



2026 CANDIDATE GUIDE

INPATIENT OBSTETRIC NURSING (RNC-OB®)

Congratulations on taking the next step in your career

– earning your RNC-OB certification!

INFORMATION INCLUDED:

| | |
|--|-------|
| Fees & General Policies | 2-5 |
| About the Exam | 6 |
| Exam Content | 7-9 |
| Study Guides | 10-16 |
| Study Resources | 17 |
| Sample Questions | 18 |
| Scoring & Test Report | 19-20 |
| Terms of Certification and Certification Maintenance | 1-22 |

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.

FEES & GENERAL POLICIES

NO REFUNDS WILL BE CONSIDERED FOR ANY CANDIDATE

- who has taken an examination
- who is not successful in achieving certification
- who failed to take the exam at a test center or via Live Remote Proctoring (LRP) within the 90-day testing window and did not submit a change request within stated time frames
- who failed to schedule an appointment to test within the first 30 days of their 90-day eligibility window and is unable to schedule their exam within their eligibility window.
- who failed to have proper ID or meet any required rules
- who failed to login to the test portal or appear at the test center (no-show) or who signed in late to the test portal or arrived late to the test center
- who failed to take a scheduled exam for any reason (illness, quarantine, accident, death, etc.)

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 per policy 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 45-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. 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.

Test Date Change

Test Center and Live Remote Proctoring (LRP) exam candidates can change their scheduled testing date to another date within their window *once for free*.

Candidates may do this from within their NCC account or handle directly with PSI.

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). 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 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. The license must be kept up to date in the account at all times.

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 of test results. 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

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. After reviewing the request for special accommodations, NCC will contact the applicant by email. 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.

EXAM CATEGORY CHANGES (SUBSPECIALTY TO SUBSPECIALTY)

Candidates may request a change from their registered subspecialty examination to a different subspecialty exam, 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. Candidates requesting a change must complete a **Change Request Form** on the NCC website and submit a non-refundable payment of \$125.

Candidates are only allowed one change request. All change requests must be approved by NCC. **There will be no refund of original or Change Request fees. 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 exam other than the one they were found eligible to take, the exam will not be scored. No refunds will be allowed, and all fee policies will apply if the candidate reapplies for an examination.* RN Core and APRN Core exam categories cannot be changed, Subspecialty exams cannot be changed to a RN Core or APRN Core exam. *These candidates will have to submit an exam withdrawal for a partial refund and complete a new full registration.* **Candidates must submit their request at least 30 days prior to the end of their testing window.** [See website for complete details.](#)

RETEST POLICY

Candidates may retake the examination if they do not pass. They must wait 45 days after the test was taken to 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 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 45 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 45-day wait period affects all modes of testing

Any loss of power, internet or connection for any reason 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 45-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 45-day wait period, the application will be returned as ineligible. The applicant will be subject to the \$50 non-refundable application fee.

FEES & GENERAL POLICIES

REVIEW COURSES AND MATERIALS

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

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.

REVOCAION

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

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

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, with less than 10% exposure to 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 45 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

ABOUT THE EXAM

TIMED EXAMINATION

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

EXAM FORMAT

The Inpatient Obstetric Nursing examination consists of 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 possible answers, two distractors and only one correct answer.
- 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.

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:

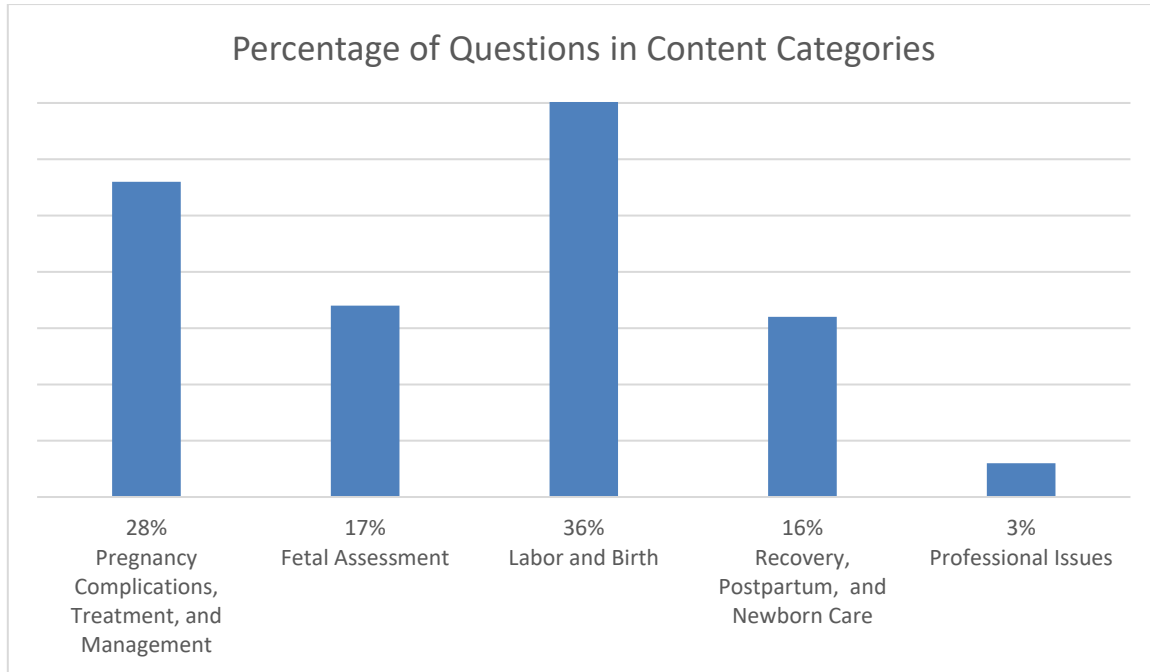
- develop and update the test outline and competency statements
- review test items developed by item writers
- review item statistics from exam administrations and pretest examinations
- approve the exam forms to be administered
- review item banks

In addition, NCC uses volunteers for standard setting and content validation studies/job analysis studies.

EXAMINATION CONTENT



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, 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 | Pregnancy Complications, Treatment, and Management (28%) |
| | Maternal/Birthing Person Complications Affecting the Fetus and Newborn |
| | Maternal/Birthing Person Psychological and Environmental Factors |
| | Preterm Labor |
| | Multiple Gestation |
| | Placental Disorders |
| 11.00 | Fetal Assessment (17%) |
| | Antenatal Testing |
| | Electronic Fetal Monitoring |
| | Non-electronic Fetal Monitoring |
| | Acid-base Interpretation |
| 12.00 | Labor and Birth (36%) |
| | 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 (16%) |
| | Recovery and Postpartum Physiology and Complications |
| | Family Dynamics, Social Determinants of Health, and Discharge Readiness |
| | Lactation and Infant Nutrition |
| | Newborn Physiology and Complications |
| 15.00 | Professional Practice Issues (3%) |
| | Legal, Ethics, Evidence-based Practice, Safety, and Quality Improvement |

EXAMINATION CONTENT

ASSOCIATED COMPETENCIES

- Demonstrate knowledge of biological, physiological, psychological, and sociocultural factors that influence the birthing person/fetus, newborn, and family unit.
- Identify alterations in the biological, physiological, psychological, and sociocultural status of the birthing person/fetus, newborn, and family unit.
- Identify patient's actual or potential problems/needs (including social determinants of health) utilizing information received from the patient, family unit, records, and interprofessional team members.
- Describe a comprehensive plan for individualized nursing care, including diagnostic, therapeutic and patient educational components.
- Apply current standards and evidence-based practice care using quality/safety/ethical/legal principles to provide patient-centered care to the normal and high risk antepartum, intrapartum, and postpartum patient and family unit.

STUDY GUIDE

PREGNANCY COMPLICATIONS, TREATMENT AND MANAGEMENT

I. Maternal/Birthing Person Complications

Affecting the Fetus and Newborn

- Hypertensive Disorders of Pregnancy
 - Chronic
 - Gestational
 - Preeclampsia/Eclampsia
 - Superimposed Preeclampsia
 - HELLP syndrome
- Diabetes
 - Preexisting (Type I and Type II)
 - Gestational
 - Diabetic Ketoacidosis
- Maternal/Birthing Person Cardiac Disease/Anomalies
- Infectious Diseases
 - Sexually transmitted infections
 - Chlamydia
 - Gonorrhea
 - Herpes
 - HIV infection
 - Human papilloma virus/Dysplasias
 - Syphilis
 - Viral infections (e.g. influenza, COVID)
 - Bacterial infections (e.g. group B Streptococcus, UTI/Pyelonephritis)
- Hematologic Disorders
 - Anemia
 - Thrombocytopenia/Thrombophilia
 - Hemolytic disease
 - Disseminated intravascular coagulation (DIC)
 - Rh incompatibility
 - Sickle cell disease
- Respiratory Disorders
 - Asthma
 - Pulmonary edema
 - Pulmonary embolism
- Liver Disorders
 - Acute fatty liver
 - Cholelithiasis
 - Cholestasis
- Obesity
 - Bariatric surgery
- Connective Tissue Disorders
- Thyroid Disorders
- Hyperemesis Gravidarum
- Genetics

II. Maternal/Birthing Person Psychosocial & Environmental Factors

- Mental Health Disorders
 - Anxiety
 - Depression
 - ADHD
 - Bipolar
 - Schizophrenia
- Substance Use Disorder
 - Alcohol
 - Tobacco/Nicotine/Vaping
 - 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

- Risk Factors
- Diagnostic Criteria
- Management
 - Fetal Neuroprotection (Magnesium Sulfate)
 - Antenatal Steroids
 - Tocolysis
 - Cerclage
- Fetal and neonatal complications

IV. Multiple Gestation

- Monozygotic and Dizygotic
 - Dichorionic/Dichorionic
 - Monochorionic/Dichorionic
 - Monochorionic/Monoamniotic
- Associated Risks and Complications

V. Placental Disorders

- Placental Abruption
- Placenta Previa
- Vasa Previa
- Placental Insufficiency
- Placenta Accreta Spectrum (PAS) Disorders

STUDY GUIDE

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
- Non-Invasive Prenatal Testing (NIPT) and AFP
- Umbilical Artery Doppler Flow Studies

II. Electronic Fetal Monitoring

- NICHD Terminology
 - Category I, II, III
 - Baseline
 - Variability
 - Accelerations
 - Decelerations
 - Sinusoidal pattern
 - Uterine activity (normal, tachysystole)
- Dysrhythmias
- Artifact
- Signal ambiguity
- Intrauterine Resuscitation

III. Non-Electronic Monitoring

- Auscultation/Doppler
- Palpation

IV. Acid-Base Interpretation

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

STUDY GUIDE

LABOR AND BIRTH

I. Physiology of Labor

- Characteristics of True Labor
- Uteroplacental Physiology
- Maternal Physiology

II. Assessment and Management of Labor

- General Assessment
 - Physical assessment (Initial/Ongoing)
 - General
 - Abdominal
 - Vaginal
 - Psychosocial
- Stages of Labor (First, Second, Third)
 - Characteristics
 - Nursing care and interventions
 - Promotion of physiologic birth
- Labor Curves
 - Labor dysfunction/dystocia (Prolonged, Precipitous)
 - Maternal, fetal, and neonatal implications

III. Obstetrical and Perioperative Procedures

- Version
 - Indications and contraindications
 - Complications
 - Nursing responsibilities
- Episiotomy
 - Indications and contraindications
 - Complications
 - Nursing responsibilities
- Forceps/vacuum extraction
 - Indications and contraindications
 - Complications
 - Nursing responsibilities
- Cesarean birth
 - Indications and contraindications
 - Types
 - Complications
 - Post-anesthesia care
 - Nursing responsibilities

- Vaginal Birth after Cesarean Birth (TOLAC)
 - Indications and contraindications
 - Complications
 - Nursing interventions /support
- Vaginal Breech deliveries
- Vaginal Twin Delivery
- Amnioinfusion

IV. Pain Management and Coping

- Non-pharmacologic methods
 - Relaxation/Aromatherapy
 - Breathing
 - Positioning
 - Coaching
 - Hydrotherapy
 - Peanut ball/Birthing ball
 - TENS unit
- Pharmacological methods
 - Systemic
 - Nitrous Oxide
 - Narcotics
 - Sedatives
 - Complications
 - Regional
 - Epidural
 - Spinal
 - Combined spinal & epidural
 - Complications
 - General Anesthesia
 - Complications
- Nursing responsibilities

STUDY GUIDE

V. Labor and Obstetric Complications

(Nursing management/ intervention)

- Malposition or malpresentation
 - Nursing interventions
- Shoulder dystocia
 - Maternal/Fetal implications
- Uterine Rupture
- 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
 - Prolonged
 - Meconium
- Amniotic fluid embolism (Anaphylactoid syndrome of pregnancy)

- Suspected Chorioamnionitis/Chorioamnionitis
- Sepsis in the Intrapartum Period
- Prolonged Pregnancy
 - Definition/risks
 - Management
 - Fetal and neonatal complications
- Perinatal Loss
 - Associated risks and complications
 - Management of peri-viability/compatibility with life
- Maternal Morbidity and Mortality

VI. Induction and Augmentation

- Induction of labor/Cervical Ripening
 - Indications and contraindications
 - Cervical Readiness (Bishop Score)
 - Methods
 - Prostaglandins
 - Mechanical (e.g. Balloon Catheter)
 - Oxytocin Infusion
 - Amniotomy
 - Nursing management and interventions
 - Complications

STUDY GUIDE

RECOVERY, POSTPARTUM AND NEWBORN CARE

I. Recovery and Postpartum Physiology and Complications

- Physiological changes
 - Reproductive system
 - Other organ systems
- Nursing care of the postpartum patient
 - Rh immune globulin
 - Involution
 - Pain Management
 - Perineal assessment (e.g. Lacerations, REEDA)
 - Wound care
- Postpartum Complications
 - Infection
 - Hemorrhage
 - Tone
 - Tissue
 - Trauma
 - Traction
 - Management (Uterotonics, TXA, Massive Transfusion Protocol)
 - Thromboembolic
 - DVT
 - Pulmonary Embolism
 - Cardiomyopathy
 - Other medical/obstetrical conditions

II. Family Dynamics, Social Determinants of Health, and Discharge Readiness

- Psychosocial/Cultural
- Parent Infant interactions
- Discharge planning and home care
- Contraception
- Patient education
 - Self-care
 - Warning signs
 - Routine neonatal care
- Postpartum Depression Screening
- Bereavement/Grief

III. Lactation and Infant Nutrition

- Lactation
 - Physiology of lactation
 - Nutritional needs during lactation
 - Breast/chest feeding techniques
 - Complications
 - Contraindications to breast/chest feeding
 - Care of the non-breast/chest feeding patient
- Infant Nutrition
 - Feeding
 - Problems/complications

STUDY GUIDE

IV. Newborn Physiology and Complications

- Adaptation to Extrauterine Life (Transition)
 - Respiratory changes
 - Cardiovascular changes
 - Apgar scoring
 - Delayed cord clamping
- Thermoregulation
 - Skin to skin
- Newborn Assessment
 - Physical
 - Abnormal findings
 - Common congenital anomalies
 - Common skin lesions or rashes
 - Neural tube defects/Chromosomal abnormalities
 - Small for Gestational Age (SGA)
 - Large for Gestational Age (LGA)
 - Laboratory evaluation
 - Thrombocytopenia
 - WBC count
 - Anemia
 - Polycythemia
 - ABO incompatibility
 - Neurological
 - Tone
 - Reflexes
 - Behavioral states
 - Gestational age
 - Late preterm infants
- Glucose homeostasis and fluid balance
 - Screening (e.g. CHD, Metabolic, Hearing)
 - Newborn Resuscitation
 - Initial evaluation
 - Personnel and equipment
 - Indications and techniques
 - Indications for transport
 - Complications (*Initial Assessment/Nursing Interventions*)
 - Respiratory and cardiovascular emergencies (e.g. Sudden Unexpected Postnatal Collapse)
 - Hyperbilirubinemia
 - Surgical Emergencies
 - Infectious diseases
 - Group B Streptococcus
 - E-coli
 - Hepatitis
 - Varicella
 - Cytomegalovirus (CMV)
 - Common sexually transmitted infections
 - Birth injuries/trauma
 - Cephalohematoma
 - Caput succedaneum
 - Fractures
 - Nerve injury
 - Subgaleal hemorrhage
 - Infant affected by substance use disorder
 - Substance-exposed neonate
 - Fetal alcohol syndrome
 - Infant of diabetic mother (IDM)

STUDY GUIDE

PROFESSIONAL PRACTICE ISSUES

Legal

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

Ethics

- Autonomy
- Beneficence
- Nonmaleficence
- Justice

Patient Safety/Quality Improvement

- Communication
- Interprofessional practice
- Perinatal Core Measures
- Maternal Safety Bundles

Evidence-based practice

- Research Terminology
 - Reliability
 - Validity
 - Significance
 - Levels of Evidence
- Research utilization

STUDY RESOURCES

- Baker, A., et al. (2023). *Core curriculum for maternal-newborn nursing* (6th ed.). Elsevier.
- Casanova, N. F., Ling, F. W., & Smith, R. P. (2024). *Beckmann and Ling's obstetrics and gynecology* (8th ed.). Wolters Kluwer.
- Chestnut, D. H., et al. (2026). *Chestnut's obstetric anesthesia: Principles and practice* (7th ed.). Elsevier.
- Cunningham, F. G., et al. (2022). *Williams obstetrics* (26th ed.). McGraw-Hill.
- Davidson, M., et al. (2024). *Old's maternal newborn nursing & women's health across the life span* (12th ed.). Pearson.
- DeCherney, A. H., et al. (2019). *Current diagnosis & treatment obstetrics & gynecology* (12th ed.). McGraw-Hill Education.
- Gardner, S. L., et al. (2021). *Handbook of neonatal intensive care: An interprofessional approach* (9th ed.). Elsevier.
- Gleason, C. A., et al. (2023). *Avery's diseases of the newborn* (11th ed.). Elsevier.
- Goldsmith, J. P., et al. (2022). *Assisted ventilation of the neonate: An evidence-based approach to newborn respiratory care* (7th ed.). Elsevier.
- Kenner, C., & Altimier, L. (Eds.). (2026). *Comprehensive neonatal nursing care* (7th ed.). Springer.
- King, T. L., et al. (2024). *Varney's midwifery* (6th ed.). Jones & Bartlett.
- Landon, M. B., et al (2025). *Gabbe's obstetrics: Normal and problem pregnancies* (9th ed.). Elsevier.
- Lockwood, C. J., et al. (2023). *Creasy & Resnik's maternal fetal medicine principles and practice* (9th ed.). Elsevier.
- Lowdermilk, D., et al. (2024). *Maternity and women's health care* (13th ed.). Elsevier.
- Lyndon, A., Gardy, G., & Logsdon, C. (2021). *Fetal heart monitoring principles and practices* (6th ed.). AWHONN; Kendall Hunt.
- Miller, L. A., & Ferrara, K. (2022). *Mosby's pocket guide to fetal monitoring: A multidisciplinary approach* (9th ed.). Elsevier.
- Murray, S. S., et al. (2024). *Foundations of maternal-newborn and women's health nursing* (8th ed.). Elsevier.
- NCC Monograph: *Fetal Assessment and Safe Care During Labor*, Simpson, Kathleen, NCC, 2025.
- Ricci, S. S. (2025). *Essentials of maternity, newborn, and women's health nursing* (6th ed.). Wolters Kluwer.
- Schadewald, D., & Schorn, M. N. (2020). *Women's health: A primary care clinical guide* (5th ed.). Pearson.
- Simpson, K. R., Lowdermilk, D. L., & Cashion, M. C. (Eds.). (2021). *AWHONN's perinatal nursing* (5th ed.). Wolters Kluwer.
- Troiano, N. H., McMurtry Baird, S. & Cypher R. L., (Eds.). (2025). *AWHONN high-risk & critical care obstetrics* (5th ed.). Wolters Kluwer.
- Weiner GM. et al., (Eds.). (2025). *Textbook of neonatal resuscitation*. (9th ed.) AHA. AAP.

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 neonate's gastrointestinal tract are essential for
- A. digesting complex carbohydrates
 - B. enhancing fat absorption
 - C. synthesizing vitamin K

Answer: C

Davidson, et al., *Maternal Newborn Nursing & Women's Health Across the Lifespan*, Pearson Prentice Hall, 2024, pg. 617.

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

Landon, et al., *Gabbe's Obstetrics: Normal and Problem Pregnancies*, Elsevier, 2025, pgs. 254-255

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

Landon, et al., *Gabbe's Obstetrics: Normal and Problem Pregnancies*, Elsevier, 2025, pg. 706.

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

Davidson, et al., *Maternal Newborn Nursing & Women's Health Across the Lifespan*, Pearson Prentice Hall, 2024, pg. 202; 691.

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

Davidson, et al., *Maternal Newborn Nursing & Women's Health Across the Lifespan*, Pearson Prentice Hall, 2024, pg. 510.

SCORING & TEST REPORT

HOW EXAMS ARE SCORED

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

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

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

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

HAND SCORING YOUR EXAMINATION

If you believe there might be a discrepancy in your test results, you may request a hand score for a fee of \$55. *There are no refunds for hand scores.*

You must make this request via the NCC website within 60 days of receiving the pass/fail report by selecting that option from your NCC profile at [NCCwebsite.org](https://www.nccwebsite.org) or go to the certification tab <https://www.nccwebsite.org/certification-exams>, scroll down to "Other helpful information" and click "Exam hand score request" to submit your request.

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

NAME

DATE:

ADDRESS

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.

| Content Area (Percentage of Questions on Exam) | Your Results: |
|---|----------------------|
| Pregnancy Complications, Treatment, and Management (28%) | AVERAGE |
| Fetal Assessment (17%) | AVERAGE |
| Labor and Birth (36%) | STRONG |
| Recovery, Postpartum, and Newborn Care, and Professional Issues (19%) | WEAK |

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 lapse.
- 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 CCA 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.

TERMS OF CERTIFICATION AND CERTIFICATION MAINTENANCE

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>

VISIT THE NCC WEBSITE
AND DOWNLOAD THE
CONTINUING
COMPETENCY
ASSESSMENT BROCHURE
FOR COMPLETE DETAILS!
