



CERTSWARRIOR

Nursing

NARM-CPM
Certified Professional Midwife

Questions & Answers PDF

For More Information:
<https://www.certswarrior.com/>

Features:

- 90 Days Free Updates
- 30 Days Money Back Guarantee
- Instant Download Once Purchased
- 24/7 Online Chat Support
- Its Latest Version

Latest Version: 6.0

Question: 1

During the prenatal exam, the midwife estimates the woman's BMI is 32, which classifies her weight as obese. Based on this, the midwife should recommend how much weight gain during pregnancy?

- A. 10 pounds
- B. 15 pounds
- C. 25-35 pounds
- D. None

Answer: B

Explanation:

The woman should be advised to limit weight gain to 15 pounds. Infants of obese and morbidly obese women are often macrosomic (large) and may suffer fetal distress, early neonatal death, meconium aspiration, shoulder dystocia, and/or complications from Cesarean birth.

Recommended weight gains:

Underweight: 28-40 lbs

Normal weight: 25-35 lbs

Overweight: 15-25 lbs

Obese: 15 lbs

The mother must maintain an adequate nutritional diet. Maternal malnutrition can have a profound effect on the developing fetus. If malnutrition occurs during the stages of cell division, then cells may not divide properly, causing permanent damage.

Question: 2

Which of the following is the best candidate for vaginal birth after Cesarean section (VBAC)?

- A. A woman with one previous Cesarean and a low transverse uterine incision
- B. A woman with one previous Cesarean and a T or classic incision
- C. A woman with one previous Cesarean and a history of myomectomy
- D. A woman with one previous Cesarean who insists on having a vaginal birth at home

Answer: A

Explanation:

A woman with one previous Cesarean section and a low transverse uterine incision is the best candidate for vaginal birth. A woman with 2 or more previous Cesarean sections may attempt vaginal births. In all cases, a physician, an anesthesiologist, and adequate staff must be present and available throughout labor to provide a Cesarean section if necessary. Contraindications to

attempting vaginal delivery include a T or classic incision, history of myomectomy, contracted pelvis, obstetrical complications precluding vaginal birth, and inadequate facilities or staff to provide emergency Cesarean section if it is needed.

Question: 3

A pregnant woman in the second trimester complains of increasing low back pain. Which of the following should the midwife recommend to relieve discomfort?

- A. Hot baths
- B. Pelvic-tilt exercise and modified exercise program
- C. Applying ice to lower back
- D. Acetaminophen

Answer: B

Explanation:

Backache during pregnancy can result from increased hormone levels causing softening of cartilage and increased lumbosacral curvature. Muscle strain, fatigues, poor body mechanics, and carrying twins all contribute to backache. Management includes the following measures:

Do the pelvic-tilt exercise and begin modified exercise program, such as swimming, beginning with stretching.

Utilize correct body mechanics and avoid heavy lifting, reaching for things on high surfaces, and wearing high-heeled shoes.

Adjust height of work surfaces.

Apply heat to lower back

Use back support in chair/bed and stand straight and avoid slumping.

Question: 4

Which of the following places the fetus at risk for asymmetric intrauterine growth restriction (IUGR)?

- A. History of heroin use by mother
- B. Severe malnutrition
- C. Chronic maternal hypertension
- D. Preeclampsia

Answer: D

Explanation:

Symmetric IUGR	Asymmetric IUGR
Both head and body are small (growth-restricted).	Large head in proportion to the body; the head is spared.
Occurs early in pregnancy.	The head is normal in size for gestational age, while the body is growth-restricted.
Common causes are chromosomal abnormalities, chronic hypertension, infections, substance abuse, and severe malnutrition.	Occurs late in pregnancy.
	Common causes include placental insufficiency, preeclampsia, and poor weight gain.

Question: 5

On day 2 postpartum, a mother reports her lochia remains dark red and has a few dime- sized clots and she is concerned she is bleeding. The midwife should

- A. reassure her that this is normal discharge.
- B. request a CBC.
- C. refer her for consultation.
- D. advise increased oral iron.

Answer: A

Explanation:

This is normal lochia rubra:

Rubra	Days 1 to 3 or 4	Dark red discharge, containing epithelial cells, red and white blood cells, bacteria, decidua shreds, lanugo, vernix caseosa, and sometimes meconium. Clots should not exceed nickel size, as large clots may indicate hemorrhage or bleeding from vaginal lacerations.
Serosa	Days 4 to 10	Pinkish to brownish discharge, containing serous exudate, decidua shreds, red and white blood cells, cervical mucus, and various microorganisms.
Alba	Additional 2 to 85 days (average 24)	Yellowish discharge contains primarily white blood cells, epithelial cells, decidual cells, fat, mucus, and bacteria. The cervix is closed when lochia alba flow stops, so the danger of infection ceases.



CERTSWARRIOR

FULL PRODUCT INCLUDES:

Money Back Guarantee



Instant Download after Purchase



90 Days Free Updates



PDF Format Digital Download



24/7 Live Chat Support



Latest Syllabus Updates



For More Information – Visit link below:

<https://www.certswarrior.com>

16 USD Discount Coupon Code: U89DY2AQ