Nursing

AMCB-CNM

American Midwifery Certification Board: Certified Nurse-Midwife

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Question: 1

A 35-year-old woman presents to the clinic after undergoing in vitro fertilization (IVF). She is concerned about the risk of ovarian hyperstimulation syndrome (OHSS). Which of the following is NOT a common symptom of OHSS?

A. Abdominal bloating and pain
B. Nausea and vomiting
C. Severe headache and blurred vision
D. Rapid weight gain

Answer: C

Explanation:
Severe headache and blurred vision are not typical symptoms of Ovarian HyperStimulation Syndrome (OHSS). They are more commonly associated with conditions like preeclampsia.
Abdominal bloating and pain is a common symptom of OHSS due to fluid accumulation in the abdominal cavity. Rapid weight gain is also a symptom of OHSS, resulting from fluid retention and accumulation.
Nausea and vomiting can occur in OHSS due to the enlarged ovaries and fluid shifts.

Question: 2

A midwife is caring for a 56-year-old patient. The midwife knows that changes in menopause increase the risk for cardiovascular disease. The patient's blood pressure is 131/89 and their 10-year risk of atherosclerotic cardiovascular disease is <10%.
Which of the following would the midwife include in the plan of care?

A. Start two antihypertensive drugs from different classes.
B. Recheck the patient's blood pressure in three months.
C. Perform a blood pressure check in one year.
D. Start one antihypertensive medication.

Answer: B

Explanation:
This patient has stage I hypertension (131-139 mm Hg systolic and 80-89 mm Hg diastolic) and a <10% 10-year risk of atherosclerotic cardiovascular disease. If the patient's 10-year risk is below 10%, only lifestyle modifications are recommended, and the blood pressure should be checked in three to six months.
An annual blood pressure check is indicated for routine screening at wellness exams, but once stage I hypertension is diagnosed, a repeat blood pressure check is necessary.

An antihypertensive medication should be started if a patient has stage I hypertension and either a ≥10% risk of atherosclerotic cardiovascular disease or a current diagnosis of cardiovascular disease, diabetes, or chronic kidney disease.
Two antihypertensive medications from different classes should be initiated for a patient with stage II hypertension (>140 mm Hg systolic or >90 mm Hg diastolic).

Question: 3

A 25-year-old woman is found to have a bicornuate uterus. Which of the following is she at increased risk for?

A. Endometrial cancer
B. Ovarian torsion
C. Preterm labor
D. Cervical dysplasia

Answer: C

Explanation:
A bicornuate uterus is a congenital malformation where the uterus is heart-shaped. Women with a bicornuate uterus have an increased risk of preterm labor and miscarriage.
Endometrial cancer and cervical dysplasia are not associated with the shape or malformation of the uterus. Ovarian torsion, or the twisting of an ovary, is also not related to the shape or malformation of the uterus.

Question: 4

Which endocrine glands regulate reproductive steroid hormone production by positive and negative feedback loops?

A. Sex-hormone binding globulin (SHBG)
B. Hypothalmic-pituitary-ovarian (H-P-O) axis
C. Ovarian hormones
D. Anti-Mullerian hormone

Answer: B

Explanation:
Three endocrine organs (hypothalamus, pituitary, and ovaries) coordinate functions related to positive and negative feedback loops to regulate reproductive steroid hormone production.
Sex-hormone binding globulin (SHBG) is a serum protein that binds to sex hormones like estrogen and testosterone in the blood. It transports the hormones and targets specific receptors on tissues. Ovarian hormones include estrogen, progesterone, and androgen. Anti-Mullerian hormone limits the number of primary follicles in the ovaries.

Question: 5

A 68-year-old woman with osteoporosis is considering hormone replacement therapy (HRT). Which of the following is a POTENTIAL benefit of HRT in the context of osteoporosis?

A. It does not prevent osteoporosis from developing but can reduce the speed at which osteoporosis progresses
B. It has no side effects
C. It is the most effective treatment for osteoporosis
D. It can increase bone density

Answer: D

Explanation:
Hormone Replacement Therapy (HRT) can help increase bone density and reduce the risk of fractures. HRT can help prevent osteoporosis from developing. While HRT can be beneficial, it's not considered the most effective treatment for osteoporosis. HRT has potential side effects, including an increased risk of certain cancers and cardiovascular events.

Question: 6

A 26-year-old woman presents with amenorrhea and is found to have normal FSH and LH levels but low estradiol levels. Which of the following is the MOST likely potential cause for her condition?

A. Ovarian resistance syndrome
B. Androgen insensitivity syndrome
C. Luteal phase defect
D. Hypergonadotropic hypogonadism

Answer: A

Explanation:
In ovarian resistance syndrome, the ovaries are resistant to the action of gonadotropins, leading to low estradiol despite normal FSH and LH.
Androgen insensitivity syndrome results in individuals who are genetically male but have female external characteristics. It is not related to this presentation. Luteal phase defect is a problem with progesterone production post-ovulation. It doesn't cause low estradiol with normal FSH/LH.
Hypergonadotropic hypogonadism would result in elevated FSH and LH levels.

Question: 7

A patient has been diagnosed with twin gestation. There are two amniotic sacs, and the fetuses share a placent
a. What type of twins are these?

A. Monochorionic-diamniotic
B. Dichorionic-diamniotic
C. Conjoined
D. Monochorionic-monoamniotic

Answer: A

Explanation:
Monochorionic-diamniotic twins share a placenta and have two amniotic sacs. They are typically identical twins unless the blastocysts fuse.
Dichorionic-diamniotic twins each have their own placenta and amniotic sac and are not identical twins.
Monochorionic-monoamniotic twins share a placenta and an amniotic sac and are always identical twins. Conjoined twins are identical twins joined in utero and are always monozygotic.

Question: 8

A nurse-midwife is counseling a patient regarding blood type following their type and screen. They are O negative and antibody screen negative. Which of the following is an accurate statement by the patient?

A. "A sensitized Rh-negative patient receives RhoGAM at 28 weeks."
B. "If I have an Rh-negative baby, they will get postpartum RhoGAM."
C. "Receiving RhoGAM in this pregnancy will not impact my next pregnancy."
D. "My blood type of O negative has no antigens on the red blood cells."

Answer: D

Explanation:
An O-negative blood type is free from A, B, and Rh antigens. A nonsensitized Rh-negative patient receives RhoGAM at 28 weeks.
If an O-negative patient has an Rh-positive newborn, postpartum RhoGAM is indicated. Receiving RhoGAM will prevent sensitization for the following pregnancy.

Question: 9

A 24-year-old woman with a history of anorexia nervosa presents with amenorrhe
a. Which of the following bone-related complications is she MOST at increased risk for?
A. Osteosarcoma
B. Osteoporosis
C. Osteomyelitis
D. Osteoarthritis

Answer: B

Explanation:

Women with anorexia nervosa are at increased risk due to decreased bone density from low estrogen levels.
Osteoarthritis is a joint condition not directly related to amenorrhea or anorexia nervosa. Osteosarcoma is a type of bone cancer not directly related to anorexia nervosa. Osteomyelitis is a bone infection and is not related to anorexia nervosa.

Question: 10

Which of the following medications stimulates fetal lung maturity?

A. Magnesium sulfate
B. Terbutaline
C. Nifedipine
D. Corticosteroid

Answer: D

Explanation:
Corticosteroid administration stimulates fetal lung maturity in preterm patients.
Magnesium sulfate is given for neonatal neuroprotection. Nifedipine is a calcium channel blocker given as a tocolytic. Terbutaline is a tocolytic that is no longer recommended due to the risk of tachycardia.

Question: 11

Which of the following is NOT a fetal heart rate (FHR) monitoring technique?

A. FHR on sonogram
B. Continuous fetal monitoring
C. Internal FHR
D. Intermittent FHR by fetoscope

Answer: A

Explanation:
A sonogram is not an FHR-monitoring technique.
Continuous fetal monitoring consists of external FHR detection and tracing FHR. Internal FHR monitoring is done by fetal scalp electrodes in high-risk cases. Intermittent FHR auscultation is done by a fetoscope or Doppler.

Question: 12

A 42-year-old woman presents with a history of recurrent urinary tract infections. Which of the following is NOT a recommended preventive measure?

A. Prolonged use of broad-spectrum antibiotics

B. Topical estrogen (if postmenopausal)
C. Voiding after intercourse
D. Cranberry juice

Answer: A

Explanation:
Prolonged use of broad-spectrum antibiotics is not recommended, as it can lead to antibiotic resistance and disrupt the normal flora, potentially increasing the risk of UTIs.
Pure cranberry juice can be recommended as a preventive measure against UTIs due to its ability to prevent bacteria from adhering to the bladder wall. In postmenopausal women, topical estrogen can help maintain a healthy urinary tract and reduce the risk of UTIs. Voiding after intercourse helps to flush out bacteria that may have entered the urethra during sexual activity.

Question: 13

A patient is concerned that her newborn may have galactosemia because a family member also has this condition. Which of the following tools will diagnose or rule out galactosemia?

A. Complete blood count
B. Metabolic screen
C. Newborn assessment
D. Bilirubin screen

Answer: B

Explanation:
The newborn metabolic screen tests for phenylketonuria (PKU), cystic fibrosis, and galactosemia. While many other conditions are tested for, the requirements vary from state to state.
The newborn assessment provides a physical overview of the newborn's body systems. The bilirubin screen is used to test for bilirubin levels, usually due to jaundice. The complete blood count will not provide information related to galactosemia.

Question: 14

A patient asks how long sperm can live after sexual intercourse. They are anxious because they ovulated approximately five days after last having intercourse. Which statement is true?

A. Sperm cannot live for five days in the patient's reproductive tract.
B. Five days after intercourse is too late to take plan B contraception.
C. The patient can become pregnant with the timing of recent intercourse and ovulation.
D. Fertilization is unlikely to occur because the ovum cannot survive for five days.

Answer: C

Explanation:
Healthy sperm can live for three to five days in the female reproductive tract and are able to fertilize the egg.
In optimal conditions, healthy sperm can live up to five days in the female reproductive tract. Plan B contraception can be taken within five days following unprotected intercourse. However, the longer the interval between intercourse and plan B, the less effective it is. The ovum will survive for up to 24 hours, but this does not affect sperm survival.

Question: 15

A newborn who was born at 36 weeks gestation has been monitored for three days and has maintained a normal body temperature for 24 hours. What is still necessary for this baby to be discharged?

A. The baby should be observed for another two to four days, depending on hospital policy
B. The baby should demonstrate the ability to maintain a normal body temperature for at least 48 hours prior to discharge
C. The baby is ready for discharge
D. The baby must have a 98-hour blood sample drawn prior to discharge

Answer: C

Explanation:
Unless there are contraindications to discharge, a premature baby who has been monitored for a minimum of three days and has maintained a normal body temperature for 24 hours can be discharged. Further monitoring or testing is not necessary. The baby's ability to maintain a normal body temperature for 24 hours is sufficient.

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