NORTH AMERICAN REGISTRY OF MIDWIVES (NARM) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://narm.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. **In the case of a positive Homan's sign, what treatment is commonly prescribed?**

   A. Antibiotics

   B. Heparin

   C. Bed rest

   D. Compression stockings

2. **Which type of hepatitis is notably transmitted via blood and bodily fluids?**

   A. Hepatitis A

   B. Hepatitis B

   C. Hepatitis E

   D. Hepatitis G

3. **What does an increase in white blood cell count during labor typically indicate?**

   A. An infection

   B. Normal physiological response

   C. Dehydration

   D. Anemia

4. **What is a common occurrence after a CVS procedure?**

   A. Women experience heavy bleeding

   B. Women should avoid physical activity for a month

   C. Women always bleed following the procedure

   D. No symptoms are reported

5. **Women diagnosed with a gonorrheal infection should also be treated for which other infection?**

   A. Trichomoniasis

   B. Chlamydia

   C. Candidiasis

   D. Syphilis

SAMPLE

6. What function does FSH serve in the body during pregnancy?

A. Maintains luteal function

B. Stimulates the growth of the uterus

C. Promotes development and enlargement of follicles

D. Inhibits ovulation

7. What term describes changes in fetal heart rate that are associated with uterine contractions?

A. Periodic changes

B. Irregular changes

C. Transient changes

D. Continuous changes

8. What is the primary reason for monitoring MSAFP levels in pregnant women?

A. To assess fetal movement

B. To identify potential complications

C. To monitor weight gain

D. To evaluate maternal health

9. What is one option for emergency contraception postcoital?

A. 500mg of aspirin

B. The Yuzpe Regimen

C. Daily vitamin supplements

D. Intrauterine device removal

10. If ischial spines cannot be felt, which type of pelvis may the woman have?

A. Android

B. Anthropoid

C. Gynecoid

D. Platypelloid

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. In the case of a positive Homan's sign, what treatment is commonly prescribed?

A. Antibiotics

B. Heparin

C. Bed rest

D. Compression stockings

A positive Homan's sign is traditionally associated with deep vein thrombosis (DVT), indicating potential thrombosis or clot formation in the deep veins, usually of the leg. In such cases, the primary concern is to prevent complications like pulmonary embolism. Heparin is an anticoagulant that is either administered intravenously or subcutaneously and is used to prevent the progression of the thrombus and reduce the risk of embolization. Heparin works by inhibiting specific clotting factors in the blood, thereby preventing further clot formation and allowing the body's natural processes to dissolve existing clots. The use of heparin is essential in managing confirmed or suspected DVT cases due to its rapid action and effectiveness in preventing serious complications. Other treatment options mentioned, like antibiotics, bed rest, and compression stockings, serve varying purposes. Antibiotics are generally used for infections, not for clots. Bed rest might be advised in some instances, but extended bed rest can lead to additional complications like muscle atrophy and venous stasis. Compression stockings may help improve venous return and alleviate symptoms, but they do not directly treat the underlying clot. Therefore, in the case of a positive Homan's sign, the administration of heparin

2. Which type of hepatitis is notably transmitted via blood and bodily fluids?

A. Hepatitis A

B. Hepatitis B

C. Hepatitis E

D. Hepatitis G

Hepatitis B is notably transmitted via blood and bodily fluids due to its mode of transmission primarily through parenteral exposure. This includes actions such as sharing needles, unprotected sexual contact, and from mother to child during childbirth. The Hepatitis B virus (HBV) is much more resilient and can survive outside the body longer than many other viruses, allowing it to be transmitted in a variety of scenarios involving blood exposure. In contrast, Hepatitis A is primarily transmitted through the fecal-oral route, often linked to contaminated food or water. Hepatitis E, while also spread through the fecal-oral route, is more prevalent in regions with poor sanitation. Hepatitis G has a less defined transmission route, but it is primarily associated with blood. Therefore, among these options, Hepatitis B distinctly stands out as the type that is specifically known for being transmitted through blood and bodily fluids. Understanding these modes of transmission is crucial in midwifery and healthcare to help prevent the spread of infections.

SAMPLE

3. What does an increase in white blood cell count during labor typically indicate?

A. An infection

B. Normal physiological response

C. Dehydration

D. Anemia

An increase in white blood cell count during labor is typically a normal physiological response due to the stress and hormonal changes that occur during this time. The body produces more white blood cells to prepare for the physical demands of labor and to help defend against potential infections. This natural rise is part of the body's immune response and does not inherently indicate an underlying problem. In the context of labor, it is essential to differentiate between a physiological increase in white blood cells and a pathological increase that might indicate an infection or another issue. While infections can cause elevated white blood cell counts, the context of labor itself is a significant factor in interpreting these values. Thus, understanding that a rise is expected during this period helps midwives assess the health status of the laboring person accurately. In contrast, conditions like dehydration or anemia have other specific markers and presentations that would usually accompany them, making them less likely to be directly inferred from just an elevated white blood cell count in the context of labor.

4. What is a common occurrence after a CVS procedure?

A. Women experience heavy bleeding

B. Women should avoid physical activity for a month

C. Women always bleed following the procedure

D. No symptoms are reported

After a chorionic villus sampling (CVS) procedure, it is indeed common for women to experience some degree of vaginal bleeding. This happens because the procedure involves taking a small sample of placental tissue, which can cause some disruption to the vaginal area, leading to light spotting or bleeding. While it is not guaranteed that every woman will experience bleeding, it is a prevalent occurrence reported in many cases. Considering the answer options, it is essential to note that while bleeding can occur, it is typically light and not necessarily heavy or alarming. While some women may have no symptoms at all, this is not the norm. Therefore, stating that women always bleed following the procedure reflects a typical experience recognized in clinical practice.

5. Women diagnosed with a gonorrheal infection should also be treated for which other infection?

A. Trichomoniasis

B. Chlamydia

C. Candidiasis

D. Syphilis

Gonorrheal infections are commonly associated with other sexually transmitted infections, the most notable being chlamydia. This is due to the fact that these infections often co-occur; studies show that a significant percentage of individuals with a gonorrheal infection may also be infected with chlamydia. It is standard medical practice to screen and treat for chlamydia simultaneously when a patient is diagnosed with gonorrhea to ensure comprehensive care and to prevent complications that can arise from untreated infections, such as pelvic inflammatory disease, increased risk of HIV transmission, and fertility issues. Chlamydia is caused by a different bacterium than gonorrhea, but the similarities in their transmission and the potential for concurrent infections make this co-treatment essential for effective management of these STIs.

SAMPLE

6. What function does FSH serve in the body during pregnancy?

A. Maintains luteal function

B. Stimulates the growth of the uterus

C. Promotes development and enlargement of follicles

D. Inhibits ovulation

Follicle-stimulating hormone (FSH) plays a crucial role in the menstrual cycle and reproductive processes, primarily in stimulating the growth and maturation of ovarian follicles. During pregnancy, FSH is not the primary hormone at work, as the dynamics of the reproductive system change significantly. However, before pregnancy, FSH is essential in preparing the ovaries for ovulation by promoting the development of follicles, which contain the eggs. This is relevant in the context of fertility and the early stages of pregnancy, as it ensures that the ova are mature and ready for fertilization when ovulation occurs. After conception, the role of FSH declines and is overshadowed by hormones such as human chorionic gonadotropin (hCG), estrogen, and progesterone, which are more critical for maintaining the pregnancy. This shift highlights the preparatory role of FSH in the reproductive cycle leading up to pregnancy. Therefore, recognizing FSH's function in stimulating the growth of follicles is essential, as it underscores the foundation laid for successful conception and the initial stages of gestation.

7. What term describes changes in fetal heart rate that are associated with uterine contractions?

A. Periodic changes

B. Irregular changes

C. Transient changes

D. Continuous changes

The correct term that describes changes in fetal heart rate associated with uterine contractions is "periodic changes." This term specifically refers to alterations in the fetal heart rate that coincide with the timing of uterine contractions. These changes can be categorized into patterns that may indicate the infant's response to uterine activity during labor. Understanding periodic changes is vital for monitoring fetal well-being during labor, as it helps in assessing whether the fetus is coping well with the stresses of contractions. These changes can include variable decelerations, early decelerations, or late decelerations that are linked to the contraction cycle. While the other terms may refer to different aspects of fetal heart rate monitoring, they do not accurately capture the specific relationship between fetal heart rate changes and uterine contractions like "periodic changes" does. For example, "irregular changes" might imply a lack of a predictable pattern, while "transient changes" refers to temporary fluctuations without directly linking them to contractions. "Continuous changes" would suggest a constant alteration, not specifically confined to the context of contractions. Thus, "periodic changes" is the most precise term for discussing these associations.

SAMPLE

8. What is the primary reason for monitoring MSAFP levels in pregnant women?

A. To assess fetal movement

B. To identify potential complications

C. To monitor weight gain

D. To evaluate maternal health

Monitoring MSAFP (maternal serum alpha-fetoprotein) levels in pregnant women plays a crucial role in identifying potential complications related to fetal development. MSAFP is a protein produced by the fetus, and its levels in the mother's blood can provide valuable insights into the health of the pregnancy. Abnormal levels of MSAFP might indicate certain conditions such as neural tube defects, down syndrome, and other chromosomal abnormalities. By analyzing these levels, healthcare providers can screen for these potential abnormalities early in the pregnancy, allowing for further diagnostic testing or interventions if necessary. This proactive approach is essential in prenatal care, as early identification of complications can lead to better outcomes for both the mother and the fetus. While monitoring fetal movement, weight gain, and maternal health are important aspects of prenatal care, they do not specifically relate to the purpose of measuring MSAFP levels, which is primarily focused on detecting possible fetal complications.

9. What is one option for emergency contraception postcoital?

A. 500mg of aspirin

B. The Yuzpe Regimen

C. Daily vitamin supplements

D. Intrauterine device removal

The Yuzpe Regimen is a recognized method for emergency contraception used after unprotected intercourse. It involves taking a combination of specific doses of oral contraceptive pills containing both estrogen and progestin within a certain timeframe after the sexual activity. This approach works primarily by preventing ovulation, thereby reducing the chance of fertilization and subsequent pregnancy. This method is based on the understanding that timely administration of hormones can disrupt the normal hormonal signals that lead to ovulation. It is critical that this regimen is taken within a 72-hour window to be most effective. In contrast, options like 500mg of aspirin, daily vitamin supplements, and intrauterine device removal do not serve the purpose of emergency contraception. Aspirin is a pain reliever and does not have any contraceptive properties. Daily vitamin supplements are unrelated to fertility and pregnancy prevention. While the removal of an intrauterine device (IUD) can be important for managing an existing pregnancy if the IUD was placed prior, it is not an option for postcoital emergency contraception in the way the Yuzpe Regimen is utilized.

SAMPLE

10. If ischial spines cannot be felt, which type of pelvis may the woman have?

A. Android

B. Anthropoid

C. Gynecoid

D. Platypelloid

When ischial spines cannot be palpated during a pelvic examination, it is most indicative of a gynecoid pelvis. This type of pelvis is characterized by a more rounded shape, providing a wider pelvic inlet and outlet, which generally allows for easier passage of the fetus during childbirth. In a gynecoid pelvis, the ischial spines are less prominent because of the pelvic shape and its broader dimensions compared to other pelvic types. In contrast, the Android pelvis is more heart-shaped and has more prominent ischial spines, making it more likely that those structures would be palpable. The anthropoid pelvis has an elongated, oval shape, with a more narrow outlet, and the ischial spines could still potentially be felt. Lastly, the platypelloid pelvis is wide and has a flatter shape, but its characteristics would still allow for the identification of ischial spines. Thus, the ability or inability to feel the ischial spines is vital in determining the type of pelvis and is clearly aligned with the defining features of a gynecoid pelvis.

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://narm.examzify.com

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

SAMPLE