INPATIENT OBSTETRIC NURSING

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

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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 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
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.
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
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.
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 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

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 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 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
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

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 Delivery (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%) including: Evidence Based Practice, Legal/Ethical/Communication Issues, Research, Patient Safety
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

• 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
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
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
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
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
STUDY RESOURCES

- Freeman, et al., Fetal Heart Rate Monitoring, LWW, 2012.
- Snell, et al., Care of the Well Newborn, Jones & Barlett, Burlington, MA, 2017
- Tappero, Physical Assessment of the Newborn, NICU, Ink., 2015.

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 & 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.
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
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 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, 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 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.
- 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 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:

<table>
<thead>
<tr>
<th>Date of Notification of Certification</th>
<th>Certification Maintenance Due Dates</th>
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<td>January-March 2018</td>
<td>March 15, 2021</td>
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<td>April-June 2018</td>
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<td>July-September 2018</td>
<td>September 15, 2021</td>
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<td>October-December 2018</td>
<td>December 15, 2021</td>
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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 Assessment (CCA), click on the green "Continuing Competency Specialty Assessment" 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
http://www.nccwebsite.org/resources/docs/cca-steps.pdf

Continuing Competency Assessment - Education Plan Examples
http://www.nccwebsite.org/resources/docs/cca-education-plans.pdf