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

PRACTICE QUESTIONS

National Health Regulatory Authority (NHRA)

MIDWI

Midwifery

Uploaded by Community B

EDITION

Original Demo

QUESTIONS

8

ISSUED

October 14, 2026

Before you begin

What this is

8 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

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.

QUESTION 2

SINGLE CHOICE

According to WHO essential newborn care, when should the umbilical cord be clamped after birth in a term vigorous newborn, provided there is no indication for earlier clamping?

- ☐ A Immediately within the first 15 seconds
- ☒ B After 1 to 3 minutes, once respiration is established
- ☐ C Only after the placenta is delivered
- ☐ D Only after the baby has been bathed

ANSWER B

WHY WHO recommends delayed cord clamping (DCC) for all term vigorous newborns - that is, after 1 to 3 minutes, or until respiration is established. Early cord clamping (before 1 minute) is no longer recommended for term babies because DCC has been shown to improve iron stores and reduce anaemia in infancy.

QUESTION 3

SINGLE CHOICE

A pregnant woman at 35 weeks presents with painless vaginal bleeding, a soft non-tender uterus, and a normal fetal heart rate. Which is the most likely diagnosis?

- ☐ A Placental abruption
- ☒ B Placenta praevia
- ☐ C Vasa praevia
- ☐ D Preterm labour

ANSWER B

WHY Placenta praevia classically presents with painless, bright-red vaginal bleeding after 20 weeks, a soft, non-tender uterus, and a normal fetal heart rate (assuming bleeding is not severe). In contrast, placental abruption typically presents with painful bleeding, a tender, rigid uterus, and often abnormal fetal heart rate. Vasa praevia presents with painless bleeding followed by rapid fetal distress, while preterm labour is characterized by contractions and cervical change.

QUESTION 4

MULTIPLE CHOICE

Which assessments are components of the routine newborn physical examination performed by the midwife within the first 24 hours after birth? (Choose two.)

- ☒ A Examination of the red reflex
- ☐ B Screening blood spot (heel prick) test
- ☒ C Examination of the hips for developmental dysplasia
- ☐ D First dose of vitamin K by intramuscular injection

ANSWER A - C

WHY Examination of the red reflex (to detect congenital cataracts and other ocular abnormalities) and examination of the hips using Ortolani and Barlow maneuvers (to screen for developmental dysplasia of the hip) are both standard components of the newborn physical examination. The screening blood spot test is a separate metabolic screening procedure, not part of the physical examination itself, and administration of vitamin K is a prophylactic intervention rather than an examination component.

QUESTION 5

SINGLE CHOICE

On the WHO partograph, the action line is drawn parallel to the alert line and is typically set how many hours to the right of the alert line?

- ☐ A 1 hour
- ☐ B 2 hours
- ☒ C 4 hours
- ☐ D 6 hours

ANSWER C

WHY In the standard WHO partograph, the alert line is drawn from 4 cm dilatation. The action line is drawn parallel to the alert line, 4 hours to its right. When the woman's labour graph crosses the action line, this indicates the need for specific medical review and intervention.

QUESTION 6

SINGLE CHOICE

A postpartum woman on day 2 following a normal vaginal delivery reports involuntary loss of urine when coughing or laughing. Which is the most appropriate initial advice from the midwife?

- ☐ A Restrict oral fluid intake to reduce urine production
- ☒ B Begin pelvic floor (Kegel) exercises
- ☐ C Refer immediately for surgical correction
- ☐ D Insert an indwelling urinary catheter

ANSWER B

WHY Stress urinary incontinence is common in the early postnatal period due to weakened pelvic floor muscles from pregnancy and delivery. The first-line management is pelvic floor (Kegel) exercises, which strengthen the levator ani and perineal muscles. Fluid restriction, catheterization, and surgery are not appropriate initial interventions.

QUESTION 7

SINGLE CHOICE

During active management of the third stage of labour (AMTSL), when should the prophylactic uterotonic be administered?

- ☐ A After the baby is born and before the cord is clamped
- ☒ B Within one minute after the birth of the baby, after ruling out a second twin
- ☐ C Only after the placenta is fully delivered
- ☐ D Only when bleeding exceeds 500 mL

ANSWER B

WHY The key component of AMTSL is giving a prophylactic uterotonic (typically oxytocin 10 units IM) within one minute of birth of the baby, but only after a second twin has been ruled out by abdominal palpation. Administration of oxytocin after delivery of the placenta or only in response to bleeding is too late to prevent postpartum haemorrhage effectively.

QUESTION 8

SINGLE CHOICE

A mother phones the midwife on day 7 postpartum reporting heavy, foul-smelling lochia, fever of 38.5°C, and lower abdominal tenderness. What is the most likely diagnosis?

- ☐ A Normal lochia
- ☒ B Postpartum endometritis
- ☐ C Mastitis
- ☐ D Deep vein thrombosis

ANSWER B

WHY The combination of fever, foul-smelling lochia, and lower abdominal tenderness in the first 10 days postpartum is classic for postpartum endometritis (infection of the uterus). Mastitis presents with breast pain and a tender wedge-shaped area in the breast, and DVT presents with leg swelling and pain, not lochia changes.