Candidate Guide: Inpatient Obstetric Nursing

Congratulations on taking the next step in your career – earning your RNC-OB certification!

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This Exam’s Purpose:
The purpose of the Inpatient Obstetric Nursing Core Certification is to provide a competency-based examination that tests specialty knowledge and the application of that knowledge for, licensed registered nurses in the US and Canada with a minimum of two years specialty experience in providing care to hospitalized pregnant women during the antepartum, intrapartum, postpartum and newborn periods.

It is important to read the information in this guide. It will answer your questions and will explain all policies to which you will be subject.

About This Guide:
This guide lists fees, general policies and provides information that will help you prepare for the examination including sample questions to familiarize you with question format, competency statements and examination content in outline form. Study resources are also suggested for your review. It is recommended that you familiarize yourself with the information in this guide.

NCC examinations are offered in several different test administrations options. The NCC publication Guide to Testing Methods will explain the different rules and policies based on how you are taking the examination. Please download this publication from the NCC website and review the exam administration options. It should answer your questions about the NCC examination process.

If you have other questions, please feel free to contact NCC through the NCC website at NCCwebsite.org.

NCC’s Philosophy of Testing:
Certification is an evaluative process that provides the opportunity for nurses in the obstetric, gynecologic and/or neonatal specialty to demonstrate publicly what they know and to be recognized for the special knowledge they possess. The NCC certification carries no licensing authority. The ability to practice as a nurse is regulated by the state boards of nursing, and while certification may be required in some states for advanced practice roles, NCC has no regulatory power to require states to recognize NCC certification for this purpose. Practice and educational standards are reflected in the certification process, but the responsibility for development of such standards rests with the professional nursing specialty organizations and the nursing educational community. NCC encourages individual nurses to seek out information about how certification relates to state licensure requirements, program accreditation of the educational institutions attended, the educational and practice standards of national nursing specialty organizations, and employment expectations.

NCC core and subspecialty programs are accredited by the National Commission for Certifying Agencies
**EXAMINATION AND RELATED FEES**

**EXAMINATION FEES**
Computer Exam Fees are $325 which includes the non-refundable $50 application fee.

Professional Education Center (PEC) Exam Fees are $275 which includes the non-refundable $50 application fee.

Institutional Certification Program (ICP) Exam Fees are pre-paid by your institution.

*Examination fees are subject to change.

**CHANGE REQUEST**
Candidates who cannot take their currently scheduled examination, have missed their testing date or need to take a different exam - can request a change for a fee of $125. Details are on the NCC website.

**WITHDRAWAL FEE**
A computer testing candidate who withdraws from testing is subject to a $165 withdrawal fee. The candidate will receive $160 of their $325 payment, minus any outstanding charges. PEC and ICP candidates cannot withdraw.

**RETEST FEE**
Retest candidates must pay full application and examination fees. There are no discounts and they must wait at least 90 days from the previous test date before resubmitting an application for testing. Certifications exams of the same specialty can only be taken TWICE in a calendar year for the same candidate.

**SUBSTITUTION FEE**
Candidate substitutions are not allowed for any reason.

**THIRD PARTY PAYMENTS**
Applicant fees paid by third parties will be reimbursed to the third party in the event the applicant is determined ineligible or withdraws within the specified time. Reimbursement will be in accordance with stated refund policies.

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**NO REFUNDS WILL BE CONSIDERED FOR ANY CANDIDATE**

- who has taken an examination
- who is not successful in achieving certification
- who failed to take the exam via computer within the 90-day testing window and did not submit a change request within stated time frames
- who is unable to schedule their exam and is beyond the first 30 days of their eligibility window
Payment Information

• All applications are subject to a nonrefundable application fee.
• All fees are nonrefundable except where otherwise noted.
• Payments can be made by credit card (Visa, American Express and MasterCard only).
• Payments can be made by check: bank routing number and account number required.
• For payments made by third parties, any refund reimbursement will be issued to the third party and not to the applicant.
• All payments must be in US funds.
• NCC does not accept debit cards or split payments (part check and part credit card).
• Exam fees can only be submitted online at the NCC website. Applications will not be accepted by mail, phone or fax.
• NCC will accept group payments for certification exams from institutions. Details are on the NCC website.

Other Non-refundable Payment Related Fees

Incomplete Application Fee
All incomplete applications (those applications submitted with missing information, containing incomplete or incorrect information, missing required licensure information and upload, or do not include full fee payment) are subject to a non-refundable $30 reprocessing fee upon the submission of proper documentation.

License Verification Fee
If licensure information is requested requiring an additional submission the candidate will have 2 weeks to provide the license with all the correct information and pay the non-refundable $30 reprocessing fee. If this is not provided within the two weeks, NCC will attempt to verify the license and a $50 verification fee will be added to your account as arrears. If the candidate is deemed eligible at that point, they may schedule and sit for the exam. However, the exam will not be scored until such arrears are resolved. If NCC is unable to verify the license, you will be found ineligible and you will be refunded your registration fee minus $100 ($50 non-refundable application fee and $50 non-refundable license verification fee).

Returned Checks and Credit Card Chargeback Fee
A $30 fee will be assessed for any check or e-check returned or a credit card payment disputed for any reason. Remittance thereafter of all fees and applications must be in the form requested by NCC.

Certification will be revoked or withheld if a returned check or a chargeback request on a credit card payment results in loss of income to NCC and the monies are not recovered in an alternate payment. Fees received at any time will first be applied to any unpaid prior certification/special fees.
GENERAL POLICIES

UNSUCCESSFUL CANDIDATES
A candidate who sits for the examination and does not receive a passing score is not eligible for any refund nor for any credit on any later NCC exam.

EXAM CATEGORY CHANGES
You can only request an exam category change by completing a Change Request Form on the NCC website and submitting with non-refundable payment of $125. Candidates are only allowed one change option (e.g., if you reschedule your exam date, you will not be able to change your exam category). All change requests must be approved by NCC. There will be no refund of original or Change Request fees. Eligibility must be re-established for the new exam category, and additional documentation and fees may be required. The time to consider eligibility for the new category will count toward the original 90-day window assigned to take the examination. Examinees must take the exam for which they have been determined eligible. No changes will be permitted on examination day. If a candidate knowingly or unknowingly takes an examination other than the one she/he was found eligible to take, the examination will not be scored. No refunds will be allowed, and all fee policies will apply if the candidate reapplies for an examination.

RETEST POLICY
You may retake the examination if you do not pass. You must reapply, submit all applicable fees and documentation, and re-establish eligibility according to the appropriate deadlines. There is no limit to the number of times you may retake the examination however candidates must wait at least 90 days after the previous exam date before making application to retake the examination by computer or paper and pencil. All submission deadlines for application for paper and pencil testing must be met. No accommodation will be given to those who are retesting via paper and pencil mode if they cannot meet application deadline because of the 90 day wait rule. The maximum number of times a candidate can take the same NCC test in a calendar year is two.

AMERICANS WITH DISABILITIES ACT
Special testing accommodations will be provided pursuant to the Americans with Disabilities Act. Download the special accommodations request form from the website. The request must be signed by a clinician, physician, or another qualified specialist with training and experience appropriate to diagnose and treat the specified disability. The completed form must be submitted with your online certification application.
GENERAL POLICIES (CONTINUED)

TEST DISCLOSURE
NCC does not make test questions available for review. Because test questions may be used for more than one examination administration, distributing this information would compromise the security of the test questions and would increase the cost of certification if the questions had to be replaced each year.

APPEALS PROCEDURE
Any request to waive any policy of the NCC Board of Directors relative to eligibility, administration, examination content issues, or certification maintenance must be received in writing within 60 days of the dispute. All requests should be sent to the attention of the NCC President at nccpresident@nccnet.org. The correspondence should contain a detailed account as to why the NCC policy should be waived or the candidate’s status should be changed. Such requests are referred to the NCC Policy Review Committee of the Board of Directors. All decisions will be provided in writing. Cases not resolved by the Policy Review Committee will be referred to the full Board of Directors.

NONDISCRIMINATION
It is the policy of NCC that no individual will be excluded from the examinations as a result of age, sex, race, religion, national origin, ethnicity, disability, marital status, sexual orientation, military status or gender identity.

REVOCATION
Your certification may be revoked for falsifying any information submitted to determine eligibility to take the certification examination or for maintaining certification, for losing your license to practice nursing, or for failing to pay designated certification or maintenance fees.

ANSWER SHEET REVIEW OF PAPER AND PENCIL EXAMINATIONS
All answer sheets are scored electronically. If you believe there might be a discrepancy in your results, you may request a Hand Score (a review of your answer sheet) for a fee of $55. This request must be submitted online at the NCC website within 60 days of the exam date. The “Submit Hand Scoring Request” link can be found in your account under “failed certification”. You will be notified of the results by email.

RETENTION OF ANSWER SHEETS AND EXAMINATION BOOKLETS
All answer sheets are kept for one year from the date of the examination. Examination booklets used by the candidates are kept for six months from the date of the examination. Computer answer strings are kept for at least one year from the date of the examination.
ABOUT THE EXAM

TIMED EXAMINATION
Three (3) hours are allotted to complete the examination.

EXAM FORMAT
The Inpatient Obstetric Nursing examination consists of up to 175 test questions. 150 are scored and the remainder are embedded in the exam as pretest items. The pretest items do not count toward the examinee’s final results.

- There is one question format used for all NCC examinations.

- Each question has a premise (stem) and three alternative answers.

- The answer options are alphabetized by the first word in each answer option to randomize the answers.

- Computer tests are delivered in a different random order for each candidate.

- Questions will test both basic knowledge and application of knowledge.

- Questions that contain laboratory data will show results in conventional units of measure with international units in parentheses.

- Drugs are listed in both generic and trade names where appropriate.

EXAMINATION CONTENT DEVELOPMENT

The development of NCC certification involves many individuals and involves a meticulous process of review. There are three major groups that contribute to the test development process:

ITEM WRITERS:
RNCs and others identified with special expertise have the responsibility of drafting test items per designated assignment for review by the content team and expert reviewers. Item writers are solicited from the NCC certified population, by recommendations or through the volunteer portal.

REVIEWERS:
Reviewers are RNCs or other designated experts who assist the content teams in review of test items developed by the item writers. Reviewers are responsible for reviewing items for content relevance and confirming that references cited for the questions support the items as written.

CONTENT TEAMS:
Content team members are experienced practitioners and are appointed on an annual basis by the NCC President. Content teams are solicited from the NCC certified population, by recommendations or through the volunteer portal. To see the current membership composition of the Content Team responsible for the Inpatient Obstetric Nursing examination, please visit the NCC website under the section on NCC Leadership.

Content team members are RNCs or other identified experts who:
- develop and update the test outline and competency statements
- review test items developed by item writers
- review item statistics from exam administrations and pretest examinations
- approve the exam forms to be administered
- review item banks

In addition, NCC uses volunteers for standard setting and content validation studies.
The above chart shows the percentage distribution of questions on the Inpatient Obstetric Nursing exam across the major content categories covered on the examination. The major focus of the examination is on labor and birth, fetal assessment and obstetric complications components with labor and birth having the most emphasis. Less emphasis is on maternal factors, postpartum and newborn. The professional issues category has the lowest number of questions assigned to this exam.

Expectations for inpatient obstetric nursing is that nurses practicing in this field will have knowledge of caring of pregnant women (after 20 weeks) in the antepartum, intrapartum, postpartum and normal newborn areas.
### EXAM OUTLINE

Areas of knowledge to be tested on the Inpatient Obstetric Nursing examination are listed in the following outline. This list is not intended as an all-inclusive review of the scope of knowledge of the inpatient obstetric nurse. It is provided only to help certification candidates evaluate their own nursing practice.

Percentages identified for the topic areas represent the number of test questions assigned to each content area. These percentages do not necessarily reflect the content of future examinations.

Focus of the examination will primarily be on the pregnant woman after 20 weeks of gestation through discharge.

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<thead>
<tr>
<th>Section</th>
<th>Topic Area</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>10.00</td>
<td>Maternal Factors Affecting the Fetus and Newborn (14%)</td>
<td>Disease Processes, Pregnancy Risks</td>
</tr>
<tr>
<td>11.00</td>
<td>Fetal Assessment (20%)</td>
<td>Antepartum Assessment, Electronic Fetal Monitoring, Non-electronic Fetal Monitoring, Acid-base Assessment</td>
</tr>
<tr>
<td>12.00</td>
<td>Labor and Delivery (29%)</td>
<td>Physiology of Labor, Labor Management, General Assessment, Stages of Labor, Obstetrical Procedures, Pain Management</td>
</tr>
<tr>
<td>13.00</td>
<td>Obstetric Complications (20%)</td>
<td>Labor and Placental Disorders, Preterm Labor, Multiple Gestation, Prolonged Pregnancy</td>
</tr>
<tr>
<td>14.00</td>
<td>Postpartum (10%)</td>
<td>Physiology of the Postpartum Woman, Family Adaptation, Lactation, Complications of Postpartum Period</td>
</tr>
<tr>
<td>15.00</td>
<td>Newborn (5%)</td>
<td>Adaptation to Extraterine Life, Assessment, Resuscitation, Complications, Infant Nutrition</td>
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<tr>
<td>16.00</td>
<td>Professional Issues (2%) including: Evidence Based Practice, Legal/Ethical/Quality Improvement, Patient Safety</td>
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</table>
EXAMINATION CONTENT
FOR TESTS TAKEN BEFORE APRIL 1, 2020

ASSOCIATED COMPETENCIES

- Demonstrate knowledge of biological, physiological, psychological, and sociocultural factors that influence the pregnant family, developing fetus, and newborn.

- Identify alterations in the biological, physiological, psychological and sociocultural status of the mother/fetus and newborn.

- Identify patient’s actual or potential problems/needs utilizing information received from the patient, the family, appropriate records and other health team members.

- Describe a comprehensive plan for individualized nursing care, including diagnostic, therapeutic and patient educational components.

- Apply current standards of practice, research findings and ethical/legal principles in providing nursing care to the normal and high risk antepartal, intrapartal and postpartal family.
MATERNAL FACTORS AFFECTING THE FETUS AND NEWBORN

I. Disease Processes - Physiology and Pathophysiology of Diseases

- Hypertension
  - Gestational
  - Preeclampsia-eclampsia
  - Protein-creatinine levels
  - HELLP syndrome
  - Chronic

- Diabetes (Type I and Type II)
  - Preexisting
  - Gestational

- Maternal cardiac disease/anomalies

- Infectious diseases
  - Sexually transmitted diseases
    - HIV infection
    - Herpes
    - Gonorrhea
    - Chlamydia
    - Human papilloma virus
    - Syphilis
  - Non-sexually transmitted infection
    - Viral infections (e.g. influenza, zika)
    - Bacterial infections

- Antivirals

- Blood disorders
  - Anemia
  - Thrombocytopenia
  - Hemolytic disease
  - Disseminated intravascular coagulation (DIC)
  - Thrombophilia

- Acute fatty liver

- Obesity
  - Bariatric surgery

- Hyperthyroidism/hypothyroidism

- Systemic lupus erythematosus

- Cholelithiasis

- Rh incompatibility

II. Maternal Psychosocial and Environmental Factors

- Life-style

- Anxiety and treatment

- Substance use/abuse
  - Alcohol
  - Tobacco/Nicotine
  - Drugs
    - Cocaine
    - Subutex/Suboxone
    - Over the counter/prescription
    - Heroin
    - Methadone
    - Marijuana
    - Fentanyl
    - Other Drugs/Substances

- Domestic Violence

- Environmental
  - Toxic waste
  - Mercury
  - Lead
Fetal Assessment

I. Antenatal Testing
- Ultrasound
- Assessment of fetal growth
- Non-stress testing
- Biophysical Profile
- Amniocentesis
- Percutaneous Umbilical Cord Sampling (PUBS)/Cordocentesis
- Quad screen test (AFP+, multiple marker screening)
- Intrauterine Transfusion (IUT)
- Umbilical artery doppler flow studies

II. Electronic Fetal Monitoring
- Fetal Heart Assessment
  - NICHD Terminology
    - Category I, II and III
    - Baseline Features
    - Rate
    - Variability
    - Dysrhythmias
    - Artifact
- Signal ambiguity
- Periodic or Episodic Changes
  - Accelerations
  - Decelerations
- Uterine Activity
  - Hypertonus
  - Tachysystole

III. Non-Electronic Monitoring
- Auscultation
- Palpation

IV. Acid-Base Interpretation
- Cord blood gas evaluation
- Fetal stimulation
  - Vibroacoustic
  - Scalp

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I. Physiology of Labor
   • Characteristics of true labor
   • Uteroplacental physiology
   • Maternal physiology

II. Assessment and Management of Labor
   • General Assessment
     - Physical assessment (initial/ongoing)
       General
       Abdominal
       Vaginal
     - Psychosocial
   • Stages of Labor (First, Second, Third)
     - Characteristics
     - Support interventions
     - Nursing responsibility
   • Labor Curves
     - Friedman
     - Zhang

III. Obstetrical Procedures
   • Version
     - Indications and contraindications
     - Complications
     - Nursing responsibilities
   • Episiotomy
     - Indications and contraindications
     - Complications
     - Nursing responsibilities
   • Forceps/vacuum extraction
     - Indications and contraindications
     - Complications
     - Nursing responsibilities
   • Cesarean birth
     - Indications and contraindications
     - Types
     - Complications
     - Post-anesthesia care
     - Nursing Interventions/support
     - Vaginal prep prior to Cesarean
   • Vaginal Birth after Cesarean Birth (TOLAC)
     - Indications and contraindications
     - Complications
     - Nursing interventions/support
   • Vaginal Breech deliveries
   • Induction of labor/Cervical Ripening
     - Indications and contraindications
     - Cervical Readiness (Bishop Score)
     - Methods
       Amniotomy
       Oxytocin Infusion
       Prostaglandins
       Mechanical (e.g. Balloon Catheter)
     - Nursing mgmt and interventions
     - Fetal and neonatal complications
   • Tranexamic acid
   • Uterine artery embolization
   • Massive transfusion protocol

IV. Pain Management and Coping
   • Non-pharmacologic methods
     - Relaxation
     - Breathing
     - Positioning
     - Coaching
     - Prepared childbirth
   • Pharmacological methods
     - Systemic
       Narcotics
       Sedatives
   • Regional
     - Epidural
     - Spinal
     - Combined spinal & epidural
     - Complications
   • General Anesthesia
     - Complications
     - Maternal
     - Fetal
   • Nursing responsibilities
OBSTETRIC COMPLICATIONS

I. Labor and Placental Disorders (Nursing management/ intervention)
- Dysfunctional labor (Dystocias)
  - Prolonged
  - Precipitous
  - Maternal implications
  - Fetal-neonatal implications
- Malposition or malpresentation
  - Shoulder dystocia
    Nursing interventions
    Maternal/Fetal implications
- Problems associated with umbilical cord
  - Velamentous cord insertion
  - Prolapsed cord
- Problems associated with Amniotic Fluid
  - Polyhydramnios
  - Oligohydramnios
- Rupture of membranes
  - Preterm
  - Term
  - Prolonged
- Amniotic fluid embolism (Anaphylactoid syndrome of pregnancy)
- Chorioamnionitis
- Obesity
- Placental problems
  - Abruptio Placenta
  - Placenta Previa
  - Abnormal implantation
  - Vasa Previa
  - Placental Insufficiency
  - Uterine Rupture
- Hemorrhage
  - Balloon catheters
- Maternal morbidity and mortality

II. Preterm Labor
- Definition/risks
- Diagnosis
- Management
  - Magnesium sulfate
  - Neuro protection
- Fetal and neonatal complications

III. Multiple Gestation
- Definition/risks
- Management
- Fetal and neonatal complications

IV. Prolonged Pregnancy
- Definition/risks
- Management
- Fetal and neonatal complications
STUDY GUIDE
FOR TESTS TAKEN BEFORE APRIL 1, 2020

POSTPARTUM

I. Postpartum Physiology

• Physiological changes
  - Reproductive system
  - Other organ systems

• Nursing care of the postpartum woman
  - Rh immune globulin
  - Involution
  - Pain Management
  - Perineal assessment
  - Wound care

II. Family Dynamics & Discharge Readiness

• Psycho/Social/Cultural
• Parent infant interactions
• Discharge preparation
• Patient education
  - Maternal self-care
  - Warning signs
  - Routine neonatal care

III. Lactation

• Physiology of lactation
• Nutritional needs of lactating woman
• Breast feeding techniques
• Complications
• Contraindications to breastfeeding
• Care of the non-breastfeeding mother

IV. Postpartum Complications

• Infection
• Bleeding
  - Lacerations
  - Hemorrhage
  - Retained placental fragments
  - Hematoma
  - Nursing Interventions
• Thromboembolic
• Cardiomyopathy
• Psychological
• Other medical/obstetrical conditions
• DVT
NEWBORN

I. Adaptation to Extrauterine Life (Transition)
• Respiratory changes
• Cardiovascular changes
• Thermoregulation
• Glucose homeostasis and fluid balance

II. Newborn Assessment
• Physical
  - Abnormal findings
  - Common congenital anomalies
  - Common skin lesions or rashes
• Laboratory evaluation
  - Thrombocytopenia
  - WBC count
  - Anemia
  - Polycythemia
  - ABO incompatibility
• Neurological
  - Tone
  - Reflexes
• Behavioral states
• Gestational age
• Late preterm infants

III. Newborn Resuscitation
• Initial evaluation
• Personnel and equipment
• Indications and techniques
• Indications for transport

IV. Complications (Initial Assessment/Nursing Interventions)
• Respiratory and cardiovascular emergencies
• Jaundice
• Surgical Emergencies
• Infectious diseases
  - Group B Streptococcus
  - E-coli
  - Hepatitis
  - Varicella
  - Common sexually transmitted diseases
• Birth injuries/trauma
  - Cephalohematoma
  - Caput succedaneum
  - Fractures
  - Nerve injury
• CHD screening
• Infant of drug using mother
  - Neonatal abstinence
  - Neonatal withdrawal

V. Infant Nutrition
• Feeding
• Problems/complications
Ethical Principles
• Autonomy
• Beneficence
• Nonmaleficence
• Justice

Professional/Legal Issues
• Professional
  - Regulation
  - Practice
• Staffing issues
• Legal liability
  - Consent
  - Documentation/medical records
  - Negligence/malpractice

Evidence based practice
• Terminology
  - Reliability
  - Validity
  - Significance
  - Levels of Evidence
• Quality Improvement
• Research utilization
• Perinatal Core Measures
• Maternal Safety Bundles

Patient Safety
• Communication
• Interprofessional practice
The above chart shows the percentage distribution of questions on the Inpatient Obstetric Nursing exam across the major content categories covered on the examination. The major focus of the examination is on labor and birth, and complications of pregnancy with labor and birth having the most emphasis. Less emphasis is on fetal assessment, and recovery, postpartum and newborn care with professional issues having the lowest number of questions assigned.

Expectations for inpatient obstetric nursing is that nurses practicing in this field will have knowledge of caring of pregnant women (after 20 weeks) in the antepartum, intrapartum, postpartum and normal newborn areas.
**EXAM OUTLINE**

Areas of knowledge to be tested on the Inpatient Obstetric Nursing examination are listed in the following outline. This list is not intended as an all-inclusive review of the scope of knowledge of the inpatient obstetric nurse. It is provided only to help certification candidates evaluate their own nursing practice.

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<td>Maternal Psychological and Environmental Factors</td>
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<td>Preterm Labor</td>
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<td>Multiple Gestation</td>
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<td>Labor and Obstetric Complications</td>
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<td>Induction and Augmentation</td>
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<td>13.00</td>
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<td>Newborn Physiology and Complications</td>
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<tr>
<td>14.00</td>
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<td></td>
<td>e.g. Legal, Ethics, Safety and Quality Improvement</td>
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ASSOCIATED COMPETENCIES

- Demonstrate knowledge of biological, physiological, psychological, and sociocultural factors that influence the pregnant family, developing fetus, and newborn.

- Identify alterations in the biological, physiological, psychological and sociocultural status of the mother/fetus and newborn.

- Identify patient’s actual or potential problems/needs utilizing information received from the patient, the family, appropriate records and other health team members.

- Describe a comprehensive plan for individualized nursing care, including diagnostic, therapeutic and patient educational components.

- Apply current standards of practice, research findings and ethical/legal principles in providing nursing care to the normal and high risk antepartal, intrapartal and postpartal family.
I. Maternal Complications Affecting the Fetus and Newborn

- Hypertension
  - Gestational
- Preeclampsia-eclampsia
- Protein-creatinine levels
- HELLP syndrome
- Chronic

- Diabetes (Type I and Type II)
  - Preexisting
  - Gestational

- Maternal cardiac disease/anomalies
- Maternal pH
- Acid-Base Status

- Infectious diseases
  - Sexually transmitted infections
    - HIV infection
    - Herpes
    - Gonorrhea
    - Chlamydia
    - Human papilloma virus
    - Syphilis
  - Non-sexually transmitted infections
    - Viral infections (e.g. influenza, zika)
    - Bacterial infections

- Antivirals
- Blood disorders
  - Anemia
  - Thrombocytopenia
  - Hemolytic disease
  - Disseminated intravascular coagulation (DIC)
  - Thrombophilia

- Acute fatty liver
- Obesity
  - Bariatric surgery

- Hyperthyroidism/hypothyroidism
- Systemic lupus erythematosus
- Cholelithiasis
- Cholestasis
- Rh incompatibility

II. Maternal Psychosocial and Environmental Factors

- Life-style
- Anxiety and treatment
- Substance use/abuse
  - Alcohol
  - Tobacco/Nicotine
  - Drugs
    - Cocaine
    - Subutex/Suboxone
    - Over the counter/prescription
    - Heroin
    - Methadone
    - Methamphetamine
    - Marijuana
    - Fentanyl
  - Other Drugs/Substances

- Domestic Violence
- Environmental
  - Toxic waste
  - Mercury
  - Lead

III. Preterm Labor

- Definition/risks
- Diagnosis
- Management
  - Magnesium sulfate
  - Neuro protection

- Fetal and neonatal complications

IV. Multiple Gestation

- Definition/risks
- Management
- Fetal and neonatal complications

V. Placental Disorders

- Abruptio Placenta
- Placenta Previa
- Abnormal implantation
- Vasa Previa
- Placental Insufficiency
- Uterine Rupture
I. Antenatal Testing
• Ultrasound
• Assessment of fetal growth
• Non-stress testing
• Biophysical Profile
• Amniocentesis
• Percutaneous Umbilical Cord Sampling (PUBS)/Cordocentesis
• Quad screen test (AFP+, multiple marker screening)
• Intrauterine Transfusion (IUT)
• Umbilical artery doppler flow studies

II. Electronic Fetal Monitoring
• Fetal Heart Assessment
  - NICHD Terminology
    - Category I, II and III
    - Baseline Features
    - Rate
    - Variability
    - Dysrhythmias
    - Artifact
• Signal ambiguity
• Accelerations
• Decelerations
• Uterine Activity
  - Normal
  - Hypertonus
  - Tachysystole
• Intrauterine Resuscitation

III. Non-Electronic Monitoring
• Auscultation
• Palpation

IV. Acid-Base Interpretation
• Cord blood gas evaluation
• Fetal stimulation
  - Vibroacoustic
  - Scalp
STUDY GUIDE
FOR TESTS TAKEN ON/AFTER APRIL 1, 2020

LABOR AND BIRTH

I. Physiology of Labor
• Characteristics of true labor
• Uteroplacental physiology
• Maternal physiology

II. Assessment and Management of Labor
• General Assessment
  -Physical assessment (initial/ongoing)
    General
    Abdominal
    Vaginal
  -Psychosocial
• Stages of Labor (First, Second, Third)
  -Characteristics
  -Support interventions
  -Nursing responsibility
• Labor Curves

III. Obstetrical and Perioperative Procedures
• Version
  -Indications and contraindications
  -Complications
  -Nursing responsibilities
• Episiotomy
  -Indications and contraindications
  -Complications
  -Nursing responsibilities
• Forceps/vacuum extraction
  -Indications and contraindications
  -Complications
  -Nursing responsibilities
• Cesarean birth
  -Indications and contraindications
  -Types
  -Complications
  -Post-anesthesia care
  -Nursing Interventions/support
  -Vaginal prep prior to Cesarean
• Vaginal Birth after Cesarean Birth (TOLAC)
  -Indications and contraindications
  -Complications
  -Nursing interventions/support
• Vaginal Breech deliveries
• Tranexamic acid
• Uterine artery embolization
• Massive transfusion protocol
• Amniofusion

IV. Pain Management and Coping
• Non-pharmacologic methods
  -Relaxation
  -Breathing
  -Positioning
  -Coaching
  -Prepared childbirth
  -Hydrotherapy
    -Peanut Ball
    -Birthing Ball
• Pharmacological methods
  -Systemic
    -Nitrous Oxide
    -Narcotics
    -Sedatives
• Regional
  -Epidural
  -Spinal
  -Combined spinal & epidural
  -Complications
• General Anesthesia
  -Complications
  -Maternal
  -Fetal
• Nursing responsibilities

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V. Labor and Obstetric Complications  
(*Nursing management/ intervention*)

- Dysfunctional labor (Dystocias)
  - Prolonged
  - Precipitous
  - Maternal implications
  - Fetal-neonatal implications
- Malposition or malpresentation
  - Shoulder dystocia
    - Nursing interventions
    - Maternal/Fetal implications
- Problems associated with umbilical cord
  - Velamentous cord insertion
  - Prolapsed cord
- Problems associated with Amniotic Fluid
  - Polyhydramnios
  - Oligohydramnios
- Rupture of membranes
  - Preterm
  - Term
  - Prolonged
- Amniotic fluid embolism (Anaphylactoid syndrome of pregnancy)

• Chorioamnionitis
• Obesity
• Hemorrhage
  - Balloon catheters
• Maternal morbidity and mortality
• Prolonged Pregnancy
  - Definition/risks
  - Management
  - Fetal and neonatal complications

VI. Induction and Augmentation

- Induction of labor/Cervical Ripening
  - Indications and contraindications
  - Cervical Readiness (Bishop Score)
  - Methods
    - Amniotomy
    - Oxytocin Infusion
    - Prostaglandins
    - Mechanical (e.g. Balloon Catheter)
- Nursing mgmt and interventions
- Fetal and neonatal complications
STUDY GUIDE
FOR TESTS TAKEN ON/AFTER APRIL 1, 2020

RECOVERY, POSTPARTUM AND NEWBORN CARE

I. Recovery and Postpartum Physiology and Complications
   • Physiological changes
     - Reproductive system
     - Other organ systems
   • Nursing care of the postpartum woman
     - Rh immune globulin
     - Involution
     - Pain Management
     - Perineal assessment
     - Wound care
   • Postpartum Complications
     - Infection
     - Bleeding
       - Lacerations
       - Hemorrhage
       - Retained placental fragments
       - Hematoma
     - Nursing Interventions
     - Thromboembolic
       - DVT
     - Cardiomyopathy
     - Psychological
     - Post birth warning signs
     - Other medical/obstetrical conditions

II. Family Dynamics and Discharge Readiness
   • Psycho/Social Cultural
   • Parent Infant interactions
   • Discharge planning and home care
   • Patient education
     - Maternal self care
     - Warning signs
     - Routine neonatal care
   • Perinatal loss
     - Bereavement/Grief

III. Lactation and Infant Nutrition
   • Lactation
     - Physiology of lactation
     - Nutritional needs of lactating woman
     - Breast feeding techniques
     - Complications
     - Contraindications to breastfeeding
     - Care of the non-breastfeeding mother
   • Infant Nutrition
     - Feeding
     - Problems/complications
IV. Newborn Physiology and Complications

- Adaptation to Extrauterine Life (Transition)
  - Respiratory changes
  - Cardiovascular changes
  - Skin to skin

- Thermoregulation
  - Glucose homeostasis and fluid balance

- Newborn Assessment
  - Physical
    - Abnormal findings
    - Common congenital anomalies
    - Common skin lesions or rashes
  - Laboratory evaluation
    - Thrombocytopenia
    - WBC count
    - Anemia
    - Polycythemia
    - ABO incompatibility

- Neurological
  - Tone
  - Reflexes

- Behavioral states
  - Gestational age
  - Late preterm infants

- Newborn Resuscitation
  - Initial evaluation
  - Personnel and equipment
  - Indications and techniques
  - Indications for transport

- Complications (Initial Assessment/Nursing Interventions)
  - Respiratory and cardiovascular emergencies
  - Jaundice
  - Surgical Emergencies
  - Infectious diseases
    - Group B Streptococcus
    - E-coli
    - Hepatitis
    - Varicella
    - Common sexually transmitted infections
  - Birth injuries/trauma
    - Cephalohematoma
    - Caput succedaneum
    - Fractures
    - Nerve injury
  - CHD screening
  - Infant of drug using mother
    - Neonatal abstinence
    - Neonatal withdrawal
**Legal Issues**
- Professional regulation
- Practice
- Staffing issues
- Legal liability
  - Consent
  - Documentation/medical records
  - Negligence/malpractice

**Ethical Principles**
- Autonomy
- Beneficence
- Nonmaleficence
- Justice

**Patient Safety**
- Communication
- Interprofessional practice

**Quality Improvement/Evidence based practice**
- Research Terminology
  - Reliability
  - Validity
  - Significance
  - Levels of Evidence
- Research utilization
- Perinatal Core Measures
- Maternal Safety Bundles
STUDY RESOURCES

- Snell, et al., Care of the Well Newborn, Jones & Bartlett, 2017.

THE EXAM REFLECTS THE NICHD TERMINOLOGY RELATIVE TO ELECTRONIC FETAL MONITORING ADOPTED IN 2008 (Reaffirmed 2015)
SAMPLE QUESTIONS

INPATIENT OBSTETRIC NURSING SAMPLE QUESTIONS

Listed below are five sample questions to acquaint you with the test question format. These questions do not reflect the scope or the difficulty level of the questions on the actual examination. The reference from which each question is derived is also cited. However, other references might substantiate a different answer, and the answer shown here might be substantiated by other references. The rigorous review to which actual test questions are subject is not applied to these sample questions. The focus that should be attended to in reviewing these items is format, not content.

1. Bacteria in the newborn’s gastrointestinal tract are essential for
   A. digesting complex carbohydrates
   B. enhancing fat absorption
   C. synthesizing vitamin K
   Answer: C

2. The definitive indication that a woman is in labor is
   A. increasing abdominal pain
   B. presence of regular or irregular contractions
   C. progressive cervical change
   Answer: C

3. Magnesium sulfate is given to a patient with preeclampsia to
   A. lower blood pressure
   B. prevent seizures
   C. promote blood vessel dilatation
   Answer: B

4. The milk ejection (let down reflex) is initiated by
   A. decreasing estrogen and progesterone levels
   B. oxytocin release from the posterior pituitary
   C. prolactin release from the anterior pituitary
   Answer: B

5. The most important nursing action following administration of epidural anesthesia is to
   A. administer oxytocin to counteract the effect of the epidural
   B. maintain the patient in a flat position to avoid post-anesthesia headache
   C. monitor the blood pressure for possible hypotension
   Answer: C
**SCORING & TEST REPORT**

**HOW EXAMS ARE SCORED**

NCC examinations are criterion-referenced. This means the passing score is based on a predetermined criterion. This criterion is a statistical ability level established by the Content Team based on evaluation of criticality of content and the test questions’ past statistical performance. Questions used to determine pass/fail have proven statistical history that demonstrates the question is appropriate for use to measure an individual’s ability level.

There is no set percentage passing level. **An ability level for each candidate is calculated based on the number of questions they answer correctly (there is no penalty for wrong answers).** Pass/fail is determined based on this ability level as compared to pass/fail standard which is a predetermined ability criterion. When different forms of the examination are used, a process called equating is initiated. This procedure converts all results to a common scale. So someone who takes a slightly more difficult form of the exam will need to answer fewer questions correctly than someone who takes a slightly easier form of the exam.

NCC utilizes the item response theory of psychometrics for the analysis of its examinations. Item response theory (Rasch analysis) is the study of test and item scores based on assumptions concerning the mathematical relationship between abilities and item responses. This is a commonly used system, and such examinations as the NCLEX and other health related certification examinations utilize this type of psychometric analysis.

Test reports identify pass/fail status, and they give feedback on the various content areas of the examination in the form of word descriptors: very weak, weak, average, strong and very strong. No percentages or standard scores are given. These descriptors are based on the items within a given subtest. The overall pass/fail decisions are based on the full test, and the verbal descriptors are intended to provide suggested feedback on strengths and weaknesses in various content areas. Since this feedback is based on relatively few items, general verbal descriptions are given instead of subtest scores. These word descriptors are for information only, and they should be interpreted cautiously due to the small number of items included in each content area.
## Sample Test Report

Whether you take the computer or paper and pencil version of the examination, you will receive an official test results report from NCC. Shown below is a sample test result report for a candidate who has passed the examination.

### Inpatient Obstetric Nursing Examination

#### Test Results

<table>
<thead>
<tr>
<th>NAME</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td></td>
</tr>
</tbody>
</table>

Pass/ Fail: PASS

### Exam Content Report

The following provides information regarding your performance on the different content areas tested on the examination.

Test reports identify pass/fail status, and they give feedback on the various content areas of the examination in the form of word descriptors: Very weak, weak, average, strong and very strong. No percentages or standard scores are given. These descriptors are based on the items within a given subtest. The overall pass/fail decisions are based on the full test, and the verbal descriptors are intended to provide suggested feedback on strengths and weaknesses in various content areas. Since this feedback is based on relatively few items, general verbal descriptions are given instead of subtest scores. These word descriptors are for information only, and they should be interpreted cautiously due to the small number of items included in each content area.

<table>
<thead>
<tr>
<th>Content Area &amp; Percentage</th>
<th>Your Results:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Range of Questions Asked:</strong></td>
<td></td>
</tr>
<tr>
<td>Maternal Factors Affecting the Fetus and Newborn (14%)</td>
<td>AVERAGE</td>
</tr>
<tr>
<td>Fetal Assessment (20%)</td>
<td>AVERAGE</td>
</tr>
<tr>
<td>Labor and Delivery/ Obstetric Complications (49%)</td>
<td>STRONG</td>
</tr>
<tr>
<td>Postpartum, Newborn, and Professional Issues (17%)</td>
<td>WEAK</td>
</tr>
</tbody>
</table>
SAMPLE TEST REPORT

Whether you take the computer or paper and pencil version of the examination, you will receive an official test results report from NCC. Shown below is a sample test result report for a candidate who has passed the examination.

INPATIENT OBSTETRIC NURSING EXAMINATION

Test Results

NAME

DATE

ADDRESS

Pass/Fail: PASS

EXAM CONTENT REPORT

The following provides information regarding your performance on the different content areas tested on the examination.

Test reports identify pass/fail status, and they give feedback on the various content areas of the examination in the form of word descriptors: Very weak, weak, average, strong and very strong. No percentages or standard scores are given. These descriptors are based on the items within a given subtest. The overall pass/fail decisions are based on the full test, and the verbal descriptors are intended to provide suggested feedback on strengths and weaknesses in various content areas. Since this feedback is based on relatively few items, general verbal descriptions are given instead of subtest scores. These word descriptors are for information only, and they should be interpreted cautiously due to the small number of items included in each content area.

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<thead>
<tr>
<th>Content Area &amp; Percentage</th>
<th>Your Results:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Range of Questions Asked:</td>
<td></td>
</tr>
<tr>
<td>Complications of Pregnancy (29%)</td>
<td>AVERAGE</td>
</tr>
<tr>
<td>Fetal Assessment (18%)</td>
<td>AVERAGE</td>
</tr>
<tr>
<td>Labor and Birth (35%)</td>
<td>STRONG</td>
</tr>
<tr>
<td>Recovery, Postpartum and Newborn Care, and Professional Issues (18%)</td>
<td>WEAK</td>
</tr>
</tbody>
</table>
**TERMS OF CERTIFICATION AND CERTIFICATION MAINTENANCE**

**WHEN YOU PASS THE EXAM**

**CREDENTIAL**
Your NCC certification status entitles you to use the credential RNC-OB (Registered Nurse Certified - Inpatient Obstetric Nursing)

**TERMS OF CERTIFICATION**
NCC certification is awarded for a period of three years.

The effective date for certification is the date on the official NCC letter that tells you that you have successfully completed the certification process.

---

**MAINTAINING YOUR CERTIFICATION**

- NCC certification must be maintained every three years.
- Certification that is not maintained will expire.
- The NCC certification maintenance program allows you to continue your certification status by obtaining specific hours of continuing education credit as defined in your Education Plan, which is generated by your Continuing Competency Assessment (CCA).
- For continuing education credit to be used for certification maintenance it must be earned AFTER you have taken your Assessment and in the areas defined by your Education Plan before your maintenance is due.
- The maintenance process includes submitting a maintenance application prior to your maintenance due date with appropriate fees and requested documentation. Using NCC CE modules does NOT automatically maintain your certification. You must submit a maintenance application and pay a maintenance fee in addition to any CE fees.

- Maintenance applications are subject to random audit. If you are chosen for audit, you will be required to upload CE certificates and course descriptions. These records should be maintained during each maintenance cycle, until your maintenance application has been approved. You can upload these documents in your maintenance application throughout your maintenance cycle.

You may apply for maintenance up to 1 year before your maintenance date. As long as you have obtained the required contact hours of continuing education credit—*you do not need to wait until your maintenance deadline to apply*. Maintenance will be due in the quarter in which you were notified of your certification (*not the date on which you took the examination*). Your maintenance due date can be found by signing into your NCC account. Sign into your account using your email and password.

**The NCC website has more detailed information**
For more information about the certification maintenance program and the Continuing Competency Assessment (CCA), click the purple "Maintain your Certification" box.
CONTINUING COMPETENCY ASSESSMENT (CCA)

NCC views certification as a process that functions throughout an individual nurse or nurse practitioner's career. It reflects life-long learning, ongoing professional development and is supported by maintaining specialty knowledge competencies.

The standard process for the NCC Certification Maintenance Program makes use of an assessment tool and resulting personal education plan:

- Complete the continuing competency assessment (CCA) that reflects the current knowledge competencies aligned with your certification specialty at the beginning of each new certification maintenance cycle.

- Earn CE as specified by the education plan developed from your assessment. Your education plan outlines the CE needed to maintain your NCC certification. Only CE earned after you have taken your assessment can be used to maintain your certification. It must address the CE needs as outlined by your educational plan.

This program provides continuing validation that NCC certified nurses and nurse practitioners are maintaining their specialty knowledge competencies based on current practice and examination content.

Download Continuing Competency Assessment brochures for details by clicking the links below.

Four Steps to Continuing Competency
https://www.nccwebsite.org/content/documents/cms/cca-steps.pdf

Continuing Competency Assessment - Education Plan Examples
https://www.nccwebsite.org/content/documents/cms/cca-education-plans.pdf