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# Latest Version: 6.0

## Question: 1

A midwife received the ultrasound findings for a patient at 34 weeks, including an 8/10 biophysical profile and a 25 cm AFI. Which of the following statements made by the patient indicates a need for further education?

- A. "I will have a growth ultrasound next week."
- B. "If my water breaks, there is a higher risk of cord prolapse."
- C. "I have an increased risk of postpartum hemorrhage."
- D. "My biophysical profile results are concerning."

**Answer: D**

### Explanation:

Correct answer: "My biophysical profile results are concerning."

An 8 (out of 10) on the biophysical profile is generally considered reassuring. Two points given for each of the following: fluid, fetal breathing, fetal movement, fetal tone, and a reactive nonstress test.

An amniotic fluid index (AFI) of 25 cm is considered polyhydramnios. Polyhydramnios increases the risk for postpartum hemorrhage. Due to an increased risk for fetal macrosomia, the midwife will likely follow fetal growth. There is an increased risk of cord prolapse with the rupture of membranes in cases of hydramnios.

Reference:

Midwifery & Women's Health Nurse Practitioner Certification Review Guide 5th Edition. Pg 225.

## Question: 2

Which of the following is true about newborn hearing?

- A. Newborn hearing is acute and has the ability to localize sounds.
- B. If the infant fails the hearing screen, they have an auditory disorder.
- C. Newborns can see better than they can hear.
- D. Newborns have a preference for every voice that they recognize.

**Answer: A**

### Explanation:

Correct answer: Newborn hearing is acute and has the ability to localize sounds.

Newborn hearing is acute and can localize sounds. Failing the hearing screen does not necessarily indicate the baby has a hearing disorder. However, they should be referred to a pediatric specialist for follow-up testing. Newborns have a preference for the sound of their mother's voice.

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A newborn's sharp visual focus is limited to a distance of 12 inches with a preference for contrasting colors and striped patterns, with limited perception of colors. However, by a few weeks of age, they can fixate on and track objects and respond to their mother's facial expressions.

Reference:

Midwifery & Women's Health Nurse Practitioner Certification Review Guide 5th Edition. Pg 343.

### Question: 3

Which of the following is a clinical manifestation of AIDs during the initial human immunodeficiency virus (HIV) infection?

- A. Appendicitis
- B. Night sweats
- C. Chronic viral illness syndrome
- D. Hives

**Answer: B**

**Explanation:**

Correct answer: Night sweats

Night sweats, fevers, and fatigue are clinical manifestations of an initial HIV infection.

Acute viral illness syndrome that lasts 10 days or fewer is a clinical manifestation of the initial HIV infection. Hives are not a clinical manifestation of HIV, but an unexplained rash may be. Appendicitis is not a clinical manifestation of HIV but an inflammation of the appendix.

Reference:

Midwifery & Women's Health Nurse Practitioner Certification Review Guide 5th Edition. Pg 258.

### Question: 4

A patient at 30 weeks of gestation is in preterm labor and has been given nifedipine. Which of the following is contraindicated?

- A. Betamethasone
- B. Ampicillin
- C. Magnesium sulfate
- D. Calcium gluconate

**Answer: C**

**Explanation:**

Correct answer: Magnesium sulfate

Magnesium sulfate should not be given concurrently with calcium channel blockers or beta-agonists.

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Calcium gluconate is the antidote to magnesium sulfate. Betamethasone is a corticosteroid given to stimulate fetal lung maturity in preterm patients. Ampicillin is an antibiotic and is not contraindicated if there is an indication for it.

Reference:

Midwifery & Women's Health Nurse Practitioner Certification Review Guide 5th Edition. Pg 302-304.

### Question: 5

A midwife palpates a longitudinal lie with a hard, round prominence in the fundus that is mobile. Which presentation is this?

- A. Face
- B. Vertex
- C. Breech
- D. Shoulder

**Answer: C**

**Explanation:**

Correct answer: Breech

Breech presentation involves a longitudinal lie with a hard, round prominent in the fundus that is mobile.

A shoulder presentation is a transverse presentation with the shoulder as the presenting part. A face presentation is a longitudinal lie with a cephalic presentation, but the head is extended and the occiput is proximal to the spine. In a vertex presentation, the head is the presenting part.

Reference:

Midwifery & Women's Health Nurse Practitioner Certification Review Guide 5th Edition. Pg 291.

### Question: 6

A midwife is educating a patient about cystic fibrosis. Which of the following indicates that the patient may need further education?

- A. "Cystic fibrosis is a genetic autosomal-recessive genetic disorder."
- B. "People with cystic fibrosis may have fatty, foul-smelling stools."
- C. "Cystic fibrosis screening should only be performed during pregnancy."
- D. "Every person considering pregnancy should be offered cystic fibrosis testing."

**Answer: C**

**Explanation:**

Correct answer: "Cystic fibrosis screening should only be performed during pregnancy."

Cystic fibrosis screening should be offered to every person who considers pregnancy and can be a valuable part of preconception visits and annual wellness exams.

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People with cystic fibrosis have steatorrhea, which is excessive fat in the stool. Cystic fibrosis is an autosomal-recessive disease.

Reference:

Midwifery & Women's Health Nurse Practitioner Certification Review Guide 5th Edition. Pg 125, 278.

Women's Health Nurse Practitioner and Midwifery Certification Review 1st Edition. Pg 20.

### Question: 7

A midwife is caring for a two-day postpartum patient. Which of the following would be an abnormal postpartum assessment?

- A. Persistent urinary retention
- B. No bowel movement
- C. A 5% increase in blood pressure from baseline
- D. Bilateral edema of the lower extremities

**Answer: A**

**Explanation:**

Correct answer: Persistent urinary retention

Persistent urinary retention or incontinence is abnormal. Bowel movements may not return until three days postpartum.

Bilateral and symmetric lower extremity edema is normal. Blood pressure may have a transient increase by as much as 5% in the first four days postpartum.

Reference:

Midwifery & Women's Health Nurse Practitioner Certification Review Guide 5th Edition. Pg 317-332.

### Question: 8

Which of the following statements is true about newborn external genitalia?

- A. The prominence of the labia majora decreases with gestational age.
- B. There is less rugation on the scrotum with increasing gestational age.
- C. The prominence of the clitoris increases with gestation age.
- D. Newborn testicles descend with increasing gestational age.

**Answer: D**

**Explanation:**

Correct answer: Newborn testicles descend with increasing gestational age.

Newborn testicles descend with increasing gestational age.

Newborns have more rugae on the scrotum with increasing gestational age. Clitoral prominence decreases with increasing gestational age. The development of the labia majora increases with increasing gestational age.

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Reference:

Midwifery & Women's Health Nurse Practitioner Certification Review Guide 5th Edition. Pg 341.

### Question: 9

Which statement reflects an abnormal change in a newborn's gastrointestinal system?

- A. Gut closure is a maturation process of intestinal lining promoted by breastfeeding.
- B. The large intestine of a newborn is more efficient at water conservation than an adult's.
- C. A newborn has a limited ability to digest both fats and proteins.
- D. Newborns regurgitate frequently due to limited stomach capacity.

**Answer: B**

**Explanation:**

Correct answer: The large intestine of a newborn is more efficient at water conservation than an adult's. The large intestine of a newborn is less efficient at water conservation than adults.

A newborn has a limited ability to digest both fats and proteins. Gut closure is a maturation process of the enzymes and antibodies of the intestinal lining that occurs with breastfeeding. Newborns regurgitate frequently due to limited stomach capacity (<30 milliliters).

Reference:

Midwifery & Women's Health Nurse Practitioner Certification Review Guide 5th Edition. Pg 335.

### Question: 10

A midwife is caring for a laboring patient at 38 weeks of gestation following a spontaneous rupture of membranes (SROM). Upon cervical examination, the midwife palpates a pulsating soft piece of tissue looped around the fetal head.

Which of the following is the next best step?

- A. Manipulate the tissue back into the uterus and palpate for pulsation
- B. Call a physician and prepare for an operative vaginal delivery
- C. Elevate the fetal head and change the maternal position to knee-chest
- D. Apply a fetal scalp electrode (FSE) and intrauterine pressure catheter (IUPC)

**Answer: C**

**Explanation:**

Correct answer: Elevate the fetal head and change the maternal position to knee-chest

Every midwife must know the emergency response to the complication of umbilical cord response. Cord prolapse can occur with the rupturing of membranes and is identified by palpation of the cord during vaginal examination (or if visible at the vaginal introitus). The midwife should elevate the presenting part of the cord and assist the client into the knee-chest position or a steep left-lateral Trendelenburg position.

Applying an FSE or IUPC would require removing hands from elevating the presenting part. Manipulation of the cord may cause cord spasm, and palpating the cord pulsations is not an adequate indicator of fetal status. Finally, the midwife should call the physician to prepare for a cesarean section, not an operative vaginal delivery.

Reference:

Midwifery & Women's Health Nurse Practitioner Certification Review Guide 5th Edition. Pg 304.

### Question: 11

A midwife is educating a patient about the basal body temperature (BBT) contraceptive method. Which of the following statements, if made by the patient, indicates an understanding of BBT?

- A. "BBT increases 2-4 days prior to menses unless the person is pregnant."
- B. "BBT is the temperature of the body at rest."
- C. "BBT is lowest in the luteal phase."
- D. "BBT decreases after ovulation due to progesterone."

**Answer: B**

**Explanation:**

Correct answer: "BBT is the temperature of the body at rest."

BBT is the body temperature at rest.

In a normal menstrual cycle, BBT is approximately 0.5°F (0.3°C) higher in the luteal phase than in the follicular phase (lowest in the follicular phase). The temperature rise begins 1 or 2 days after the surge in luteinizing hormone (LH) and the rise in progesterone concentrations. Temperature elevation identifies ovulation retrospectively and thus signifies the end, rather than the onset, of the fertile period. Alcohol, illness, and poor sleep can alter a person's BBT.

BBT increases after ovulation (under the influence of progesterone), and then remains elevated until 2 to 4 days before menses, when it decreases.

Reference:

Midwifery & Women's Health Nurse Practitioner Certification Review Guide 5th Edition. Pg 136.

### Question: 12

A G1P0 patient presents for their visit at 41 weeks of gestation. The midwife performs Leopold maneuvers and a cervical exam and determines that the fetus is occiput posterior. Which of the following is true about the evaluation of occiput posterior positioning?

- A. Flatter lower abdominal area
- B. Soft prominence above the symphysis pubis
- C. Hard prominence in the fundus
- D. No fetal part in the fundus

**Answer: A**

**Explanation:**

Correct answer: Flatter lower abdominal area

Occiput posterior positioning occurs when the fetal occiput is at or posterior to the sacroiliac joint. On examination of the occiput posterior, the lower abdomen is flattened, fetal limbs are palpable anteriorly, and the fetal heart tones may be auscultated in the flank.

In the transverse presentation, there is no round fetal presenting part in the fundus and it is felt at right angles to the axis of the uterus. A breech presentation occurs when the presenting part is in the upper uterine pole and the breech in the pelvis; the soft prominence is above the symphysis pubis, and a hard prominence appears in the fundus.

Reference:

Midwifery & Women's Health Nurse Practitioner Certification Review Guide 5th Edition. Pg 247, 272.

**Question: 13**

According to Friedman's curve, which of the following is abnormal labor progress?

- A. Multipara in the second stage for 2 hours with an epidural
- B. Multipara progress of 1 cm per hour in active labor
- C. Nullipara in latent labor for slightly more than 18 hours
- D. Nullipara progress of 1.5 cm per hour in active labor

**Answer: B****Explanation:**

Correct answer: Multipara progress of 1 cm per hour in active labor

Friedman's curve from 1972 is differentiated by nullipara and multiparas. Normal progress is as follows, per Friedman:

- multipara progress of at least 1.5 cm per hour in active labor
- nullipara progress of at least 1.2 cm per hour in active labor
- multipara in the second stage for less than three hours with an epidural
- nullipara in latent labor for less than 20 hours

Reference:

Midwifery & Women's Health Nurse Practitioner Certification Review Guide 5th Edition. Pg 294.

**Question: 14**

A patient is 8 weeks pregnant and experiencing nausea and vomiting of pregnancy (NVP). They vomit 2-3 times a week, remain hydrated, and feel nauseated for about 3 hours every morning.

What anticipatory guidance is useful?

- A. Taking a multivitamin daily will likely reduce symptoms.
- B. Increasing healthy fat will decrease the frequency of NVP.
- C. Eat no more than 4 small meals each day.

D. Eat bland, dry foods before getting out of bed.

**Answer: D**

**Explanation:**

Correct answer: Eat bland, dry foods before getting out of bed.

The patient should be encouraged to eat bland, dry foods before getting out of bed, like crackers or toast.

Taking multivitamins for three months prior to becoming pregnant will decrease the need to be treated for nausea and vomiting during pregnancy, but multivitamins with iron may worsen NVP. Increasing protein and decreasing fatty and spicy food will improve NVP.

Reference:

Midwifery & Women's Health Nurse Practitioner Certification Review Guide 5th Edition. Pg 233.

**Question: 15**

A patient is diagnosed with hemoglobin S trait. Which of the following would the midwife most likely incorporate into the plan of care?

- A. Antenatal testing between 32 and 34 weeks
- B. Paternal blood screening and genetic counseling
- C. Preparing for intense pain of a sickle cell crisis during labor
- D. Pharmacological pain management

**Answer: B**

**Explanation:**

Correct answer: Paternal blood screening and genetic counseling

Having a hemoglobin S trait means that the patient carries one gene for sickle cell but is not affected by the disease. However, they could pass that gene to their child; if the father has the gene as well, the child could be affected. Thus, paternal blood screening and genetic counseling are recommended to provide additional information related to sickle cell risk.

Antenatal testing between 32 and 34 weeks and pharmacological pain management are recommended for those who are affected by sickle cell disease. The intense pain of a sickle cell crisis can occur during labor for those affected by this disease.

Reference:

Midwifery & Women's Health Nurse Practitioner Certification Review Guide 5th Edition. Pg 276.

**Question: 16**

A pregnant client at 12 weeks of gestation presents to the clinic with complaints of vaginal pruritus. On exam, the midwife notes a copious amount of thick, white, lumpy discharge on the external labia and the vaginal walls. A KOH wet prep test is negative. Under wet prep microscopy, the midwife notes pseudohyphae and an absence of clue cells.

Which of the following treatments is most appropriate?

- A. Diflucan 150 mg PO daily for one dose
- B. Miconazole 100 mg vaginally for 7 days
- C. Clindamycin 300 mg PO twice daily for 7 days
- D. Metronidazole 500 mg twice daily for 7 days

**Answer: B**

**Explanation:**

Correct Answer: Miconazole 100 mg vaginally for 7 days

Miconazole should be given for 7 days and is safe in pregnancy.

Diflucan should be avoided in the first trimester. Clindamycin and metronidazole are indicated for bacterial vaginosis, not vaginal candidiasis.

Reference:

Women's Health Nurse Practitioner and Midwifery Certification Review 1st Edition. Pg 78.

**Question: 17**

A patient is in the second stage of labor, and the midwife notes a turtle sign. Which of the following is the midwife most concerned about?

- A. Shoulder dystocia
- B. Cesarean section
- C. Respiratory distress
- D. Hyperglycemia of the newborn

**Answer: A**

**Explanation:**

Correct answer: Shoulder dystocia

The turtle sign is when the fetal head immediately retracts against the perineum after extension. Shoulder dystocia occurs when the anterior shoulder becomes impacted on the pelvic rim and can result in fetal injury, hypoxia, or death.

A cesarean section after the fetus is replaced in the pelvic cavity is usually the last option for shoulder dystocia because of a significant risk of infant morbidity and mortality, also called the Zavanelli maneuver. Respiratory distress in a newborn may occur secondary to their birth, but the pediatrics team should be paged once the midwife identifies shoulder dystocia. Identifying shoulder dystocia to assemble the team and perform the correct maneuvers is the priority. Hypoglycemia is more likely to affect newborns and is not the priority at this time.

Reference:

Midwifery & Women's Health Nurse Practitioner Certification Review Guide 5th Edition. Pg 305.

**Question: 18**

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When is the recommended postpartum follow-up care schedule for a low-risk patient who recently gave birth?

- A. 6 weeks postpartum
- B. 2 weeks postpartum
- C. 3 days postpartum
- D. Individualized

**Answer: D**

**Explanation:**

Correct answer: Individualized

While the traditional postpartum care schedule is 6 weeks, the current ACOG recommendations are to individualize care.

Patients with elevated blood pressure should be seen by 1-2 weeks postpartum for high-risk clients. No postpartum care schedule recommends 8 weeks.

Reference:

Midwifery & Women's Health Nurse Practitioner Certification Review Guide 5th Edition. Pg 322.

**Question: 19**

A midwife is discussing medications for the prevention and treatment of osteoporosis with a post-menopausal patient. Which of the following statements is correct regarding the drug raloxifene?

- A. It can be given concurrently with estrogen therapy.
- B. It is generally regarded as safe during pregnancy.
- C. It increases the risk of venous thromboembolic events.
- D. It can alleviate vasomotor effects like hot flashes.

**Answer: C**

**Explanation:**

Correct answer: It increases the risk of venous thromboembolic events.

Raloxifene, an estrogen agonist/antagonist, is indicated to prevent and treat osteoporosis. Unfortunately, it increases the risk for venous thromboembolic events and can cause hot flashes.

Raloxifene cannot be given with concurrent use of estrogen or during pregnancy.

Reference:

Midwifery & Women's Health Nurse Practitioner Certification Review Guide 5th Edition. Pg 92-93.

**Question: 20**

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A 52-year-old client presents with recurrent episodes of flushing and feelings of intense heat across the chest and face. What is the best nonpharmacologic management of mild to moderate vasomotor symptoms related to menopause?

- A. Estrogen-progesterone therapy
- B. Cognitive-behavioral therapy
- C. Derivatives of soy isoflavones
- D. Black cohosh herbal therapy

<b>Answer: B</b>
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**Explanation:**

Correct answer: Cognitive-behavioral therapy

Level I evidence from high-quality randomized controlled trials supports cognitive-behavioral therapy (group-based or self-guided) to treat mild to moderate vasomotor symptoms. Estrogen-progesterone therapy utilizes hormones to treat vasomotor symptoms and is a pharmacologic form of management.

Level II evidence may recommend the use of derivatives of soy isoflavones but require additional studies. Black cohosh is an herbal therapy that is unlikely to aid in alleviating vasomotor symptoms according to level II or lower evidence.

Reference:

Midwifery & Women's Health Nurse Practitioner Certification Review Guide 5th Edition. Pg 161-162.

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