



CNM Nurse Midwife Exam Prep

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Practice Questions

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1. For which patient is misoprostol contraindicated?

- A. A patient with a history of preeclampsia
- B. A patient with gestational hypertension
- C. A patient with preterm labor
- D. A patient with a history of cesarean section

2. Which of the following measures has been shown to reduce the duration of the second stage of labor?

- A. Continuous vocal coaching
- B. Upright positions during pushing
- C. Cold compresses applied to the perineum
- D. Frequent position changes

3. A 40-year-old woman presents to the midwifery clinic with a 3-month history of heavy and irregular menstrual periods. Which of the following is the priority intervention?

- A. Recommend endometrial ablation
- B. Initiate iron supplementation
- C. Perform a transvaginal ultrasound
- D. Prescribe oral contraceptives

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4. A patient presents with cervicitis. What is one of the bacterial pathogens that can cause this condition?

- A. Herpes Simplex Virus (HSV)
- B. Chlamydia trachomatis
- C. Human Papillomavirus (HPV)
- D. Candida albicans



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5. A 30-year-old patient comes in for her annual check-up and mentions she wants to start on oral contraceptive pills. She is concerned about needing a mammogram first because her mother had breast cancer. The midwife proceeds with the consultation. Which statement by the patient indicates that she requires further education?

- A. "I understand that oral contraceptive pills do not protect against sexually transmitted infections (STIs)."
- B. "I should take the pill at the same time every day to maximize its effectiveness."
- C. "I need to inform my midwife immediately if I experience severe headaches or vision changes while on the pill."
- D. "I will need a mammogram before I can get started on oral contraceptive pills."

6. A midwife has identified a patient with endometriosis. What should be the primary focus of the midwife's education?

- A. Management of chronic pelvic pain with hormone therapy or surgery
- B. Daily use of over-the-counter pain relief
- C. Frequent pelvic exams without additional treatments
- D. High-protein, low-carbohydrate diet

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7. A 52-year-old woman is inquiring about treatment options for her symptoms of menopause, including night sweats and vaginal dryness. She has not had a hysterectomy. Which of the following is the most appropriate treatment?

- A. Estrogen-only therapy
- B. Progesterone-only therapy
- C. Lifestyle modifications only
- D. Combined estrogen-progesterone therapy

8. A midwife is caring for a 40-year-old patient who has obesity and a history of deep vein thrombosis (DVT). The patient is interested in starting a highly effective method of contraception but reports heavy menstrual bleeding and states she prefers to avoid any invasive procedures. Which of the following types of contraception is the midwife most likely to recommend?

- A. Vaginal contraceptive ring
- B. Copper intrauterine device (IUD)
- C. Progesterone-only pills
- D. Combined oral contraceptives



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9. A patient presents with a history of heavy and painful menstrual periods (menorrhagia). They are seeking a long-term contraceptive solution. Which option is the most appropriate considering their medical history?

- A. Vaginal diaphragm with spermicide
- B. Levonorgestrel-releasing intrauterine system (LNG-IUS)
- C. Copper intrauterine device (IUD)
- D. Progestin-only injections

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10. A patient visits for her routine gynecological exam. She shares that she experiences excessive menstrual bleeding. The midwife suspects she has uterine fibroids and provides information about this condition. Which of the following statements indicates that the patient needs further education?

- A. "I can't have fibroids because I don't feel any pain."
- B. "My heavy menstrual bleeding could be a sign of fibroids."
- C. "We should first rule out other conditions like endometriosis before diagnosing fibroids."
- D. "Uterine fibroids can alter menstrual cycles and cause longer periods."

11. A new mother is asking about the resumption of menstrual periods after a postpartum hemorrhage. Which of the following statements would a midwife share?

- A. If you experienced a postpartum hemorrhage but are exclusively breastfeeding, prolactin might delay the return of menstruation.
- B. Exclusively breastfeeding always assures that you will not get your menses for at least one year.
- C. Menses will resume within 6 to 8 weeks regardless of the breastfeeding status.
- D. Ovulation and menstruation are significantly delayed only by estrogen suppression.

12. A midwife is assessing a patient 24 hours postpartum. Which of the following is an abnormal vital sign change?

- A. Mildly elevated blood pressure
- B. Decreased respiratory rate
- C. Persistent tachycardia
- D. Slightly elevated body temperature

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13. Which of the following postpartum complications is most likely to occur within the first 24 hours after a cesarean section?

- A. Septic pelvic thrombophlebitis
- B. Mastitis
- C. Endometritis
- D. Transfusion reaction

14. What is the most significant risk factor for developing postpartum depression?

- A. Preterm birth
- B. History of depression
- C. First-time motherhood
- D. Cesarean delivery

15. A postpartum client is 24 hours after a vaginal delivery. Their vital signs are as follows: temperature 100 degrees Fahrenheit, blood pressure 120/80, heart rate 72, and respiratory rate 18 breaths per minute. Which of the following represents the appropriate action to take based on these vital signs?

- A. Continue to monitor routine vital signs
- B. Administer ibuprofen 400 mg PO for fever
- C. Order a urinalysis to check for infection
- D. Draw a blood culture

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16. A patient delivered a baby via cesarean section. Which estimated blood loss volume is considered the threshold for postpartum hemorrhage?

- A. 600 mL
- B. 1200 mL
- C. 1000 mL
- D. 800 mL

17. A woman is 3 weeks postpartum. Which type of vaginal discharge should the midwife expect?

- A. Lochia serosa
- B. Lochia rubra
- C. Egg white discharge
- D. Lochia alba



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18. Which of the following is NOT a risk factor for postpartum hemorrhage?

- A. Uterine atony
- B. Low blood pressure
- C. Multiple gestations
- D. Prolonged labor

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19. A 6-week postpartum patient presents to the office with complaints of breast discomfort and worries about low milk supply. They have been exclusively breastfeeding. Which of the following would the midwife include in their plan of care?

- A. Encourage the patient to switch to pumping exclusively to improve milk supply.
- B. Recommend decreasing breastfeeding frequency to prevent discomfort.
- C. Explain that frequent breastfeeding can increase milk supply.
- D. Order formula supplements as the first line to manage low milk supply.

20. A midwife is educating a group of newly graduated nurse practitioners about the signs and risks of intimate partner violence (IPV). Which of the following statements made by one of the nurse practitioners indicates a need for further education?

- A. "Victims of IPV may display chronic psychological distress."
- B. "People from any socioeconomic background can experience intimate partner violence."
- C. "Intimate partner violence mainly occurs in low-income neighborhoods."
- D. "Emotional abuse is a common form of intimate partner violence."

21. Which diagnostic test can confirm a diagnosis of endometriosis?

- A. MRI
- B. Laparoscopy
- C. Ultrasound
- D. Pap smear

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22. A middle-aged woman presents with severe rheumatoid arthritis, affecting her daily activities and involving multiple joints. After evaluating her condition, which of the following is considered a first-line pharmacologic intervention?

- A. Methotrexate
- B. Adalimumab
- C. Ibuprofen
- D. Acetaminophen

23. A patient's history reveals ongoing hypertension due to another underlying condition. What statements are accurate about secondary hypertension and its causes?

- A. Secondary hypertension cannot be caused by medications.
- B. Secondary hypertension is usually idiopathic.
- C. It can be caused by kidney disease.
- D. It is always inherited and cannot be acquired later in life.

24. Which of the following is recommended regarding the timing of newborn feedings immediately postpartum?

- A. Feeding should be postponed until after the first bath.
- B. An initial feeding should not occur until 6 hours postpartum.
- C. Wait for the umbilical cord to fall off before feeding.
- D. Newborns should be fed as soon as possible after birth.

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25. A newborn is admitted to the neonatal intensive care unit (NICU) with a respiratory rate of 70 breaths per minute. Labs are drawn and are as follows: Lab Parameter Result Normal Range Blood Glucose 55 mg/dL 40-60 mg/dL Respiratory Rate 70 breaths/minute 30-60 breaths/minute Heart Rate 130 beats/minute 120-160 beats/minute Oxygen Saturation 94% 92-100% Which of these newborn lab values is abnormal?

- A. Oxygen Saturation
- B. Respiratory Rate
- C. Blood Glucose
- D. Heart Rate



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26. A midwife performs a newborn assessment on a 3-day old infant and notices jaundice. What could this physical assessment finding indicate?

- A. The newborn may have elevated bilirubin levels, leading to jaundice.
- B. Jaundice is a sign of inadequate metabolic screening.
- C. Jaundice is common and usually does not require monitoring or treatment.
- D. Jaundice signifies a neurological condition that needs immediate intervention.

27. Which of the following is true about transient tachypnea of the newborn (TTN)?

- A. Cesarean section increases the risk for TTN.
- B. TTN is common in full-term babies born via vaginal delivery.
- C. TTN occurs frequently in post-term infants.
- D. TTN causes a long-term respiratory condition in infants.

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28. A midwife is evaluating a 6-week-old infant. Based on normal developmental timelines for primitive reflexes, which of the following findings would be most concerning if present during this examination?

- A. Babinski reflex
- B. Rooting reflex
- C. Sucking reflex
- D. Palmar grasp reflex

29. A client in their third trimester of pregnancy has been experiencing reduced fetal movements for the past 24 hours and notes a sudden swelling in their hands and face. During the clinical examination, the following observations are made: Observation Value Blood pressure 155/95 mm Hg Proteinuria 2+ on dipstick Headache Persistent for 2 days, unrelieved by acetaminophen Platelets 150,000 per microliter Liver enzymes Normal What is the probable diagnosis?

- A. Preeclampsia without severe features
- B. HELLP syndrome
- C. Gestational hypertension
- D. Preeclampsia with severe features



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30. Which of the following is true about group prenatal care for pregnant women?

- A. It reduces the frequency of necessary medical checkups.
- B. It eliminates the need for individualized care.
- C. It is only beneficial for low-risk pregnancies.
- D. It provides enhanced social support and shared learning.



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Answer Key & Explanations

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1. D — A patient with a history of cesarean section

Answer: A patient with a history of cesarean section Misoprostol is contraindicated in patients with a history of cesarean section or major uterine surgery due to the increased risk of uterine rupture. Misoprostol is commonly used for medical management of various obstetric conditions, such as labor induction and treatment of postpartum hemorrhage.

2. B — Upright positions during pushing

Answer: Upright positions during pushing. Upright positions during pushing, such as squatting or sitting, utilize gravity to assist in the descent of the baby, often shortening the second stage of labor. Cold compresses are not shown to reduce the duration of labor, although they might provide comfort. Frequent position changes and continuous vocal coaching are beneficial practices but do not specifically decrease the duration of the second stage.

3. C — Perform a transvaginal ultrasound

Answer: Perform a transvaginal ultrasound The primary concern with heavy and irregular menstrual periods could be endometrial hyperplasia or carcinoma, so assessing the endometrial lining is critical. While oral contraceptives may help to regulate menstruation, it is essential to first rule out potential serious conditions like endometrial pathology. Endometrial ablation can be considered after other causes have been ruled out. Iron supplementation addresses blood loss but does not address the underlying cause of the irregular bleeding.

4. B — Chlamydia trachomatis

Answer: Chlamydia trachomatis Chlamydia trachomatis is a common bacterial cause of cervicitis. Human Papillomavirus (HPV) is a viral infection that can cause genital warts and cervical cancer but is not typically a cause of cervicitis. Candida albicans is a fungal pathogen that causes yeast infections, not cervicitis. Herpes Simplex Virus (HSV) causes genital herpes, not cervicitis.

5. D — "I will need a mammogram before I can get started on oral contraceptive pills."

Answer: "I will need a mammogram before I can get started on oral contraceptive pills." A mammogram is not required before starting oral contraceptive pills. Breast cancer screening typically starts at age 40 or earlier for those with a significant family history, but it is not a prerequisite for contraception initiation. Oral contraceptives do not protect against STIs, need to be taken consistently, and any severe side effects should be reported immediately.

6. A — Management of chronic pelvic pain with hormone therapy or surgery

Answer: Management of chronic pelvic pain with hormone therapy or surgery Patients with endometriosis often suffer from chronic pelvic pain. Treatment options include hormone therapy and surgical interventions to remove endometrial tissue. Over-the-counter pain relief can provide temporary comfort but is not a primary strategy. Frequent pelvic exams are important for monitoring but must be coupled with appropriate treatment. Dietary changes alone cannot manage endometriosis symptoms.



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7. D — Combined estrogen-progesterone therapy

Answer: Combined estrogen-progesterone therapy Combined estrogen-progesterone therapy is the most appropriate treatment for menopausal symptoms in women who have an intact uterus. Estrogen helps alleviate vasomotor symptoms such as night sweats, while progesterone reduces the risk of endometrial hyperplasia associated with unopposed estrogen therapy.

8. C — Progesterone-only pills

Answer: Progesterone-only pills The progesterone-only pill (POP) contains no estrogen and is a good choice for a woman with a history of DVT and obesity. It can also help reduce menstrual bleeding which addresses the patient's concern about heavy menstrual bleeding. Combined oral contraceptives (COCs) and vaginal contraceptive rings both contain estrogen and are contraindicated in someone with a history of DVT due to an increased risk of blood clots. A copper IUD would be medically appropriate for DVT history but is invasive and tends to increase menstrual bleeding, making it unsuitable given the patient's specific preferences and existing heavy menstrual bleeding.

9. B — Levonorgestrel-releasing intrauterine system (LNG-IUS)

Answer: Levonorgestrel-releasing intrauterine system (LNG-IUS) The LNG-IUS is effective in reducing menorrhagia by thinning the endometrial lining, thereby decreasing menstrual blood loss and pain. The copper IUD is nonhormonal and does not address menorrhagia. Progestin-only injections can lead to irregular bleeding and are less effective in managing heavy menstrual periods. Vaginal diaphragms do not influence menstrual flow or pain.

10. A — "I can't have fibroids because I don't feel any pain."

Answer: "I can't have fibroids because I don't feel any pain." Uterine fibroids are non-cancerous growths in the uterus that can cause symptoms such as heavy menstrual bleeding, pelvic pressure, and longer menstrual cycles. Pain is not always a symptom of fibroids, so the absence of pain does not rule out their presence.

11. A — If you experienced a postpartum hemorrhage but are exclusively breastfeeding, prolactin might delay the return of menstruation.

Answer: "If you experienced a postpartum hemorrhage but are exclusively breastfeeding, prolactin might delay the return of menstruation." Exclusive breastfeeding can inhibit ovulation and menstruation through increased prolactin, which suppresses estrogen levels. Despite postpartum hemorrhage, the physiology remains similar where breastfeeding delays menses, often until around six months postpartum.

12. C — Persistent tachycardia

Persistent tachycardia can indicate underlying complications such as hemorrhage or infection. While a slightly elevated body temperature is common in the immediate postpartum period, persistent fever indicates infection. Mildly elevated blood pressure can be due to pain or stress, and a decreased respiratory rate is often related to normal changes postpartum.

13. C — Endometritis

Answer: Endometritis The most common postpartum complications in the early hours to days following a cesarean section include endometritis, urinary tract infection, and wound infection. Less frequent complications include transfusion reactions and septic pelvic thrombophlebitis (SPT). Mastitis is a common infection in the first six weeks postpartum. However, it is rare in the first 24 hours after a cesarean section.

14. B — History of depression

Answer: History of depression A history of depression is the most significant risk factor for developing



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postpartum depression. Women who have experienced depression before are at higher risk. Other contributing factors include lack of support, stressful life events, and hormonal changes.

15. A — Continue to monitor routine vital signs

Answer: Continue to monitor routine vital signs These vital signs are all within normal limits. A temperature up to 100.4 degrees Fahrenheit is normal within the first 24 hours postpartum and does not require treatment for fever or additional tests unless accompanied by other symptoms.

16. C — 1000 mL

Answer: 1000 mL 1000 mL of estimated blood loss postpartum is considered a hemorrhage for both vaginal and cesarean births. 800 mL and 600 mL are not considered postpartum hemorrhage (PPH). 1200 mL is a hemorrhage but is not the threshold for PPH.

17. D — Lochia alba

Answer: Lochia alba. The final stage of lochia, occurring between week 3 and the cessation of flow (usually between 4 and 6 weeks), is called lochia alba. This discharge is typically yellowish to white and tends to decrease over time.

18. B — Low blood pressure

Answer: Low blood pressure Multiple gestations and prolonged labor are risk factors for postpartum hemorrhage due to the increased stress on the uterus. Uterine atony is a direct cause of postpartum hemorrhage as the uterus fails to contract properly after delivery. Low blood pressure is not a typical risk factor for postpartum hemorrhage.

19. C — Explain that frequent breastfeeding can increase milk supply.

Answer: Explain that frequent breastfeeding can increase milk supply. Frequent breastfeeding helps stimulate milk production through demand and supply principles. Formula supplements might be necessary in some cases but are not the first recommendation. Exclusive pumping is an option but may not be necessary. Decreasing frequency could negatively impact milk production.

20. C — "Intimate partner violence mainly occurs in low-income neighborhoods."

Answer: "Intimate partner violence mainly occurs in low-income neighborhoods." Intimate partner violence (IPV) affects individuals across all socioeconomic backgrounds, not just those in low-income neighborhoods. Indicators of IPV can include emotional abuse and chronic psychological distress.

21. B — Laparoscopy

Answer: Laparoscopy Endometriosis is a chronic condition where tissue similar to the lining inside the uterus (endometrium) grows outside the uterus. It can cause significant pain and is often associated with infertility. Laparoscopy, a minimally invasive surgical procedure, is considered the gold standard for diagnosing endometriosis. An ultrasound or MRI may help identify the presence of endometriomas or other abnormalities but cannot definitively diagnose endometriosis. A Pap smear is not used for this diagnosis.

22. A — Methotrexate

Answer: Methotrexate Methotrexate is commonly used as a first-line treatment for rheumatoid arthritis, especially in cases involving multiple joints and significant impact on daily activities. It works by inhibiting DNA synthesis and thus reducing inflammatory cell proliferation. Biologic drugs like adalimumab are also used for severe cases, but systemic medications like ibuprofen and analgesics like acetaminophen are generally used for less severe conditions. Hydroxychloroquine may be used in mild to moderate cases but is not the first-line



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treatment.

23. C — It can be caused by kidney disease.

Answer: It can be caused by kidney disease. Secondary hypertension occurs as a result of another medical condition. Kidney disease, for example, can lead to hypertension because of impaired renal function, which affects the balance of fluids and salts in the blood. Other causes include conditions such as adrenal gland tumors (which can trigger excessive hormone production) and medications like NSAIDs, corticosteroids, and decongestants.

24. D — Newborns should be fed as soon as possible after birth.

Answer: Newborns should be fed as soon as possible after birth. Early newborn feeding, ideally within the first hour of life, is recommended to promote bonding and successful breastfeeding. This practice also helps stabilize the newborn's blood sugar levels and body temperature. Feeding should not be delayed for the first bath or until the umbilical cord falls off, as these practices can hinder initial bonding and nutritional support.

25. B — Respiratory Rate

Answer: Respiratory Rate. The normal respiratory rate for a newborn is 30 to 60 breaths per minute. A rate of 70 breaths per minute is considered tachypnea and may indicate a need for further investigation and intervention. Blood glucose levels of 40-60 mg/dL, heart rates of 120-160 beats per minute, and oxygen saturation of 92-100% are all within normal limits for a newborn.

26. A — The newborn may have elevated bilirubin levels, leading to jaundice.

Answer: The newborn may have elevated bilirubin levels, leading to jaundice. Newborn jaundice is caused by high levels of bilirubin in the blood and usually requires monitoring and possibly treatment, especially if levels are significantly elevated. While jaundice is common and often resolves on its own, elevated bilirubin levels can sometimes lead to more serious conditions if not monitored.

27. A — Cesarean section increases the risk for TTN.

Answer: Cesarean section increases the risk for TTN. Transient tachypnea of the newborn (TTN) occurs when a newborn has trouble clearing fluid from their lungs, leading to rapid breathing. The condition is usually temporary and resolves within a few days. Cesarean section increases the risk for TTN because the baby does not experience the compression of the chest that occurs during vaginal delivery, which helps expel lung fluid. TTN is more commonly seen in premature and early-term infants and not typically associated with long-term respiratory issues.

28. D — Palmar grasp reflex

Answer: Palmar grasp reflex The palmar grasp reflex typically disappears by 5-6 weeks of age. Its persistence beyond this timeframe may indicate neurological concerns and should prompt further evaluation. The Babinski reflex can last until the infant is 2 years old. The rooting reflex typically disappears by 4 months of age. The sucking reflex is usually seen until the baby is around 4 months old. Therefore, these reflexes would be normal findings in a 6-week-old infant.

29. D — Preeclampsia with severe features

This client's symptoms and observations indicate preeclampsia with severe features. The persistent headache, proteinuria, and elevated blood pressure are critical indicators. Despite normal liver enzymes and platelets, the combination of symptoms supports this diagnosis.



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30. D — It provides enhanced social support and shared learning.

Group prenatal care models, such as CenteringPregnancy, provide enhanced social support, shared learning experiences, and a sense of community among participants. They do not reduce the frequency of necessary medical checkups, eliminate the need for individualized care, or limit benefits to only low-risk pregnancies.



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