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38	A	B	C	D	E
39	A	B	C	D	E

PRACTICE QUESTIONS

North American Registry of Midwives (NARM)

CPM

NARM Examination

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for North American Registry of Midwives (NARM) CPM , each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, CPM
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1

MULTIPLE CHOICE

Which of the following are documented risk factors that would typically warrant consultation with a qualified health care provider outside the scope of midwifery care for a pregnant client? (Choose two.)

- ☐ A Singleton pregnancy with a confirmed estimated due date based on last menstrual period
- ☒ B Pre-existing insulin-dependent diabetes mellitus
- ☐ C History of one prior low-transverse cesarean section without subsequent vaginal birth
- ☒ D Active tuberculosis infection that is not yet under treatment

ANSWER B • D

WHY Pre-existing insulin-dependent diabetes mellitus represents significant pre-gestational disease requiring physician co-management, and untreated active tuberculosis poses infectious disease risk requiring medical intervention. A singleton pregnancy with a clear due date is within normal midwifery scope, and a history of one prior low-transverse cesarean is a common variation where shared decision-making and co-management, rather than automatic transfer, may apply per NARM's published conditions warranting consultation.

QUESTION 2

MULTIPLE CHOICE

During the initial newborn exam, which findings should prompt the midwife to call for emergency transport? (Choose two.)

- ☐ A Acrocyanosis of the hands and feet that resolves within the first hour of life
- ☒ B Respiratory rate consistently above 60 breaths per minute with grunting and retractions
- ☐ C Single umbilical artery noted on cord inspection
- ☒ D Central cyanosis that does not improve with stimulation or supplemental oxygen

ANSWER B • D

WHY Sustained tachypnea above 60 with grunting and retractions signals possible respiratory distress and requires immediate transport. Central cyanosis that does not resolve with stimulation or oxygen indicates likely cardiopulmonary compromise. Acrocyanosis of the extremities is a common, typically benign finding in the first hours, and a single umbilical artery alone is a variation that warrants documentation and monitoring rather than emergency transport.

QUESTION 3 SINGLE CHOICE

During which stage of labor does the placenta typically separate from the uterine wall and deliver?

- ☐ A First stage
- ☐ B Second stage
- ☒ C Third stage
- ☐ D Fourth stage

ANSWER C

WHY The third stage of labor is defined as the period from the birth of the baby until the delivery of the placenta, during which placental separation and expulsion occur. The first stage encompasses effacement and dilation, the second stage is the pushing and birth of the infant, and the fourth stage is the immediate postpartum recovery period (typically the first 1-2 hours after delivery of the placenta).

QUESTION 4 SINGLE CHOICE

A postpartum client calls on day 5 after a vaginal birth reporting a sudden increase in bright red bleeding, a foul-smelling lochia, and a temperature of 101.5°F (38.6°C). The midwife should first:

- ☐ A Reassure the client that these are normal postpartum findings and schedule a routine two-week visit
- ☒ B Suspect retained placental fragments with possible endometritis and arrange immediate transfer to a higher level of care
- ☐ C Recommend increased rest, hydration, and herbal sitz baths until the symptoms resolve
- ☐ D Order a course of oral antibiotics to be picked up at a local pharmacy and re-evaluate in 48 hours

ANSWER B

WHY The combination of heavy fresh bleeding, malodorous lochia, and fever in the early postpartum period is highly suspicious for retained placental fragments with postpartum endometritis or sepsis, both of which fall outside the scope of CPM practice and require immediate transfer. Independent prescribing of antibiotics or home management would be inappropriate management of a likely surgical/medical emergency.

QUESTION 5 SINGLE CHOICE

Fundal height measurement is most accurately correlated with gestational age in weeks when the measurement in centimeters equals the gestational age between which weeks of pregnancy?

- ☐ A 8 to 20 weeks
- ☐ B 12 to 24 weeks
- ☐ C 16 to 36 weeks
- ☒ D 20 to 36 weeks

ANSWER D

WHY The commonly cited clinical guideline is that between approximately 20 and 36 weeks of gestation, fundal height in centimeters roughly corresponds to the gestational age in weeks (after accounting for abdominal girth variations). Outside this window, correlation is less reliable, and measurements significantly different from expected gestational age warrant further assessment.

QUESTION 6 SINGLE CHOICE

Which condition, if observed during active labor, is a clear indication for immediate transfer of care rather than continued midwifery management?

- ☐ A Fetal heart rate of 140 beats per minute with moderate variability
- ☐ B Meconium-stained amniotic fluid with reassuring fetal heart tones
- ☒ C Sustained fetal bradycardia below 100 beats per minute that does not resolve with position change and oxygen
- ☐ D Maternal temperature of 99.2°F (37.3°C) in early labor

ANSWER C

WHY Sustained fetal bradycardia below 100 bpm that is unresponsive to intrauterine resuscitation measures (position change, oxygen, hydration) is a non-reassuring pattern indicating likely fetal compromise and requires immediate transport. The other options are variations or borderline findings that can be managed with continued close observation within midwifery scope.

QUESTION 7 SINGLE CHOICE

Which medication commonly administered during labor is specifically classified as a contraindication to water immersion (water birth) due to its sedative effect on the neonate?

- ☐ A Penicillin
- ☒ B Meperidine (Demerol)
- ☐ C Oxytocin (Pitocin)
- ☐ D Vitamin K

ANSWER B

WHY Narcotic analgesics such as meperidine (Demerol) cross the placenta and can cause neonatal respiratory depression and impaired thermoregulation, making recent maternal administration a relative contraindication to water birth per widely accepted midwifery guidelines. Penicillin, oxytocin, and vitamin K are not categorically contraindicated with water immersion in the same way.

QUESTION 8 SINGLE CHOICE

Under the NARM Certified Professional Midwife scope of practice and the Midwives Model of Care, the midwife's primary responsibility when a client's situation exceeds the midwife's scope is to:

- ☐ A Continue providing care while documenting the deviation from standard practice
- ☒ B Consult with or transfer care to an appropriate qualified health care provider in a timely manner
- ☐ C Discontinue all client contact and refer the client to a competitor midwifery practice
- ☐ D Wait until the next scheduled prenatal visit to reassess before deciding

ANSWER B

WHY The NARM Candidate Information Bulletin and the Midwives Model of Care both emphasize timely consultation, collaboration, and transfer of care when a client's condition falls outside the midwife's scope of practice or requires medical intervention. Continuing care outside of scope or delaying decision-making until the next visit violates the standard of care.

QUESTION 9

SINGLE CHOICE

Which client presentation during a well-woman visit is most appropriate for initial evaluation and management within the CPM scope without automatic referral?

- ☐ A A palpable breast mass that is fixed, hard, and associated with skin dimpling
- ☒ B A client requesting a routine annual Papanicolaou (Pap) test who has no current symptoms
- ☐ C Postmenopausal bleeding
- ☐ D A positive pregnancy test with severe right lower quadrant pain and hypotension

ANSWER B

WHY Routine cervical cancer screening with a Pap test for an asymptomatic client falls squarely within midwifery well-woman care. A fixed, hard breast mass with skin changes suggests possible malignancy and requires urgent referral; postmenopausal bleeding requires gynecologic evaluation; and severe abdominal pain with hypotension in early pregnancy suggests possible ectopic rupture, a true emergency.