



2017 CANDIDATE GUIDE

INPATIENT OBSTETRIC NURSING

Congratulations on taking the next step in your career

– earning your RNC-OB credential!

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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.

NCC core and subspecialty programs are accredited by the National Commission for Certifying Agencies

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 credential 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 in the community

FEES & GENERAL POLICIES

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 will receive \$160 of their \$325 payment. 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 before resubmitting an application for testing.

SUBSTITUTION FEE

Candidate substitutions are not allowed for ineligible, withdrawal, or candidates who filed a change request.

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.

NO REFUNDS WILL BE CONSIDERED

- after the candidate has taken an examination
- for any candidate that is not successful in achieving certification
- for candidates who failed to take the exam via computer within their 90 day testing window and did not submit a change request within stated time frames

Computer exam candidates can change their scheduled testing date to another date within their window *once for free*.

Candidates must handle this directly with PSI/AMP.

Refer to the NCC testing guide for details.

FEES & GENERAL POLICIES

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 be submitted only 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 PAYMENT RELATED FEES

INCOMPLETE APPLICATION FEE

Incomplete applications are those missing any requested information or documentation, contain wrong or no fees, or for any other reason results in an inability to determine applicant eligibility status. Such applications, are subject to a **\$30 re-processing fee** and all documents and fees must be reconciled in full no later than 21 days prior to the exam.

INELIGIBLE FEE

Any applicant determined ineligible (for any reason) will be assessed the **\$50 nonrefundable application fee**. The examination fee will be refunded.

RETURNED CHECK FEE

A **\$30 fee** will be assessed to any applicant whose check or e-check is returned to NCC for any reason. Remittance thereafter of all fees and applications must be in the form requested by NCC. Contact NCC for requirements.

CREDIT CARD CHARGEBACK

A **\$30 fee** will be assessed if an applicant's credit card company issues a notice of retrieval or a chargeback in response to the cardholder's dispute of the credit card charge. Remittance thereafter of all fees and applications must be in the form requested by NCC. Contact NCC for requirements.

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.

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

GENERAL POLICIES

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 written results have been received in the mail.

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.

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

Requests to change examination category must be made prior to making an appointment to take the test. 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 Form 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 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. Contact the NCC office for further information before submitting your application.

FEES & GENERAL POLICIES

GENERAL POLICIES (CONTINUED)

REVIEW COURSES AND MATERIALS

NCC does not offer or sponsor review courses or review materials for its certification examinations. Examination candidates should review any purported course of study as being independent of NCC. You should carefully examine the merits of any individual exam preparation offering before you participate.

**POLICIES ARE SUBJECT
TO CHANGE
WITHOUT NOTICE.**

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. 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.

REVOCAION

Your certification may be revoked for falsifying any information submitted relative to 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 review of your answer sheet for a fee of \$40. This request must be submitted online at the NCC website within 60 days of the exam date. The online request form is under "Other helpful information" in the Certification Exam section of the "Get Certified" tab. You will be notified of the results by mail.

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

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 counted for scoring 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 credentialing 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 RNC population and through recommendations.

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 RNC (Registered Nurse Certified) population, NCC item writer workshop participants and from experts in the field. 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:

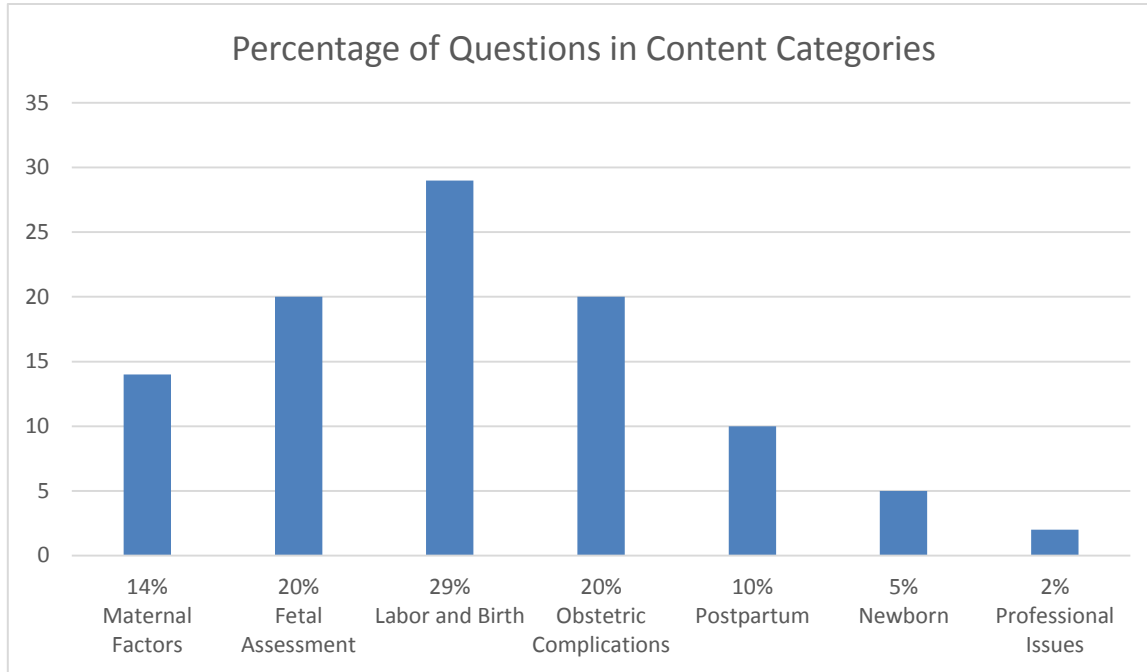
- develop and update the test outline and competency statements
- review test items developed by item writers
- set the pass/fail standard
- review item statistics from exam administrations and pretest examinations
- approve the exam forms to be administered
- review item banks
- undertake content validation studies

EXAMINATION CONTENT

CONDENSED EXAM OUTLINE



Inpatient Obstetric Nursing exam



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.

EXAMINATION CONTENT

CONDENSED EXAM OUTLINE

CONDENSED 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 nursing. 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	Maternal Factors Affecting the Fetus and Newborn (14%)
10.01	Disease Processes
10.02	Pregnancy Risks
11.00	Fetal Assessment (20%)
11.01	Antepartum Assessment
11.02	Electronic Fetal Monitoring
11.03	Non-electronic Fetal Monitoring
11.04	Acid-base Assessment
12.00	Labor and Birth (29%)
12.01	Physiology of Labor
12.02	Labor Management
	a. General Assessment
	b. Stages of Labor
12.03	Obstetrical Procedures
12.04	Pain Management
13.00	Obstetric Complications (20%)
13.01	Labor and Placental Disorders
13.02	Preterm Labor
13.03	Multiple Gestation
13.04	Prolonged Pregnancy
14.00	Postpartum (10%)
14.01	Physiology of the Postpartum Woman
14.02	Family Adaptation
14.03	Lactation
14.04	Complications of Postpartum Period
15.00	Newborn (5%)
15.01	Adaptation to Extrauterine Life
15.02	Assessment
15.03	Resuscitation
15.04	Pathophysiology
15.05	Infant Nutrition
16.00	Professional Issues (2%) <i>including: Evidence Based Practice, Legal/Ethical/Communication Issues, Research, Patient Safety</i>

EXAMINATION CONTENT

TEST CONTENT OUTLINE & ASSOCIATED COMPETENCIES

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.

EXAMINATION CONTENT

TEST CONTENT OUTLINE & ASSOCIATED COMPETENCIES

MATERNAL FACTORS AFFECTING THE FETUS AND NEWBORN

I. Disease Processes

- Hypertension
 - Gestational
 - Preeclampsia-eclampsia
 - Protein-creatinine levels
 - HELLP syndrome
 - Chronic
- Diabetes
 - Preexisting
 - Gestational
- Maternal cardiac disease/anomalies
- Infectious diseases
 - Sexually transmitted diseases
 - HIV infection
 - Herpes
 - Gonorrhea
 - Chlamydia
 - Human papilloma virus
 - Syphilis
 - Non-sexually transmitted diseases
 - Viral infections (e.g. influenza)
 - Bacterial infections
- Antivirals
- Blood disorders
 - Anemia
 - Thrombocytopenia
 - Hemolytic disease
 - Disseminated intravascular coagulation (DIC)

- Acute fatty liver
- Obesity
 - Bariatric surgery
- Hyperthyroidism/hypothyroidism
- Systemic lupus erythematosus
- Cholelithiasis
- Rh incompatibility

II. Pregnancy Risks

- Life-style
- Anxiety and treatment
- Substance use/abuse
 - Alcohol
 - Tobacco/Nicotine
 - Drugs
 - Cocaine
 - Subutex/Suboxone
 - Over the counter/prescription
 - Heroin
 - Methadone
 - Marijuana
 - Other Drugs/Substances
- Domestic Violence
- Environmental
 - Toxic waste
 - Mercury
 - Lead

EXAMINATION CONTENT

TEST CONTENT OUTLINE & ASSOCIATED COMPETENCIES

FETAL ASSESSMENT

I. Antepartum Assessment/ Prenatal Diagnosis

- Ultrasound
- Assessment of fetal growth
- Non-stress testing
- Biophysical Profile
- Amniocentesis
- Cordocentesis
- Maternal Serum Screening

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 Assessment

- Cord blood gas evaluation
- Fetal stimulation
 - Vibroacoustic
 - Scalp

EXAMINATION CONTENT

TEST CONTENT OUTLINE & ASSOCIATED COMPETENCIES

LABOR AND BIRTH

I. Physiology of Labor

- Characteristics of true labor
- Uteroplacental physiology
- Maternal physiology

II. Labor Management

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

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 Birth after Cesarean Birth (TOLAC)
 - Indications and contraindications
 - Complications
 - Nursing interventions /support
- 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

IV. Pain Management (Analgesia/Anesthesia)

- 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

EXAMINATION CONTENT

TEST CONTENT OUTLINE & ASSOCIATED COMPETENCIES

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

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

EXAMINATION CONTENT

TEST CONTENT OUTLINE & ASSOCIATED COMPETENCIES

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 Adaptation

- Psycho/Social/Cultural
- Parent infant interactions
- Discharge planning and home care
- 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. Complications of the Postpartum Period

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

EXAMINATION CONTENT

TEST CONTENT OUTLINE & ASSOCIATED COMPETENCIES

NEWBORN

I. Adaptation to Extrauterine Life (Transition)

- Respiratory changes
- Cardiovascular changes
- Thermoregulation
- Glucose homeostasis and fluid balance

II. 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. 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

EXAMINATION CONTENT

TEST CONTENT OUTLINE & ASSOCIATED COMPETENCIES

PROFESSIONAL ISSUES

Ethical Principles

- Autonomy
- Beneficence
- Non-maleficence
- 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

Patient Safety

- Communication
- Interprofessional practice

EXAMINATION CONTENT

STUDY RESOURCES

STUDY RESOURCES

- ACOG, Management of intrapartum fetal heart rate tracings, Practice Bulletin, No. 116, American College of Obstetricians and Gynecologists, Obstetrics & Gynecology 2010 (Reaffirmed 2015); 116:1232–40.
- Creasy, et al., Maternal Fetal Medicine Principles and Practice, Saunders-Elsevier, 2014.
- Cunningham, et al., Williams Obstetrics, McGraw-Hill, 2014.
- Davidson, et al., Maternal Newborn Nursing & Women's Health Across the Life Span, Pearson Prentice Hall, 2016.
- Decherney, et al., Current Diagnosis & Treatment: Obstetrics & Gynecology, McGraw Hill, 2013.
- Freeman, et al., Fetal Heart Rate Monitoring, LWW, 2012.
- Gabbe, et al., Obstetrics Normal and Problem Pregnancies, 7th Ed., Saunders, 2016.
- Gilbert, et al., Manual of High Risk Pregnancy and Delivery, Mosby Elsevier, 2011.
- King, et al., Varney's Midwifery, Jones & Bartlett, 2015.
- Ladewig, et al., Contemporary Maternal-Newborn Nursing Care, Prentice Hall, 2014.
- Lentz, et al., Comprehensive Gynecology, Elsevier-Mosby, 2012.
- Lyndon, et al., Fetal Heart Monitoring Principles and Practices, AWHONN, Kendall Hunt, 2015.
- Mattson, et al., Core Curriculum for Maternal Newborn Nursing, Saunders Elsevier, 2016.
- Miller et al., Mosby's Pocket Guide to Fetal Monitoring: A Multidisciplinary Approach, Mosby, 2016.
- NCC Monograph, NICHD Definitions and Classifications: Application to EFM Interpretation, Vol. 1, No. 1, 2010.
- NCC Monograph: Fetal Assessment and Safe Labor Management, Simpson, Kathleen, NCC, 2016.
- Polit, et al., Essentials of Nursing Research: Appraising Evidence for Nursing Practice, LWW, 2013.
- Simpson, et al., Perinatal Nursing, LWW, Philadelphia, 2014.
- Tappero, Physical Assessment of the Newborn, NICU, Ink., 2015.
- Troiano, et al., High-Risk & Critical Care Obstetrics, LWW, 2013.

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

Simpson, et al., *Perinatal Nursing*, LWW, 2014, p. 592

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

Gilbert, et al., *Manual of High Risk Pregnancy & Delivery*, Mosby Elsevier, 2011, p. 612

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

Mattson, et al., *Core Curriculum for Maternal Newborn Nursing*, Saunders Elsevier, 2016, p. 441

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

Simpson, et al., *Perinatal Nursing*, LWW, Philadelphia, 2014, p. 631

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

Ladewig, et al., *Contemporary Maternal Newborn Nursing Care*, Pearson, 2013, p. 409

SCORING & SCORE 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 results reports will identify a pass/fail status and will 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 percentage or standard score will be given.

SCORING & SCORE REPORT

SAMPLE SCORE 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.

This report is provided for informational purposes only to assist in identifying your areas of strength and weakness. There is no requirement that a certain number of questions in each content category must be answered correctly to pass the examination. Passing the examination is based on the total number of questions answered correctly on the entire examination.

Content Area & Percentage

Your Results:

Range of Questions Asked:

Maternal Factors Affecting
the Fetus and Newborn
(10-15%)

AVERAGE

Fetal Assessment
(20-25%)

AVERAGE

Labor and Delivery/
Obstetric Complications
(40-55%)

STRONG

Postpartum, Newborn,
and Professional Issues
(10-15%)

WEAK

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.

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

MAINTAINING YOUR CERTIFICATION

- NCC certification must be maintained on an ongoing basis 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, generated by your Specialty Assessment
- For continuing education credit to be used for certification maintenance it must be earned **AFTER you have taken your Specialty Assessment and in the areas defined by your Education Plan** before your maintenance is due.
- The maintenance process includes filing 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 file a maintenance application and pay a maintenance fee in addition to any CE fees.

You may apply for maintenance up to 1 year prior of 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*). Please refer to the following for guidance:

Date of Notification of Certification	Certification Maintenance Due Dates
<i>January-March 2017</i>	<i>March 15, 2020</i>
<i>April-June 2017</i>	<i>June 15, 2020</i>
<i>July-September 2017</i>	<i>September 15, 2020</i>
<i>October-December 2017</i>	<i>December 15, 2020</i>

The NCC website has more detailed information

For more information about the certification maintenance program, click the purple "Maintain your Certification" box.

For more information on your Education Plan and the Continuing Competency Initiative, click on the green "Continuing Competency Specialty Assessment" box.

**VISIT THE NCC WEBSITE
AND DOWNLOAD YOUR
CONTINUING COMPETENCY
INITIATIVE BROCHURE FOR
COMPLETE DETAILS!**

CONTINUING COMPETENCY INITIATIVE

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 Professional Development Certification Maintenance Program makes use of a specialty assessment tool and resulting personal education plan:

- Complete the specialty assessment tool 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 specialty assessment. Your education plan outlines the CE needed to maintain your NCC certification. ***Only CE earned after you have taken your specialty assessment can be used to maintain your certification. It must meet the CE needed in 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 Initiative brochures for details by clicking the links below.

<http://www.nccwebsite.org/resources/docs/2013-cci-steps.pdf>

<http://www.nccwebsite.org/resources/docs/2013-cci-plan.pdf>