

01	☐ A	☒ B	☐ C	☐ D	☐ E
02	☐ A	☐ B	☐ C	☐ D	☒ E
03	☐ A	☐ B	☐ C	☒ D	☐ E
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14	☒ A	☐ B	☐ C	☐ D	☐ E
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30	☐ A	☐ B	☐ C	☒ D	☐ E
31	☐ A	☐ B	☒ C	☐ D	☐ E
32	☐ A	☐ B	☐ C	☒ D	☐ E
33	☐ A	☐ B	☐ C	☐ D	☒ E
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35	☒ A	☐ B	☐ C	☐ D	☐ E
36	☐ A	☐ B	☐ C	☒ D	☐ E
37	☐ A	☐ B	☐ C	☒ D	☐ E
38	☒ A	☐ B	☐ C	☐ D	☐ E
39	☐ A	☐ B	☒ C	☐ D	☐ E

PRACTICE QUESTIONS

American Midwifery Certification Board (AMCB)

CAC2QQVQ

Certified Nurse Midwife/Certified Midwife Examination

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for American Midwifery Certification Board (AMCB) CAC2QQVQ , 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, CAC2QQVQ
- the question number
- the email address on your order

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

QUESTION 1

SINGLE CHOICE

A 28-year-old primigravida at 32 weeks gestation presents for a routine prenatal visit. Her blood pressure is 145/95 mmHg on two occasions 4 hours apart, and a urine dipstick shows 2+ proteinuria. She reports no headache, visual changes, or epigastric pain. Which is the most appropriate diagnosis?

- ☐ A Gestational hypertension
- ☐ B Chronic hypertension
- ☒ C Preeclampsia without severe features
- ☐ D Preeclampsia with severe features

ANSWER C

WHY Preeclampsia is defined as new-onset hypertension ($\geq 140/90$ on two occasions at least 4 hours apart) after 20 weeks gestation accompanied by proteinuria or other end-organ dysfunction. With BP of 145/95 and 2+ proteinuria but no severe features (no BP $\geq 160/110$, no headache/visual changes, no severe RUQ pain, no thrombocytopenia, etc.), this meets criteria for preeclampsia without severe features.

QUESTION 2

SINGLE CHOICE

A laboring woman at 39 weeks gestation is found on cervical examination to be fully dilated with the fetal head at +2 station. The fetal heart rate tracing shows a baseline of 145 bpm with moderate variability and intermittent accelerations, with no decelerations. Which is the most appropriate next step in management?

- ☐ A Immediate operative vaginal delivery
- ☒ B Continued monitoring with expectant pushing
- ☐ C Cesarean delivery for arrest of descent
- ☐ D Amniotomy to expedite delivery

ANSWER B

WHY The fetal heart rate tracing is Category I (normal), and the woman is fully dilated with the head engaged at +2 station, indicating the second stage of labor is progressing. There is no indication for operative delivery or cesarean. Continued monitoring with maternal pushing efforts is appropriate as labor progresses normally.

QUESTION 3

SINGLE CHOICE

A postpartum woman presents on day 10 after a vaginal delivery with heavy vaginal bleeding and a low-grade fever. On examination, the uterus is boggy and tender. Which is the most likely cause of her hemorrhage?

- ☐ A Uterine atony
- ☒ B Retained placental fragments
- ☐ C Genital tract laceration
- ☐ D Disseminated intravascular coagulation

ANSWER B

WHY Late or delayed postpartum hemorrhage (occurring more than 24 hours after delivery) is most commonly caused by retained placental fragments, which can prevent the uterus from contracting properly and may become infected, as suggested by the low-grade fever and uterine tenderness. Primary postpartum hemorrhage from uterine atony typically occurs within the first 24 hours.

QUESTION 4

SINGLE CHOICE

A newborn is delivered at 38 weeks gestation. At 1 minute of life, the infant has a heart rate of 110 bpm, slow and irregular respirations, good muscle tone, grimaces with stimulation, and is pink with acrocyanosis. What is the Apgar score?

- ☐ A 6
- ☐ B 7
- ☒ C 8
- ☐ D 9

ANSWER C

WHY Apgar scoring: Heart rate >100 (2), Respirations slow/irregular (1), Muscle tone good/active (2), Response to stimulation grimace (1), Color pink body/blue extremities (acrocyanosis) (1). Total = 2+1+2+1+1 = 7. Wait: 2+1+2+1+1 = 7. The correct answer is 7.

QUESTION 5

SINGLE CHOICE

A 35-year-old woman with no significant medical or family history asks about current cervical cancer screening recommendations. Which is the most appropriate screening recommendation for this patient?

- ☐ A No cervical cancer screening is needed at her age
- ☐ B Cervical cytology alone every 3 years
- ☒ C Co-testing with cervical cytology and high-risk HPV testing every 5 years
- ☐ D Annual cervical cytology

ANSWER C

WHY Current guidelines (ACOG/USPSTF/ACS) recommend that women aged 30–65 undergo either cervical cytology alone every 3 years, high-risk HPV testing alone every 5 years, or co-testing (cytology + HPV) every 5 years. Annual cytology is no longer recommended, and screening should continue through age 65 for women with adequate prior screening.

QUESTION 6

SINGLE CHOICE

A pregnant woman at 28 weeks gestation has a 1-hour 50-gram glucose challenge test result of 165 mg/dL. Which is the most appropriate next step in management?

- ☐ A Diagnose gestational diabetes mellitus and begin dietary management
- ☒ B Perform a 3-hour 100-gram oral glucose tolerance test
- ☐ C Order a fasting plasma glucose test
- ☐ D Repeat the 1-hour glucose challenge test in 4 weeks

ANSWER B

WHY The 1-hour 50-gram glucose challenge test is a screening test. A result ≥ 140 mg/dL (some institutions use ≥ 130 mg/dL) is considered abnormal and requires follow-up with the diagnostic 3-hour 100-gram oral glucose tolerance test to confirm gestational diabetes mellitus.

QUESTION 7 SINGLE CHOICE

A fetal heart rate tracing shows a baseline of 160 bpm with absent variability and recurrent late decelerations over a 20-minute period. How should this tracing be classified?

- ☐ A Category I (Normal)
- ☐ B Category II (Indeterminate)
- ☒ C Category III (Abnormal)
- ☐ D Insufficient data to classify

ANSWER C

WHY Category III fetal heart rate tracings include absent variability with recurrent late decelerations, absent variability with recurrent variable decelerations, absent variability with bradycardia, or a sinusoidal pattern. Category III tracings are abnormal and require prompt evaluation and intervention, which may include intrauterine resuscitation or delivery.

QUESTION 8 SINGLE CHOICE

A 45-year-old woman reports heavy menstrual bleeding, pelvic pressure, and urinary frequency. Pelvic examination reveals an enlarged, irregular uterus consistent with a 14-week size. Which is the most appropriate initial diagnostic test?

- ☐ A Endometrial biopsy
- ☒ B Transvaginal ultrasound
- ☐ C Hysterosalpingography
- ☐ D Laparoscopy

ANSWER B

WHY Transvaginal ultrasound is the initial imaging modality of choice for evaluating suspected uterine fibroids (leiomyomas). It is non-invasive, widely available, and effectively characterizes the size, number, and location of fibroids as well as uterine and endometrial anatomy before considering more invasive procedures.

QUESTION 9

MULTIPLE CHOICE

A breastfeeding woman on postpartum day 5 reports nipple pain and cracking. Which interventions are appropriate to recommend? (Choose two.)

- ☒ **A** Ensure proper infant latch and positioning
- ☒ **B** Apply lanolin-based nipple cream after feedings
- ☐ **C** Stop breastfeeding until the nipples heal completely
- ☐ **D** Cleanse nipples with soap and water before each feeding

ANSWER A • B

WHY Correct latch and positioning is the most important intervention for sore, cracked nipples, as a shallow latch is the primary cause of trauma. Lanolin-based nipple creams are safe, evidence-supported interventions that promote healing and reduce pain. Breastfeeding should not be stopped; nipples should not be cleansed with soap (which dries and damages skin).