milk contains essential antibodies and immunoglobulins, particularly secretory IgA, which help protect the newborn's gut from pathogens and promote the development of a healthy gut microbiome. This immunological support plays a crucial role in protecting infants from infections such as gastroenteritis. In addition, the composition of breast milk is designed to be easily digestible for an infant's immature digestive system, further reducing the likelihood of gastrointestinal distress. This protection is particularly vital for infants, as they are more vulnerable to infections during their early months of life. This health benefit emphasizes the importance of exclusive breastfeeding during this critical period, aligning with recommendations from health organizations that advocate for breastfeeding as a key component of infant health and nutrition.

SAMPLE

9. During pregnancy, what weight gain does the American College of Obstetrics and Gynecology recommend for women of ideal body weight?

A. 15 to 20 lbs

B. 20 to 25 lbs

C. 25 to 35 lbs

D. 35 to 45 lbs

The American College of Obstetrics and Gynecology (ACOG) recommends that women of ideal body weight gain between 25 to 35 pounds during pregnancy. This recommendation is based on considerations of optimal fetal growth and maternal health. Adequate weight gain within this range supports the healthy development of the fetus and helps provide the necessary nutrients needed for various physiological changes in the mother's body. Gaining this recommended amount of weight allows for the development of placental and amniotic fluid, contributes to increased blood volume, and provides energy reserves for breastfeeding post-delivery. It's also associated with a lower risk of preterm delivery and other complications. Women who gain too little weight run the risk of delivering a low birth weight infant, while excessive weight gain can lead to complications such as gestational diabetes and hypertension. Therefore, the guidelines of 25 to 35 pounds during pregnancy help to balance the needs of both the mother and the developing baby effectively. These established guidelines reflect extensive research into maternal and fetal health dynamics across various populations.

10. If a newborn's mother has not received adequate iron, what is the potential outcome?

A. Rapid weight loss

B. Delayed motor skills

C. Anemia

D. Hypertension

When a newborn's mother has not received adequate iron, the potential outcome is anemia. Iron is crucial for the production of hemoglobin, which carries oxygen in the blood. Inadequate maternal iron levels can lead to insufficient iron stores in the newborn, resulting in diminished hemoglobin production. This can manifest as anemia, characterized by fatigue, weakness, and poor overall growth. Newborns depend on iron stores accumulated while in utero during their first months of life, and a deficiency can impact their health significantly. Other possibilities, while they might be related to various conditions, are less directly linked to maternal iron deficiency. Rapid weight loss may occur from several issues but is not a direct outcome of iron deficiency alone. Delayed motor skills could result from a range of developmental challenges, but they are not specifically attributed to iron deprivation. Similarly, hypertension is not a recognized direct outcome of a lack of iron; it is typically associated with other medical conditions or maternal health issues. Therefore, anemia stands out as the most relevant consequence of inadequate iron intake during pregnancy.

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://nccrnclrn.examzify.com

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

SAMPLE