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 EXPLAINS ALL POLICIES TO WHICH CANDIDATES WILL BE SUBJECT.**

**ABOUT THIS GUIDE**

This guide lists fees and provides information that will help candidates prepare for the examination. It includes the exam content in outline form, competency statements and study guide. It also provides sample exam questions to familiarize the test taker with question format, study resources and lists some of NCC administrative policies & procedures. It is recommended that candidates familiarize themselves 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 the candidate is taking the examination. Please download this publication from the NCC website and review the exam administration options. It will answer any questions about the NCC examination process.

If there are other questions, please feel free to contact NCC through the “Contact Us” page 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.
EXAMINATION AND RELATED FEES

EXAMINATION FEES*
Test Center and Live Remote Proctoring (LRP) Computer Exam Fees are $325 which includes the non-refundable $50 application fee.

*Examination fees are subject to change.

CANCELLATION: 6 HOUR WINDOW
Candidates have six hours from the time they submit an exam application to cancel the exam. The order can be canceled by logging into the account and clicking on "Cancel Application" found under the new certification. Only the candidate can cancel the application and they must meet the 6-hour window. After the six hours they must withdraw or pay for a 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 Testing Center or LRP 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. Bulk Purchase Voucher candidates cannot withdraw.

RETEST FEE
Retest candidates must pay full application and examination fees. There are no discounts and they must complete a 90-day wait period* before resubmitting an application for testing. (*see Retest Policy page 4). Certification exams of the same specialty can only be taken TWICE in a calendar year for the same candidate. Candidates must submit a new application and again demonstrate eligibility and licensure.

SUBSTITUTION FEE
Candidate substitutions are not allowed for any reason.

THIRD PARTY PAYMENTS
Applicant fees paid by third parties will be refunded to the third party in accordance with stated refund policies, in the event the applicant is determined ineligible or withdraws within the specified time. Vouchers are nonrefundable.
**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). NCC does not accept debit cards or split payments (part check and part credit card).
- Payments can be made by e-check: bank routing number and account number required.
- For payments made by third parties, any refund will be issued to the third party and not to the applicant. Vouchers are nonrefundable.
- All payments must be in US funds.
- 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 under Bulk Purchases.

**OTHER NON-REFUNDABLE PAYMENT RELATED FEES**

**INCOMPLETE APPLICATION FEE**

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

**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.

**LICENSE VERIFICATION**

If licensure information is requested requiring an additional submission, the candidate will have two 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, the application will be marked ineligible. Ineligible applicants will receive a refund minus the $50.00 non-refundable application fee. There are no refunds or withdrawals for applications using a bulk code.

**VERIFICATION OF CERTIFICATION**

Third party notification of status will NOT be released without authorization from the RNC. A $30 fee is required for any third-party notification or issuance of duplicates of test results reports. Verification requests can only be submitted after official results with score report have been uploaded to the candidate’s NCC account.

Verification requests can only be made via the online verification system on the NCC website. NCC does not issue verifications via the mail or fax.

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.
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.

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.

Americans with Disabilities Act
Special testing accommodations will be provided pursuant to the Americans with Disabilities Act. Any requests for special testing accommodations must be made in writing and submitted with the application. The accommodation request form can be downloaded from the NCC website. Upon receipt of a request for special accommodations, NCC will contact the applicant. Such requests must be signed by a clinician, physician, or other qualified specialist with training and experience appropriate to diagnose and treat the specified disability.

General Policies

Exam Category Changes
Candidates 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 request (e.g. After a change request is submitted no other change request can be submitted). 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 assigned 90-day testing window.

Examination category cannot be changed from a subspecialty or RN Core application to a NNP or WHNP certification. 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 they were found eligible to take, the examination will not be scored. No refunds will be allowed, and all fee policies will apply if the candidate reapsplies for an examination. See website for complete details.

Retest Policy
Candidates may retake the examination if they do not pass. They must reapply 90 days after the test was taken, submit all applicable fees and documentation, and re-establish eligibility according to the appropriate deadlines. There is no limit to the number of times a candidate may retake the examination. However, the maximum number of times a candidate can take the same NCC test in a calendar year is two.

All retest candidates must wait 90 days from the date their exam was taken before they can submit a new application to retest.
  • this date is provided in the candidate’s results notification
  • this 90-day wait period affects all modes of testing

Any loss of power or internet during an exam in which there was more than 15 minutes of testing with exposure to more than 10% of the exam requires a retest at a Test Center. Candidates will have to wait 90-days before they can reschedule and they must follow NCC’s retest policy. A decision on the timing of a second attempt will be made after NCC reviews the test exposure. There is no need to complete a new application, but candidates MUST notify NCC of the internet disconnection issue as soon as computer access is available.

If a retest application is submitted prior to the 90-day wait period, the application will be returned as ineligible. The applicant will be subject to the $50 non-refundable application fee.
GENERAL POLICIES (CONTINUED)

INTERNET DISCONNECTIONS
If the candidate has started the exam and is disconnected, please use the PSI tech lines if testing with LRP or if at a Test Center discuss immediately with the proctor to attempt to get reconnected and continue testing.

If the candidate is unable to get reconnected after starting the exam, the timing for a second attempt to take the exam will be based on how much time and how many questions they were exposed to. If a candidate is disconnected and cannot be reconnected and has tested for under 15 minutes and were exposed to less than 10% of the exam they may be able to reschedule within their current eligibility window. **Candidates must work directly with PSI that day to reschedule and if they run into any issues they must notify NCC within 3 days of testing.** If a candidate tests for longer than 15 minutes and/or saw more than 10% of the questions on the exam they will have to wait 90 days before they can reschedule, and they must follow NCC’s retest policy. A decision on the timing of a second attempt will be made after NCC reviews the test exposure. Please note, candidates will need to retest at a Test Center. Please notify NCC of the internet disconnection issue as soon as computer access is available.

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.

DESIGNATION AUTHORIZATION
Certification is a non-transferable, revocable, limited, non-exclusive license to use the certification designation “RNC-OB®”, subject to compliance with the policies and procedures, as may be revised from time to time.

Any use or display of NCC certification marks and/or logos without the prior written permission of the NCC is prohibited. Any candidate or certificant who manufacturers, modifies, reproduces, distributes or uses a fraudulent or otherwise unauthorized NCC certificate, NCC designation or other credential may be subject to disciplinary action, including denial or revocation of eligibility or certification. Any individual who engages in such behavior also may be subject to legal action.
ABOUT THE EXAM

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/job analysis studies.

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.
- 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.

CONTENT DEVELOPMENT

The Inpatient Obstetric Nursing examination contains 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.

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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.
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.
EXAMINATION CONTENT

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.

10.00 Complications of Pregnancy (29%)
   Maternal Complications Affecting the Fetus and Newborn
   Maternal Psychological and Environmental Factors
   Preterm Labor
   Multiple Gestation
   Placental Disorders

11.00 Fetal Assessment (18%)
   Antenatal Testing
   Electronic Fetal Monitoring
   Non-electronic Fetal Monitoring
   Acid-base Interpretation

12.00 Labor and Birth (35%)
   Physiology of Labor
   Assessment and Management of Labor
   Obstetric and Perioperative Procedures
   Pain Management and Coping
   Labor and Obstetric Complications
   Induction and Augmentation

14.00 Recovery, Postpartum and Newborn Care (15%)
   Recovery and Postpartum Physiology and Complications
   Family Dynamics and Discharge Readiness
   Lactation and Infant Nutrition
   Newborn Physiology and Complications

15.00 Professional Issues (3%)
   e.g. Legal, Ethics, Safety and Quality Improvement
**EXAMINATION CONTENT**

**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.
Compliations of Pregnancy

I. Maternal Complications Affecting the Fetus and Newborn

- Hypertension
  - Gestational
  - Preeclampsia-eclampsia
  - Protein-creatinine levels
  - HELLP syndrome
  - Chronic
- Diabetes
  - Preexisting (Type I and Type II)
  - Gestational
  - Diabetic Ketoacidosis
- Maternal cardiac disease/anomalies
- Maternal pH
- Acid-Base Status
- Infectious diseases
  - Sexually transmitted infections
    - Chlamydia
    - Gonorrhea
    - Herpes
    - HIV infection
    - Human papilloma virus
    - Syphilis
  - Non-sexually transmitted infections
    - Viral infections (e.g. influenza, zika, COVID)
    - Bacterial infections (e.g. group B Streptococcus)
- Antivirals
- Hematologic disorders
  - Anemia
  - Thrombocytopenia
  - Hemolytic disease
  - Disseminated intravascular coagulation (DIC)
  - Thrombophilia
- Respiratory Disorders
  - Asthma
- Acute fatty liver
- Obesity
  - Bariatric surgery
- Hyperthyroidism/hypothyroidism
- Systemic lupus erythematosus
- Cholelithiasis
- Cholestasis
- Rh incompatibility
- Hyperemesis gravidarum
- Genetics

II. Maternal Psychosocial & 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
- Abuse/Intimate Partner Violence
- Environmental
  - Toxic waste
  - Mercury
  - Lead

III. Preterm Labor

- Definition
- Risk Factors
- Diagnostic Criteria
- Predictive Factors
- Tocolysis
- Management
  - Magnesium sulfate
  - Neuro protection
- Fetal and neonatal complications
- Antenatal steroids

IV. Multiple Gestation

- Definition/risk
- Management
- Fetal and neonatal complications

V. Placental Disorders

- Placental Abruption
- Placenta Previa
- Abnormal implantation
- Vasa Previa
- Placental Insufficiency
- Uterine Rupture
- Placenta Accreta
Fetal Assessment

I. Antenatal Testing

- Ultrasound
- Assessment of fetal growth
- Non-stress testing
- Biophysical and Modified 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
- Sinusoidal Pattern
- Intrauterine Resuscitation

III. Non-Electronic Monitoring

- Auscultation
- Palpation

IV. Acid-Base Interpretation

- Cord blood gas evaluation
- Fetal stimulation
  - Vibroacoustic
  - Scalp
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 responsibilities
• Labor Curves

III. Obstetrical and Perioperative Procedures
• Cervical Ripening
  - Pharmacologic
  - Nonpharmacologic
• 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

2024 Candidate Guide: Inpatient Obstetric Nursing

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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
  - Prelabor (preterm)
  - Term
  - Post term
- 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 management and interventions
  - Fetal and neonatal complications
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
    - Pulmonary Embolism
    - 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

• Contraception

• 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
    - Neural tube defects
    - Intrauterine Growth Restriction (IUGR)
    - Small for Gestational Age (SGA)
  - 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 affected by substance abuse
    - Neonatal abstinence
    - Neonatal withdrawal
    - Alcohol
  - Infant of diabetic mother (IDM)
STUDY GUIDE

PROFESSIONAL PRACTICE ISSUES

**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

**Terminology**
- Reliability
- Validity
- Significance
- Levels of Evidence
Study Resources


The exam reflects the NICHD terminology relative to electronic fetal monitoring adopted in 2008 (Reaffirmed 2019)
SAMPLE QUESTIONS

INPATIENT OBSTETRIC NURSING SAMPLE QUESTIONS

Listed below are five sample questions to acquaint the candidate 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 patient 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

**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.
SCORING & TEST REPORT

SAMPLE TEST REPORT

Candidates will receive an official test results report from NCC. It will be located in your NCC account. 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
Maintenance Due Date:
Your credential is designated as: RNC-OB® (Registered Nurse Certified - Inpatient Obstetric Nursing)

EXAM CONTENT REPORT

Overall pass/fail decisions are based on your overall exam performance. A candidate must obtain a score equal to or higher than the “passing score” to pass the exam. A candidate’s performance on the examination is not compared to the performance of others taking the examination.

In addition, the test report provides you with 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 items within a given subtest and 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. Word descriptors for scoring are set using these ability levels and utilize equal intervals of scale above and below the pass point to provide additional feedback. See the Important Facts and Information on Test Results and Scores page for more detail. 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 (Percentage of Questions on Exam)</th>
<th>Your Results:</th>
</tr>
</thead>
<tbody>
<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

AFTER PASSING THE EXAM

CREDENTIAL
Successfully completing the Inpatient Obstetric Nursing exam entitles the newly certified candidate 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 score report letter that shows a passed examination.

MAINTENANCE AUDITS
Certificants must maintain the conference/CE description and/or objectives, along with the CE certificate which are required to be uploaded if chosen for random audit. Pre-approval of CE does not exempt a certificant from random audit.

NO CONTINUING EDUCATION IS ISSUED FOR TAKING THE INPATIENT OBSTETRIC NURSING EXAM.

MAINTAINING CERTIFICATION

- NCC certification must be maintained every three years.
- Certification that is not maintained will expire
- The NCC certification maintenance program allows certified nurses to continue their certification status by obtaining specific hours of continuing education credit as defined in their Education Plan, which is generated by their Continuing Competency Assessment (CCA).
- For continuing education credit to be used for certification maintenance it must be earned AFTER the certified nurse has taken the CAA and in the areas defined by the new Education Plan before their maintenance is due.
- The maintenance process includes submitting a maintenance application prior to the maintenance due date with appropriate fees and requested documentation. Using NCC CE modules does NOT automatically maintain your certification. Individuals must submit a maintenance application and pay a maintenance fee in addition to any CE fees.
- Maintenance applications are subject to random audit. If an individual is chosen for audit, they will be required to upload CE certificates and course descriptions. These records should be maintained during each maintenance cycle, until the maintenance application has been approved. Individuals can upload these documents in their maintenance application throughout their maintenance cycle. Documents from NCC modules are already on file with NCC and therefore are not requested or audited.
- The maintenance due date is the last day the certification is active. NCC Certified professionals do not need to wait until their maintenance deadline to apply. As long as they have obtained the required contact hours of continuing education credit - maintenance applications can be submitted up to 12 months before this date to avoid a lapsed certification while the maintenance application is in review. Maintenance will be due in the quarter in which they were notified of their certification (not the date on which they took the examination). Maintenance due dates can be found by signing into the certified professional’s NCC account. Sign into the account using the associated 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 the certified nurse's certification specialty at the beginning of each new certification maintenance cycle.

• Individuals earn CE as specified by the education plan developed from their assessment. Their education plan outlines the CE needed to maintain their NCC certification. Only CE earned after they have taken their assessment can be used to maintain their certification. It must address the CE needs as outlined by their 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