

# Practice Exam Questions



american **midwifery** certification board

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Certified Midwife



**EXAMAIDES**

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## Total Question: 459 QAs

### Question No: 1

A 38-year-old client at 12 weeks' gestation tested positive for gonorrhea. Which of the following actions by the midwife is the least appropriate for the client?

- A. Administer a single oral dose of azithromycin.
- B. Administer a single dose of ceftriaxone through the IM route.
- C. Instruct the client to avoid sexual contact until the infection is cured.
- D. Administer a single dose ciprofloxacin through the IM route.

Answer: D

Explanation: Administering a single dose of ciprofloxacin through the IM route is the least appropriate intervention for the client. Fluoroquinolones, such as ciprofloxacin and ofloxacin, should not be used to treat gonococcal infections in pregnant clients. These medications may inhibit proper formation of the DNA and may cause birth defects. Ceftriaxone is administered to treat *Neisseria gonorrhoeae*. Chlamydia infections commonly co-occur with gonococcal infections, so azithromycin should also be administered. Ceftriaxone and azithromycin are considered pregnancy Category B medications. Medications in this category have failed to demonstrate risks to the fetus, but there are no well-controlled studies in pregnant females. These medications must only be given if the benefits outweigh the risks. Untreated gonococcal infections in pregnant clients may cause miscarriage, infection of the amniotic sac and fluid and pre-term premature rupture of the membranes.

### Question No: 2

A midwife reviews the result of a client's syphilis serology test. The client, a G2P1 at 12 weeks' gestation, tested positive. Which of the following is the priority action of the midwife?

- A. Administer a single dose of benzathine penicillin G through the intramuscular route.
- B. Inform the client that she should avoid any form of sexual contact until she is treated.
- C. Inform the client that drug treatment may not be effective at this time and that a cesarean section will be necessary during delivery.
- D. Monitor the client for early detection of Jarisch-Herxheimer reaction.

Answer: A

Explanation: The priority action of the midwife is to administer a single dose of benzathine penicillin G through the intramuscular route. The midwife should monitor the client for any signs of Jarisch-Herxheimer reaction, a reaction to syphilis treatment occurring during the first 24 hours of the therapy. Penicillin G can effectively treat syphilis if it is given before 16 weeks' gestation. Options B and C are appropriate actions but they are not the midwife's priority action. Syphilis may be transmitted from mother to child starting from 16 weeks' gestation and through vaginal delivery, so cesarean section should be considered if the client is untreated. Untreated syphilis may cause congenital syphilis, which is characterized by failure to thrive, saddle nose and rash on the palms, toes, genitalia, anus, mouth and face.

### Question No: 3

A pregnant client comes to the facility complaining of nausea, epigastric pain and general malaise. Physical assessment reveals right upper quadrant tenderness. The midwife suspects that the client has a HELLP syndrome. A series of laboratory exams are ordered for further evaluation. Which laboratory result would

indicate a diagnosis other than HELLP syndrome?

- A. Red blood cells appearing fragmented on a peripheral blood smear.
- B. Platelet count is 180,000 platelets/ $\mu$ L.
- C. Elevated alanine aminotransferase.
- D. Elevated serum aspartate aminotransferase.

Answer: B

Explanation: A platelet count higher than 100,000 platelets/ $\mu$ L does not support the diagnosis of HELLP syndrome. HELLP syndrome, a variation of pregnancy-induced hypertension, is characterized by hemolysis, elevated liver enzymes and low platelets. Hemolysis is manifested by the RBCs appearing fragmented on a peripheral blood smear. The liver enzymes alanine aminotransferase and aspartate aminotransferase are elevated because of hemorrhage and necrosis of the liver.

Question No: 4

A midwife tells a client who is trying to get pregnant to eat fresh fruits and green and leafy vegetables before conceiving. The midwife also recommends 400 mcg of folic acid a day. Once she gets pregnant, the midwife may recommend that the client increase her folic acid intake to 600 mcg per day during the first trimester. Which of the following is not a benefit of folic acid supplementation before and during pregnancy?

- A. It prevents the formation of large but ineffective red blood cells.
- B. It prevents neural tube defects.
- C. It decreases the baby's risk for cleft lip or palate.
- D. It ensures proper functioning of the thyroid gland.

Answer: D

Explanation: Iodine, not folic acid, improves thyroid function. The other options are all benefits of folic acid supplementation. As the blood volume doubles during pregnancy, the body's need for folic acid increases. Without supplementation, the mother may develop megaloblastic anemia, which is manifested by the formation of large but ineffective red blood cells. Folic acid is essential for the production, repair and functioning of DNA. Folic acid deficiency may cause neural tube defects and other birth defects like cleft lip, cleft palate and heart defects.

Question No: 5

A client who is 8 weeks pregnant tells a midwife that she has a strange craving for laundry starch. The client says, "I think I am losing my mind, but I need to tell someone about this odd behavior." Which of the following interventions is the most appropriate for the client?

- A. Encourage the client to stop eating laundry starch.
- B. Inform the client her behavior is an indirect way of calling attention to the pregnancy.
- C. Initiate iron supplementation.
- D. Initiate a high-carbohydrate diet.

Answer: C

Explanation: The most appropriate intervention is to initiate iron supplementation. The client is demonstrating pica, an abnormal craving for nonfood substances. Pica is a symptom that is often seen in pregnant clients who are deficient in iron. Encouraging the client to stop eating laundry starch may not be effective because it is usually a habit that results from a physiologic need. The attitude that cravings are an indirect way of calling attention to a pregnancy is out of date; recent research shows that cravings are the result of physiological needs.

Question No: 6

A midwife is managing the care of four clients. She should administer RhoGAM to the following clients:

1. A client at 28 weeks' gestation who received a RhoGAM injection 72 hours after the delivery of her first child.
2. A G2P1 client at 28 weeks' gestation who gave birth to an Rh-positive baby two years ago.
3. An Rh-negative client at 15 weeks' gestation who develops bleeding after an amniocentesis.
4. An Rh-negative client at 12 weeks' gestation who is admitted due to ectopic pregnancy.

- A. 1, 2  
B. 1, 2, 3  
C. 1, 3, 4  
D. 1, 2, 3, 4

Answer: D

Explanation: The midwife administers RhoGAM to all four clients. RhoGAM prevents the Rh-negative mother from producing antibodies to Rh-positive fetal blood cells and threatening the survival of future Rh-positive neonates. RhoGAM must be administered to all pregnant clients between the 26th and 28th weeks of gestation as a prophylaxis and within 72 hours after delivery. Other clients who should receive a RhoGAM injection include clients with ectopic pregnancies, clients who develop bleeding due to routine tests and clients who have just had an abortion.

Question No: 7

A midwife is about to perform a Leopold's maneuver on a client who is at 25 weeks' gestation. Before the examination, which of the following actions by the midwife is the least appropriate?

- A. Instruct the client to empty her bladder.
- B. Wash hands, dry with a clean towel, and then palpate for the fetal outline.
- C. Place the client in the dorsal recumbent position, supine with the knees flexed.
- D. Use the palms to palpate for the fetal outline.

Answer: B

Explanation: The midwife should wash her hands, dry them with a clean towel and then rub her hands together before palpating for the fetal outline. If the hands are not warmed after washing, the cold temperature may stimulate uterine contractions. The other options are appropriate actions before starting the Leopold's maneuver.

Question No: 8

A 45-year-old client comes to the facility due to vaginal bleeding in between menses lasting 1 to 2 days. The client's usual menstrual cycle is 30 days. Her menstrual flow usually lasts between 3 and 4 days. A sonohysterogram is performed, and an endometrial polyp is found. The midwife expects which treatment following the diagnosis?

- A. Total hysterectomy
- B. Subtotal hysterectomy
- C. Hysteroscopic polypectomy
- D. Dilatation and curettage

Answer: C

Explanation: Hysteroscopic polypectomy is the main treatment for endometrial polyps. This procedure

involves surgical removal of the polyp with hysteroscopic guidance. Hysterectomy is not considered for the client. Dilatation and curettage is not usually done as a single treatment. It is usually an adjunct procedure to hysteroscopy and polypectomy. Performing D&C without hysteroscopy increases the chances of missing the polyp.

Question No: 9

A 25 - year - old client comes to the facility complaining of abrupt and severe lower abdominal pain, which radiates to the lower back and thighs. The client says the pain usually lasts for 20 minutes, resolves and then comes back again. The pain has started 12 hours before the consult. The client also reports vomiting, excessive sweating and constipation. Assessment findings include fever, tachycardia and tenderness over the lower abdominal region, with greater pain reported on the side. Urine human chorionic gonadotropin test is negative. Which of the following diagnostic tests is ordered for further evaluation and diagnosis?

- A. Doppler ultrasound
- B. Computed tomography
- C. Pelvic ultrasound
- D. Magnetic resonance imaging

Explanation

Answer: C

Explanation: Pelvic ultrasound is ordered for further evaluation and diagnosis. Based on the history and signs and symptoms, the client is likely experiencing ovarian torsion, or twisting of the ovary. This condition is also known as adnexal torsion. A pelvic ultrasound is the diagnostic tool of choice as it can accurately and easily evaluate adnexal masses. A Doppler ultrasound may be used to help determine if the blood flow is impaired. A computed tomography or magnetic resonance imaging is not definitive when evaluating adnexal masses. Ovarian torsion is manifested by extreme, abrupt lower abdominal pain. It is caused by the existence of another disease or by a congenital abnormality. Ovarian torsion commonly occurs in females in their mid - twenties and postmenopausal clients.

Question No: 10

A 23 - year - old client who has never been pregnant comes to the clinic due to an irregularity in her menstrual periods. The midwife obtains the client's history and performs a thorough physical assessment. Which of the following details in client's history is not considered normal and should be further evaluated?

- A. The client had her first menstrual period at age 12.
- B. The client's menstrual cycle is 34 days, on the average.
- C. The client's menstrual blood loss per period is about 100 mL.
- D. The client's average duration of menstrual flow is 7 days.

Answer: C

Explanation: The client's menstrual blood loss per period, which is about 100 mL, is not considered normal and should be further evaluated. On average, menstrual blood loss per period is between 60 and 80 mL. Blood loss greater than 80 mL is called menorrhagia, and it may be due to an imbalance between the estrogen and the progesterone. Menarche, or the onset of the first menstrual period, commonly occurs between 12 and 13 years. Menstrual cycles usually last between 21 and 35 days. The duration of menstrual flow is normally between 3 and 7 days.

Question No: 11

An 18 - year - old G0P0 client tells a midwife that she usually soaks a maxi sanitary pad in less than three hours every time she gets her period. Large clots are also passed. The client's menstrual cycle lasts 30 days and her average duration of menstrual flow is 5 days. The client also informs the midwife that she usually experiences vaginal bleeding in between periods. The flow usually lasts for 2 days, and the amount of blood loss is the same as that of the blood loss during her regular menstrual period. Based on the history, the midwife determines that the client has:

- A. Oligomenorrhea
- B. Menorrhagia
- C. Metrorrhagia
- D. Menometrorrhagia

Answer: D

Explanation: The client has menometrorrhagia. Menometrorrhagia is excessive uterine bleeding, both during regular menstrual periods and in - between vaginal bleeding. Oligomenorrhea is the presence of fewer than eight menstrual cycles per year, or menstrual cycles that last for more than 35 days. Menorrhagia is heavy bleeding during a regular period or prolonged menstrual flow. Metrorrhagia is the occurrence of vaginal bleeding in between periods.

Question No: 12

A 25 - year - old client comes to the clinic for a Pap smear. The result of the test reveals a low grade squamous intraepithelial lesion or LSIL. Which of the following is the next action of the midwife?

- A. Inform the client that a repeat Pap smear should be done in three months.
- B. Inform the client that she needs to have a Pap smear in two years.
- C. Perform colposcopy
- D. Inform the client that she needs to have a Pap smear after a year.

Answer: D

Explanation: The next action of the midwife is to inform the client that she needs to have a Pap smear after a year. A squamous intraepithelial lesion, or LSIL, indicates early changes in the size and shape of the cells found on the surface of the cervix. This finding is also called mild dysplasia, indicating that the abnormal, non-cancerous cells can be cancerous after some time.

When a Pap smear reveals atypical squamous cells, the client should have another Pap smear in three months. Clients with normal test results are scheduled for another Pap smear in two years. Colposcopy is ordered for clients with mild dysplasia. This test uses a device that is placed at the entrance of the vagina to examine the cervix closer.

Question No: 13

Which of the following clients has the greatest risk for uterine fibroids?

- A. A 30 - year - old Chinese American who has a BMI of 30 and smokes 2 packs of cigarettes a day.
- B. A 43 - year - old Caucasian who has a BMI of 32 and smokes 2 packs of cigarettes daily.
- C. A 25 - year - old Black American who has a BMI of 32; cigarette smoking is denied.
- D. A 25 - year - old of Mediterranean descent who has a BMI of 30; cigarette smoking is denied.

Answer: C

Explanation: The 25 - year - old Black American who has a BMI of 32 and denies cigarette smoking has the greatest risk for uterine fibroids. The risk factors for uterine fibroids include: obesity, pregnancy, race (Black females are more likely to have fibroids) and heredity. Research has revealed that smoking is associated with

low occurrence of uterine fibroids. This is most likely due to the lowering effect of smoking on the bioavailability of estrogen.

Question No: 14

A midwife is caring for a client who recently had an induced abortion through suction curettage. After the procedure, the client develops disseminated intravascular coagulation. The client's platelet count is 35,000 platelets/ $\mu$ L. Which of the following is the midwife's priority action when caring for the client?

- A. Administer heparin.
- B. Administer oxygen at 6L/min.
- C. Increase fluid intake.
- D. Prepare to administer platelet replacement.

Answer: A

Explanation: The priority action of the midwife is to administer heparin. Disseminated intravascular coagulation is a condition in which small blood clots form throughout the blood stream. Increased clotting depletes the platelets and clotting factors that control bleeding, which may result in excessive bleeding. Heparin increases anti - thrombin III activity and prevents the conversion of fibrinogen to fibrin. Oxygen may be administered at 2 - 3L/min. Platelet replacement may be necessary when the client's platelet count decreases to less than 20,000 platelets/ $\mu$ L.

Question No: 15

A midwife initiates therapy for an infection in a client. The client is instructed to return a week later for a repeat culture so that the midwife can monitor the effectiveness of the medication in eliminating the causative agent of the infection. The client is most likely infected with:

- A. Neisseria gonorrhoeae
- B. Treponema pallidum
- C. HSV - 1
- D. HSV - 2

Answer: A

Explanation: The client is most likely infected with Neisseria gonorrhoeae. N. gonorrhoeae is a bacterium that can be treated and eliminated by antibiotic therapy. Clients with gonorrhea are usually prescribed penicillin, and a repeat culture verifies whether or not the causative agent has been eliminated. Treponema pallidum is the causative agent for sphyllis. It is a bacterium that is treated with antibiotics; however, the response to therapy is determined by a dark microscopy test. HSV 1 and 2 are viruses. They are not curable. HSV 1 and 2 are managed by supportive therapy.

Question No: 16

A client is diagnosed with chlamydia infection. Which of the following is not a risk of untreated chlamydia?

- A. Infertility
- B. Pelvic inflammatory disease
- C. Having a child infected with conjunctivitis
- D. Having a child with developmental problems

Answer: D

Explanation: Complications of untreated chlamydia infection include infertility, pelvic inflammatory disease, having a child with conjunctivitis, respiratory infection in neonates and cystitis in clients. Developmental



problems are not associated with chlamydia infections.

Question No: 17

A client complains of a crop of sores in the genitalia, flu - like symptoms and swollen glands. The client is diagnosed with herpes. Which of the following instructions is the least appropriate for the client?

- A. Avoid rubbing the sores.
- B. Wear loose underwear made of cotton.
- C. Apply hydrogen peroxide solution on sores.
- D. Use cool and wet compresses for relief.

Answer: C

Explanation: The least appropriate instruction is to apply hydrogen peroxide solution on sores. The client must be instructed to avoid rubbing the sores, as rubbing can cause skin trauma and spread the infection. Wearing loose underwear made of cotton prevents moisture and avoids irritating the lesions. Cool and wet compresses can be used to alleviate the itch.

Question No: 18

A midwife is assessing a client who visits for a follow up examination after an abdominal hysterectomy. The midwife determines that the client has a hematoma. Which of the following findings supports the diagnosis?

- A. Normal value of hemoglobin level.
- B. Increased hemoglobin values.
- C. Decreased hematocrit concentration.
- D. Hyperthermia

Answer: C

Explanation: A decrease in hematocrit concentration suggests hematoma. Hematoma is a delayed complication of abdominal hysterectomy. An increase in body temperature and a decrease in hemoglobin level are also indicative of this complication.

Question No: 19

The midwife is creating a teaching plan for a program that encourages clients to have their regular Pap smear. Which of the following groups of clients is the midwife's priority?

- A. Clients infected with *Treponema pallidum*.
- B. Clients with a history of genitalia herpes.
- C. Clients who are on oral contraceptives.
- D. Clients who have plans of conceiving within the next year.

Answer: B

Explanation: Herpes simplex virus is associated with increased risk of cervical cancer, so it is important to encourage clients who had or have genital herpes to have their regular Pap smear. A Pap smear can detect early changes in cells located in the cervix. The other options are not correct.

Question No: 20

Which of the following clients has the least risk for candidiasis?

- A. A client who regularly douches.
- B. A client diagnosed with Addison's disease.
- C. A client who is 8 weeks pregnant.



D. A client who is sexually active.

Answer: D

Explanation: A client who is sexually active has the least risk for candidiasis. Candidiasis is mainly caused by an altered vaginal environment, normally acidic, that causes an overgrowth of bacteria from the Candida family. These bacteria are normally found in the vaginal environment, but if the pH of the vaginal environment is altered or if the good bacteria are overwhelmed by Candida, candidiasis may occur. It is not spread by sexual contact. Douches may eliminate the good bacteria, causing candidiasis. Clients who are on long term corticosteroid therapy, such as clients with Addison's disease, are at risk for candidiasis. Pregnant clients are also at risk because hormonal changes may alter the normal vaginal environment.

Question No: 21

A midwife suspects that a 23 - year - old client has trichomoniasis. Which of the following findings is most suggestive of this infection?

- A. Thin and grayish white vaginal discharge with a fishy odor.
- B. Purulent vaginal discharge.
- C. Greenish - gray, frothy vaginal discharge.
- D. Thick, white vaginal discharge with severe perineal itching.

Answer: C

Explanation: Trichomoniasis is manifested by greenish - gray frothy vaginal discharge. Thin and grayish white vaginal discharge with a fishy odor suggests giardiasis. A purulent vaginal discharge most likely suggests gonorrhea. Thick, white vaginal discharge with severe perineal itching suggests candidiasis.

Question No: 22

A client complains of thin and grayish - white vaginal discharge with a fishy odor. These symptoms are most likely caused by:

- A. Candida albicans.
- B. Trichomonas.
- C. Gardnerella vaginalis.
- D. Treponema pallidum.

Answer: C

Explanation: G. vaginalis bacteria cause thin, grayish discharge with a fishy odor. The client will most likely be diagnosed with bacterial vaginosis. C. albicans causes candidiasis. Trichomonas causes trichomoniasis. T. pallidum causes syphilis.

Question No: 23

A midwife is teaching a group of clients about toxic shock syndrome. Which of the following clients has the greatest risk of developing this condition?

- A. A client who engages in unprotected sex.
- B. A client on steroid therapy.
- C. A client who wears tampons during menstruation.
- D. A client with a history of genital herpes.

Answer: C

Explanation: Clients who wear tampons during menstruation have the greatest risk for toxic shock syndrome. A tampon that is not changed for more than eight hours is a good breeding ground for bacterial growth.

Toxic shock syndrome is caused by bacteria, specifically *Staphylococcus aureus*, that have entered the blood stream. Toxic shock syndrome is not sexually transmitted. Clients on steroid therapy are also at risk for candidiasis, and clients with a history of genital herpes may be.

Question No: 24

A midwife is assessing four clients with signs and symptoms involving the reproductive system. All clients are engaging in heterosexual sexual relationships. The midwife requires identification and treatment of sexual partners of all of the following clients except:

- A. A client diagnosed with genital herpes.
- B. A client diagnosed with chlamydia.
- C. A client diagnosed with bacterial vaginosis.
- D. A client with hepatitis B.

Answer: C

Explanation: A client diagnosed with bacterial vaginosis is not required to identify her sexual partners for treatment. Engaging in unprotected sex increases the risk for bacterial vaginosis for females only, and it is believed that bacterial vaginosis can be transmitted between clients. Therefore, only clients who engage in sexual relationships with other clients need to identify their sexual partners for treatment of bacterial vaginosis.

Question No: 25

A client presents with a painless, ulcerative crater that is within a papule in the vulva. The client says she had an unprotected sex with a new sexual partner three weeks ago. Dark field microscopy of lesions identifies *Treponema pallidum*. The client is most likely diagnosed with:

- A. Primary syphilis
- B. Secondary syphilis
- C. Tertiary syphilis
- D. Latent syphilis

Answer: A

Explanation: The client is most likely diagnosed with primary syphilis. Primary syphilis is manifested by a painless, ulcerative crater within a papule. The lesions are usually found on the vulva or cervix in females and on the glans penis in males. Secondary syphilis is manifested by a localized or diffused mucocutaneous rash and generalized, non - tender lymphadenopathy. Latent syphilis is usually detected through serological tests. Tertiary syphilis usually involves visceral organs.

Question No: 26

A client with a history of syphilis presents with ataxia. Further assessment reveals diminished deep tendon reflexes, proprioception and pain sensation. The midwife determines that the client has neurosyphilis. Which of the following statements is true about the client's condition?

- A. The client is in the secondary stage of syphilis.
- B. The client is not infectious.
- C. The signs of primary syphilis most likely occurred about 2 years ago.
- D. The client is not treatable.

Answer: B

Explanation: A client with neurosyphilis is not infectious. The client is in the tertiary stage of syphilis, which may involve the visceral organs. Tertiary syphilis usually occurs between 5 and 20 years after the initial