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39	A	B	C	D	E

PRACTICE QUESTIONS

National Health Regulatory Authority (NHRA)

MIDWI

Midwifery

Uploaded by Community A

EDITION

Original Demo

QUESTIONS

6

ISSUED

October 14, 2026

Before you begin

What this is

6 practice questions for National Health Regulatory Authority (NHRA) MIDWI , 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, MIDWI
- the question number
- the email address on your order

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

Licence

Free Mometrix practice demo. The complete question bank is available through a paid account.

QUESTION 1

MULTIPLE CHOICE

Which clinical features are characteristic of severe pre-eclampsia? (Choose two.)

- ☒ **A** Persistent systolic blood pressure of 160 mmHg or more
- ☒ **B** Severe epigastric or right upper quadrant pain
- ☐ **C** Mild lower limb edema that resolves with rest
- ☐ **D** Platelets of $250 \times 10^9/L$

ANSWER A - B

WHY Severe pre-eclampsia is diagnosed when blood pressure is $\geq 160/110$ mmHg on two occasions, or in the presence of severe features such as severe epigastric/RUQ pain (suggesting hepatic involvement), visual disturbances, pulmonary edema, elevated creatinine, or thrombocytopenia ($< 100 \times 10^9/L$). Mild dependent edema is not a diagnostic criterion, and a platelet count of $250 \times 10^9/L$ is within the normal range.

QUESTION 2

SINGLE CHOICE

A mother is exclusively breastfeeding her 2-week-old infant on demand. Which observation by the midwife most reliably indicates that the infant is receiving adequate milk intake?

- ☐ **A** The infant feeds every 1-2 hours around the clock
- ☐ **B** The infant sleeps 6-8 hours continuously at night
- ☒ **C** The infant has at least 6 wet nappies in 24 hours with appropriate weight gain
- ☐ **D** The mother feels her breasts are full before each feed

ANSWER C

WHY Adequate intake in an exclusively breastfed infant is assessed by outputs (≥ 6 wet nappies/24 hours, appropriate stools) combined with appropriate weight gain (typically 150-200 g/week after the first week). Frequent feeding is normal and desirable, not a sign of inadequate intake; prolonged sleep may in fact indicate poor intake; breast fullness is an unreliable late indicator and is often absent once lactation is established.

QUESTION 3

SINGLE CHOICE

A midwife is caring for a woman in labour and wishes to perform a routine vaginal examination to assess progress. Which is the most appropriate approach regarding consent?

- ☒ **A** Verbal consent should be obtained and documented, with the woman informed she may decline
- ☐ **B** Consent is implied because the woman has already agreed to hospital care
- ☐ **C** Written consent is always required before any vaginal examination in labour
- ☐ **D** Consent is only required if a partner or family member is present

ANSWER A

WHY All examinations require informed consent. For a vaginal examination during labour, the midwife must explain the procedure, its purpose, and the woman's right to decline, and obtain verbal consent (documented in the notes). Implied consent is not valid for invasive procedures, written consent is not a routine requirement for clinical examination (it is reserved for specific procedures as per local policy), and the partner's presence is irrelevant to the validity of the woman's own consent.

QUESTION 4

SINGLE CHOICE

A pregnant woman at 32 weeks' gestation has a blood pressure reading of 150/100 mmHg on two occasions 4 hours apart, with proteinuria of 1+ on dipstick but no symptoms. How is this condition classified?

- ☐ A Gestational hypertension
- ☒ B Mild pre-eclampsia
- ☐ C Severe pre-eclampsia
- ☐ D Chronic hypertension

ANSWER B

WHY Pre-eclampsia is defined as new hypertension (BP $\geq 140/90$ mmHg) after 20 weeks' gestation accompanied by proteinuria or other signs of end-organ involvement. Mild pre-eclampsia is characterized by BP between 140/90 and 159/109 mmHg with proteinuria and no severe features. Severe pre-eclampsia involves BP $\geq 160/110$ mmHg and/or severe features such as headache, visual disturbances, epigastric pain, or significant proteinuria. Without severe features and with BP under 160/110, this is mild pre-eclampsia.

QUESTION 5

SINGLE CHOICE

A pregnant woman at 22 weeks' gestation complains of lower back pain that worsens as the day progresses. Which non-pharmacological measure is most appropriate to recommend?

- ☐ A Complete bed rest for the remainder of pregnancy
- ☒ B Regular pelvic tilting exercises and proper posture
- ☐ C Application of a heating pad to the abdomen
- ☐ D Daily high-dose aspirin

ANSWER B

WHY Pelvic tilting exercises and attention to posture help strengthen core and back muscles, easing pregnancy-related mechanical back pain. Bed rest is not evidence-based and is associated with harm. Heat to the abdomen and aspirin are inappropriate during pregnancy.

QUESTION 6

SINGLE CHOICE

A breastfeeding mother on day 3 postpartum reports painful, cracked nipples and her baby is feeding very frequently but seems unsatisfied. Which intervention is most appropriate as a first-line measure?

- ☐ A Recommend formula supplementation until nipples heal
- ☒ B Assess and correct the baby's latch and positioning at the breast
- ☐ C Apply topical lanolin and stop breastfeeding for 24 hours
- ☐ D Switch to exclusive pumping and bottle feeding

ANSWER B

WHY The most common cause of sore, cracked nipples is poor latch and positioning of the baby at the breast. Correcting the latch and positioning is the first-line intervention and almost always resolves the problem. Stopping breastfeeding or supplementing is not indicated and may compromise milk supply and the baby's intake.