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PRACTICE QUESTIONS

National Health Regulatory Authority (NHRA)

MIDWI

Midwifery

EDITION

Original Demo

QUESTIONS

15

ISSUED

October 14, 2026

Before you begin

What this is

15 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

Original Mometrix demo. This free sample contains fewer questions than the full paid edition.

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

A woman is 28 weeks pregnant with a blood pressure of 158/104 mmHg and 2+ proteinuria on dipstick. She has no headache, visual disturbance, or epigastric pain, and her laboratory parameters are normal. Which is the most appropriate classification of this disorder?

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

ANSWER B

WHY Pre-eclampsia is defined as new hypertension ($\geq 140/90$ mmHg) after 20 weeks' gestation with proteinuria or other end-organ involvement. Because her BP is below 160/110 mmHg, there is significant but not severe-range hypertension, and she has no severe features (headache, visual disturbance, epigastric pain, abnormal labs), this classifies as mild (non-severe) pre-eclampsia. Severe pre-eclampsia would require BP $\geq 160/110$ or any severe feature; gestational hypertension is diagnosed when proteinuria is absent; chronic hypertension predates pregnancy or is present before 20 weeks.

QUESTION 3

SINGLE CHOICE

A mother is exclusively breastfeeding her 10-day-old infant on demand. Which observation by the midwife most strongly indicates that the infant is receiving adequate breast milk intake?

- ☒ **A** The infant feeds 10-12 times in 24 hours and has 6 or more wet nappies and soft yellow stools
- ☐ **B** The infant sleeps 4-5 hours between most feeds during the day and has 3 wet nappies in 24 hours
- ☐ **C** The infant feeds for 40 minutes on each breast at every feed and has gained 100 g since birth
- ☐ **D** The infant feeds 6 times in 24 hours, each lasting 20 minutes, and has firm yellow stools

ANSWER A

WHY Indicators of adequate breast milk intake in an exclusively breastfed infant include feeding on demand (commonly 8-12 times in 24 hours), passing soft yellow stools, and having at least 6 wet nappies per day from around day 5-6 onwards. Option B describes underfeeding (long gaps, few wet nappies). Option C - feeds of 40 minutes are excessive and weight gain of only 100 g by day 10 is inadequate (expected ~150-200 g/week). Option D - only 6 feeds in 24 hours is below the expected frequency and the infant should be feeding more often to meet requirements.

QUESTION 4

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 5

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 6

SINGLE CHOICE

Following a vaginal delivery, a woman is bleeding heavily. Bimanual examination reveals a soft, poorly contracted uterus. The midwife has already performed uterine massage and emptied the bladder. Which is the most appropriate immediate next step?

- ☒ A Administer a uterotonic drug such as oxytocin
- ☐ B Commence controlled cord traction only
- ☐ C Insert a urinary catheter and await spontaneous contraction
- ☐ D Prepare for manual removal of placenta

ANSWER A

WHY Atonic uterus is the most common cause of primary postpartum haemorrhage. After uterine massage and bladder emptying, the next step in the emergency management is administration of a uterotonic, most commonly oxytocin (10 IU IM or slow IV) as first-line, followed by other uterotonics (e.g., misoprostol, ergometrine, carboprost) if needed. Manual removal of placenta is indicated only when retained placenta is the cause, which is not described here.

QUESTION 7

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 8

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 9

SINGLE CHOICE

Which finding on a partograph most strongly indicates the need for immediate medical intervention during the active phase of labor?

- ☐ A Cervical dilation progressing at 1 cm per hour in a multiparous woman
- ☐ B Fetal heart rate of 110 bpm with moderate variability
- ☒ C Head descent remaining at station 0 for two hours despite adequate contractions
- ☐ D Mild variable decelerations recovering quickly

ANSWER C

WHY Lack of descent (arrest of descent) despite adequate contractions indicates obstructed or prolonged labor requiring intervention. Progress of 1 cm/hr is acceptable, a baseline of 110 with moderate variability is reassuring, and mild quickly recovering variable decelerations are typically benign.

QUESTION 10

SINGLE CHOICE

Which medication is the first-line uterotonic used for active management of the third stage of labor to prevent postpartum hemorrhage?

- ☐ A Methylergometrine
- ☒ B Oxytocin
- ☐ C Misoprostol
- ☐ D Tranexamic acid

ANSWER B

WHY Oxytocin (typically 10 IU IM or IV) is the first-line uterotonic for active management of the third stage of labor due to its rapid onset and favorable safety profile. Methylergometrine is contraindicated in hypertension, misoprostol is an alternative when oxytocin is unavailable, and tranexamic acid is an adjunct used within 3 hours of birth for bleeding management.

QUESTION 11

SINGLE CHOICE

A pregnant woman at 28 weeks' gestation presents for routine antenatal care. Which assessment is most appropriate to perform at this visit?

- ☒ **A Measurement of symphysis-fundal height**
- ☐ B Non-stress test as the primary screening tool
- ☐ C Amniocentesis for fetal lung maturity
- ☐ D Glucose challenge test only if prior history of macrosomia

ANSWER A

WHY Symphysis-fundal height measurement is a routine, appropriate antenatal assessment at 28 weeks. Non-stress testing is reserved for high-risk pregnancies, amniocentesis is not routine, and the glucose challenge test for gestational diabetes is typically offered between 24-28 weeks to all women, not only those with prior macrosomia.

QUESTION 12

MULTIPLE CHOICE

According to WHO recommendations for routine postnatal care of the mother following an uncomplicated vaginal birth, which contact times are recommended for the midwife to see the woman? (Choose two.)

- ☒ **A Within 24 hours after birth**
- ☐ B On day 3 (48-72 hours) after birth
- ☒ **C Between 7 and 14 days after birth**
- ☐ D Only at 6 weeks postpartum

ANSWER A - C

WHY The WHO 2013 recommendations on postnatal care specify a minimum of four postnatal contacts: within 24 hours, on day 3 (48-72 hours), between days 7 and 14, and at 6 weeks. Therefore, contacts at 24 hours and 7-14 days are both routine recommended timings. A single contact at 6 weeks only would miss critical early assessments for haemorrhage, infection and mental health.

QUESTION 13

SINGLE CHOICE

A woman has just delivered vaginally and is estimated to have lost 800 mL of blood. The uterus is soft and poorly contracted. What is the most appropriate immediate pharmacological intervention?

- ☐ A Intramuscular methotrexate
- ☒ B Intravenous oxytocin infusion
- ☐ C Oral misoprostol only
- ☐ D Subcutaneous terbutaline

ANSWER B

WHY Uterine atony is the most common cause of primary postpartum hemorrhage. The first-line uterotonic for atonic PPH is intravenous oxytocin (or, if unavailable, intramuscular oxytocin), which produces rapid uterine contraction. Misoprostol is considered a second-line agent when oxytocin is unavailable or in addition when other measures fail. Terbutaline would relax the uterus and worsen hemorrhage, and methotrexate is not used in PPH management.

QUESTION 14

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 15

SINGLE CHOICE

According to WHO recommendations, what is the recommended duration of exclusive breastfeeding for healthy term infants?

- ☐ A First 3 months of life
- ☐ B First 4 months of life
- ☒ C First 6 months of life
- ☐ D First 12 months of life

ANSWER C

WHY The WHO recommends exclusive breastfeeding for the first 6 months of life, with continued breastfeeding alongside complementary foods for up to 2 years or beyond. Shorter durations do not meet the recommendation, and exclusive breastfeeding does not extend to 12 months.