



CERTSWARRIOR

# Nursing

*AMCB-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

A midwife is educating a patient about fertility awareness-based methods (FABMs). Which of the following statements indicates that the patient may need further instruction?

- A. "The sympto-thermal method combines a few techniques."
- B. "The calendar method is a form of FABM."
- C. "BBT is the basal body temperature method."
- D. "Checking my cervical position is a method of contraception."

**Answer: D**

### Explanation:

Correct answer: "Checking my cervical position is a method of contraception."

The calendar method, basal body temperature (BBT), and sympto-thermal methods are all FABMs.

Checking a patient's cervical position is part of the sympto-thermal method when combined with cervical mucus and BBT.

Reference:

Midwifery & Women's Health Nurse Practitioner Certification Review Guide 5th Edition. Pg 153.

## Question: 2

A midwife is educating a patient about newborn jaundice during their 24-hour home visit. Which of the following is true about physiologic and pathologic jaundice?

- A. Pathologic jaundice lasts about 5 to 7 days following birth.
- B. Physiologic jaundice is visible within the first 24 hours after birth.
- C. Conjugated bilirubin is higher than unconjugated in pathologic jaundice.
- D. Total bilirubin peaks at 14 mg/dL in physiologic jaundice.

**Answer: C**

### Explanation:

Correct answer: Conjugated bilirubin is higher than unconjugated in pathologic jaundice.

In pathologic jaundice, the conjugated (direct) bilirubin is higher than the unconjugated.

Physiologic jaundice is not visible for the first 24 hours after birth. Pathologic jaundice typically lasts longer than 7 days after birth. Total bilirubin peaks below 13 mg/dL in physiologic jaundice.

Reference:

Midwifery & Women's Health Nurse Practitioner Certification Review Guide 5th Edition. Pg 339-340.

## Question: 3

A patient asks how quickly their cervix closes after birth. Which of the following is true about cervical dilation postpartum?

- A. By 2 to 3 days postpartum, the cervix is 3 to 4 cm dilated.
- B. The cervix is 1 cm dilated within hours following birth.
- C. The cervix is 2 to 3 cm dilated at 2 to 3 days postpartum.
- D. The cervix is no longer dilated at 7 days postpartum.

**Answer: C**

**Explanation:**

Correct answer: The cervix is 2 to 3 cm dilated at 2 to 3 days postpartum.

The cervix is 2 to 3 cm dilated by 2 to 3 days postpartum.

Cervical dilation is 1 cm by 7 days postpartum. The cervix is dilated at 3 to 4 cm immediately after vaginal birth and appears edematous and bruised. By 4 weeks, the cervix is no longer dilated.

Reference:

Midwifery & Women's Health Nurse Practitioner Certification Review Guide 5th Edition. Pg 319.

**Question: 4**

A midwife is providing education to a 28-week patient regarding a nonstress test (NST). Which of the following statements is true?

- A. Half of all fetuses at 28 weeks of gestation experience accelerations with fetal movement.
- B. A reactive NST at 28 weeks involves two accelerations of 15 bpm or more for at least 15 seconds.
- C. Inconclusive FHR tracings fail to demonstrate the required accelerations within 40 minutes.
- D. Accelerations during an NST can be stimulated by vibroacoustic stimulation (VAS).

**Answer: D**

**Explanation:**

Correct answer: Accelerations during an NST can be stimulated by vibroacoustic stimulation (VAS).

Accelerations during an NST can be stimulated by vibroacoustic stimulation (VAS), or they can be spontaneous.

At 28 weeks of gestation, 75 percent of all fetuses experience FHR accelerations with fetal movement. Nonreactive FHR tracings fail to demonstrate the required accelerations within 40 minutes. A reactive NST at 28 weeks means two accelerations (or more) of greater than 10 bpm or more for at least 10 seconds.

Reference:

Midwifery & Women's Health Nurse Practitioner Certification Review Guide 5th Edition. Pg 238, 263.

**Question: 5**

A postpartum patient is experiencing unilateral pain in their left lower extremity. What is the midwife's greatest concern?

- A. Dependent edema
- B. Venous thromboembolism
- C. Achilles tendonitis
- D. Varicose veins

**Answer: B**

**Explanation:**

Correct answer: Venous thromboembolism

Postpartum venous thromboembolism is more likely to occur in the first three weeks postpartum. It is an important cause of morbidity.

Achilles tendonitis involves pain and swelling in the affected area, which does not match this presentation or occur as frequently postpartum as venous thromboembolism. Varicose veins occur more frequently during pregnancy, but they are not concerning. Dependent edema is especially common in the postpartum period.

Reference:

Midwifery & Women's Health Nurse Practitioner Certification Review Guide 5th Edition. Pg 318.

**Question: 6**

A client at 38 gestational weeks presented to the clinic with complaints of itching. Upon physical exam, the midwife notices raised, edematous areas of small papules and large plaques across the majority of the client's abdomen (except the periumbilical region). The client declines any pruritus on the palms or soles.

Which of the following interventions should this client's midwife include in their management plan?

- A. Send the client to the hospital for induction of labor
- B. Recommend measures to alleviate discomfort
- C. Educate the client regarding potential adverse outcomes
- D. Explain that pruritus may intensify in the postpartum period

**Answer: B**

**Explanation:**

Correct answer: Recommend measures to alleviate discomfort

Raised, edematous areas of small papules coalescing into larger plaques are characteristic of pruritic urticarial papules and plaques of pregnancy (PUPPS), a bothersome but benign condition. PUPPS rarely appears on the periumbilical region, palms, or soles. There are no associated adverse perinatal outcomes with PUPPS, and it usually improves following birth.

Intrahepatic cholestasis in pregnancy is characterized by intense pruritus of the palms and soles.

Reference:

Women's Health Nurse Practitioner and Midwifery Certification Review 1st Edition. Pg 76.

**Question: 7**

Which of the following occurs during uterine involution?

- A. Degeneration of the epithelium
- B. Decreasing cell numbers
- C. Uterine contraction
- D. Apoptosis of myometrial cells

**Answer: C**

**Explanation:**

Correct answer: Uterine contraction

Involution involves three steps:

1. uterine contraction
2. autolysis of myometrial cells
3. regeneration of the epithelium

Uterine involution is the process of the uterus returning to the state before pregnancy, which results from cell-size reduction and not a decreasing number of cells.

Reference:

Midwifery & Women's Health Nurse Practitioner Certification Review Guide 5th Edition. Pg 318.

**Question: 8**

A 25-year old patient presents to discuss contraceptive options. They report a history of deep vein thrombosis (DVT) while taking combined oral contraception (COC) about two years ago. How does their history of DVT affect the contraceptive choices you will recommend?

- A. A history of DVT with no risks for recurrent DVT is category 4.
- B. Someone with a history of DVT should generally not receive COC.
- C. Patients with a history of DVT should avoid progestin-only pills.
- D. A history of DVT with no risks for recurrence is safe for COC.

**Answer: B**

**Explanation:**

Correct answer: Someone with a history of DVT should generally not receive COC.

A history of DVT with no risks for recurrent DVT is category 3 and is generally not recommended for COC use unless other, more appropriate contraceptive options are not available.

A patient with a history of DVT can safely take progestin-only pills.

Reference:

Midwifery & Women's Health Nurse Practitioner Certification Review Guide 5th Edition. Pg 143.

**Question: 9**

A midwife is educating a patient about the human papillomavirus (HPV) vaccine. Which of the following is true about the HPV vaccine?

- A. The HPV vaccine is recommended routinely for patients as young as 9 years old.

- B. Individuals under 15 years old require three doses of the vaccine.
- C. The HPV vaccine treats high-risk HPV types like 13 and 19.
- D. The HPV vaccine should not be given to males under 18 years old.

**Answer: A**

**Explanation:**

Correct answer: The HPV vaccine is recommended routinely for patients as young as 9 years old.

The HPV vaccine is recommended routinely for individuals who are 11 to 12 years of age but can be given to those as young as 9 years old.

The HPV vaccine can be given to both males and females under 18 years old. The 9-valent vaccine targets HPV types 6, 11, 16, 18, 31, 33, 45, 63, and 58 (not 13 and 19). Individuals above 15 years old require three doses of the vaccine, while those under 15 only need two.

Reference:

Midwifery & Women's Health Nurse Practitioner Certification Review Guide 5th Edition. Pg 41-42.

**Question: 10**

A midwife is counseling a patient on the pattern of prolonged latent labor. Which of the following is true?

- A. The patient has been in latent labor for longer than 14 hours.
- B. The patient should return for a vaginal exam in four hours.
- C. The midwife should prepare the patient for a cesarean section.
- D. The patient should be educated to rest and hydrate.

**Answer: D**

**Explanation:**

Correct answer: The patient should be educated to rest and hydrate.

If latent labor is abnormal, a c-section is not indicated. Latent labor for a nulliparous patient is longer than 20 hours. Repeat vaginal exams are unnecessary unless there is a change in the patient's condition or contraction pattern.

Reference:

Midwifery & Women's Health Nurse Practitioner Certification Review Guide 5th Edition. Pg 294-295.

**Question: 11**

A midwife is discussing vision screening recommendations for visual acuity and glaucoma with a 21-year-old patient. The patient's medical history includes diabetes and mild asthma that is well controlled with an inhaler.

Which of the following vision screening recommendations is true for this patient?

- A. Annually
- B. Every 1 to 2 years
- C. Every 2 to 4 years

D. Every 3 to 5 years

**Answer: A**

**Explanation:**

Correct answer: Annually

The vision screening recommendations by the American Academy of Ophthalmology for visual acuity and glaucoma are yearly for diabetic patients of any age.

Patients between 20 and 39 years of age should be seen every 3 to 5 years. Those who are 40 to 64 years old should be seen every 2 to 4 years. People who are 65 years or older should be seen every 1 to 2 years.

Reference:

Midwifery & Women's Health Nurse Practitioner Certification Review Guide 5th Edition. Pg 42.

**Question: 12**

During a birth, fluid is dripping into the baby's mouth and nose. Which of the following is the next step?

- A. Evaluate the baby to see if suctioning is indicated
- B. Bulb suction the baby's mouth and nose
- C. Perform routine suctioning of the baby on the perineum
- D. Wipe fluid from the baby's face with a soft cloth

**Answer: D**

**Explanation:**

Correct answer: Wipe fluid from the baby's face with a soft cloth

Fluid should be wiped from the baby's face, mouth, and nose with a soft cloth. Routine suctioning of a newborn on the perineum or with a bulb syringe is not indicated.

Infants' respiration should always be evaluated. However, the midwife does not need to wait to wipe the fluid away during birth.



# 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**