WATHIM

GCC exam prep

PRACTICE PACK

DHA | DOH | SCFHS | Qatar DHP | Bahrain NHRA

Midwife Exam Practice

Sample paper

The first 5 questions of Paper 1 with the answer sheet, key and every answer explained, after the guide that opens the full pack.

2026 edition · 703 questions · 3 papers

703	3	60 · 72m	70%
ORIGINAL QUESTIONS	FULL-LENGTH PAPERS	QUESTIONS · MINUTES A PAPER	OUR PRACTICE TARGET, NOT THE EXAM'S PASS RULE

Prepared by Wathim · wathim.com · info@wathim.com

Original practice material. Not the official question bank.

About this pack

Midwife Gulf Licensing Exam Practice Bank: Online Mocks and Printable Papers · read this before you start.

703	3	25	100%
ORIGINAL QUESTIONS	EXAM-LENGTH PAPERS	TOPICS COVERED	ANSWERED AND SOURCED

Every question here comes with its correct answer, the reasoning, and the law, standard or study guide it is drawn from, so you learn the rule and not just the letter. The mix: 143 easier, 423 standard and 137 harder questions, marked on each one.

Normal labour and birth 48 · Obstetric emergencies 43 · Antenatal care 42 · High-risk pregnancy 40 · Newborn care 38 · Gynaecology and women's health 38 · Postnatal care 35 · Malpresentation, induction and operative birth 32 · Reproductive anatomy and physiology 29 · Neonatal problems 28 · Medical conditions in pregnancy 28 · Fetal monitoring 26 · Preconception care and family planning 25 · Pain relief in labour 24 · Breastfeeding and infant feeding 23 · Professional practice and ethics 23 · Infection, screening and prevention 22 · Perinatal mental health and bereavement 22 · Pharmacology in midwifery 20 · Patient safety and quality 20 · Health education and counselling 20 · Perioperative and caesarean care 20 · Nutrition and lifestyle in pregnancy 19 · Community and public health midwifery 19 · Research, evidence and statistics 19

The exam you are sitting

DHA: DHA Registered Midwife exam (Dubai)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*
DOH: DOH licensing exam (Abu Dhabi)	Pass mark: Not published by DOH *Wathim guide, checked 2026-11-15*
MOHAP: MOHAP exam (Northern Emirates)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*
Qatar DHP: Qatar Prometric exam for midwives (DHP)	Questions: 150 MCQs. Pass mark: 50% *Wathim guide, checked 2026-11-20*
Bahrain NHRA: NHRA exam for midwives	Pass mark: 50% *Wathim guide, checked 2026-11-20*

Practice papers, not the real length. Practice papers of 60 questions in 72 minutes, a pace of just over a minute a question. The Gulf midwife licensing exams differ in length and scoring: the DHA Registered Midwife exam is a computer test at Prometric with 150 multiple choice questions in 3 hours and a 50% pass mark, and the DOH exam has 100 questions in 2 hours with no published pass mark. No single percentage pass mark is set here; the 70% shown in the app and the printed papers is our own practice target, not any regulator's. The questions are original practice questions on core midwifery knowledge, not real or recalled exam questions, and they are not mapped one to one to any exam blueprint.

What these questions are. Original practice questions written by Wathim to the exam's published topics and to the laws and standards it tests. They are not real, recalled or leaked exam items, and no official question bank is published for this exam. Practising with honest original questions is the safe and effective way to prepare.

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Topic coverage

Topic	Questions in this pack	Share
Normal labour and birth	**48**	7%
Obstetric emergencies	**43**	6%
Antenatal care	**42**	6%
High-risk pregnancy	**40**	6%
Newborn care	**38**	5%
Gynaecology and women's health	**38**	5%
Postnatal care	**35**	5%
Malpresentation, induction and operative birth	**32**	5%
Reproductive anatomy and physiology	**29**	4%
Neonatal problems	**28**	4%
Medical conditions in pregnancy	**28**	4%
Fetal monitoring	**26**	4%
Preconception care and family planning	**25**	4%
Pain relief in labour	**24**	3%
Breastfeeding and infant feeding	**23**	3%
Professional practice and ethics	**23**	3%
Infection, screening and prevention	**22**	3%
Perinatal mental health and bereavement	**22**	3%
Pharmacology in midwifery	**20**	3%
Patient safety and quality	**20**	3%
Health education and counselling	**20**	3%
Perioperative and caesarean care	**20**	3%
Nutrition and lifestyle in pregnancy	**19**	3%
Community and public health midwifery	**19**	3%
Research, evidence and statistics	**19**	3%

Mark yourself

Score out of 60	Percentage	What it means
51-60	85-100%	Comfortably over the line. Keep the habit, sit the next paper cold.
42-50	70-83%	A pass, but a few questions either way decide it. Close your weakest topic first.
36-41	60-68%	Close. Read every answer you missed, then re-sit this paper in a week.
0-35	0-58%	A real gap. Work topic by topic before the next full paper.

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> Not any regulator's pass rule: each Gulf regulator scores its own exam in its own way. The bands mark against our own 70% practice target: 42 of 60.

How to use it

1. **Sit Paper 1 cold, in one block**
   60 questions in 72 minutes, no notes, on the answer sheet. A paper done in pieces tells you what you know; one done in a block tells you what you would score.

2. **Mark it by topic, not just by total**
   Count your misses against the topic chips beside each question. The total says whether you would pass today; the topics say what to do tomorrow.

3. **Read every answer, including the ones you got right**
   If you cannot say why the other three options are wrong, you guessed well rather than knew.

4. **Spend a week on your two weakest topics**
   Work from the source named under each answer you missed, not a general read-through.

5. **Sit the next paper a week later**
   Compare topic scores, not just totals. A flat total can hide two topics moving in opposite directions.

6. **Keep the revision bank for the last few days**
   523 questions no paper uses, with answers beside them, and the night-before list, for a final pass before the exam.

What is in the download

5 PDFs, each with its own cover, named **Wathim - Midwife Exam Practice - *part*.pdf**. Print only the paper you are about to sit.

Start here	This guide: the exam, topic coverage, how to mark yourself and how to use the pack
Paper 1	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Paper 2	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Paper 3	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Revision bank	523 more questions by topic, with the answer under each, and the night-before list of the hardest questions

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Answer sheet

Paper 1 of 3. Shade one letter per question, then mark it against the key at the end of the paper.

Name _____ Date _____ Score / 5

1 (A) (B) (C) (D)	2 (A) (B) (C) (D)	3 (A) (B) (C) (D)	4 (A) (B) (C) (D)	5 (A) (B) (C) (D)

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MIDWIFE EXAM PRACTICE

Paper 1 of 3: first 5 questions

5 of **60** questions
sample

Choose the single best answer. Answers and reasoning follow.

Q1 Obstetric emergencies HARD

A woman bleeding after birth has a pulse of 125 beats per minute, cool clammy skin and a blood pressure that is still normal. What does this indicate?

A. No significant blood loss, because her blood pressure is still normal
B. Early hypovolaemic shock, as blood pressure falls late in young women
C. Anxiety only, which can be managed by reassurance alone
D. Fever from infection, which needs antibiotics and nothing else

Q2 Obstetric emergencies STANDARD

Shoulder dystocia is recognised. After calling for help, which is the best initial manoeuvre?

A. Fundal pressure applied to push the baby out of the pelvis
B. Strong downward traction applied to the fetal head
C. McRoberts position with hip flexion, then suprapubic pressure
D. Asking the woman to push as hard as she possibly can

Q3 Obstetric emergencies STANDARD

A woman bleeds heavily immediately after birth. The uterus is soft. After calling for help, what is the first hands-on action by the midwife?

A. Insert a vaginal pack and then wait to see what happens
B. Rub up a contraction by massaging the fundus
C. Pull on the cord to remove the placenta immediately
D. Lay the woman flat and observe her for ten minutes

Q4 Obstetric emergencies HARD

A midwife finds a loop of cord visible outside the vagina after membranes rupture. Which handling is correct?

A. Handle it repeatedly to check that it is still pulsating
B. Clamp and cut the cord immediately to relieve the pressure on the baby
C. Pull it gently further out so that the pulse can be felt more easily
D. Handle it as little as possible, avoid stretching it and arrange urgent birth

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Q5 Normal labour and birth STANDARD

A healthy woman with a low-risk pregnancy asks if she can eat during labour. What is the most appropriate response?

A She must fast until the baby is born

B She may drink fluids and have a light diet if she wishes

C She may drink water only, and food is never allowed

D She should have intravenous glucose routinely instead

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Answer key at a glance

Mark your sheet and count your score first. Then read every answer below, including the ones you got right: a lucky guess looks the same as knowledge on the sheet.

1	**B**	2	**C**	3	**B**	4	**D**	5	**B**

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Paper 1 of 3: answers and reasoning

Why the answer is right, why the others are not, and where the rule comes from.

Q1 Answer: **B Early hypovolaemic shock, as blood pressure falls late in young women**

Healthy pregnant women compensate for large blood loss with vasoconstriction and a rapid heart rate, so tachycardia, pallor, cool clammy skin and restlessness are early signs and blood pressure falls late, when a large volume has been lost. A normal blood pressure must not reassure. Anxiety and infection do not explain the clinical picture, and treatment should be resuscitation: calling for help, oxygen, intravenous access, fluids and control of bleeding.

Source: RCOG Green-top Guideline on prevention and management of postpartum haemorrhage

Q2 Answer: **C McRoberts position with hip flexion, then suprapubic pressure**

The McRoberts manoeuvre, with hyperflexion and abduction of the hips, straightens the lumbosacral angle and rotates the symphysis upwards, often freeing the anterior shoulder. Suprapubic pressure is applied to adduct the shoulders. Fundal pressure impacts the shoulder further and can cause uterine rupture and nerve injury. Strong or repeated traction on the head risks brachial plexus injury, and maternal pushing may worsen impaction. Further manoeuvres are done in order if needed.

Source: RCOG Green-top Guideline on shoulder dystocia

Q3 Answer: **B Rub up a contraction by massaging the fundus**

Massaging the fundus stimulates contraction and is the first immediate action in an atonic uterus, while help, intravenous access and uterotonic drugs are organised. Packing the vagina conceals bleeding and does not treat atony. Pulling on the cord to remove an undelivered placenta risks inversion and haemorrhage. Observing without treatment wastes time when bleeding is heavy. Continuing management follows a stepwise approach under senior supervision.

Source: RCOG Green-top Guideline on prevention and management of postpartum haemorrhage

Q4 Answer: **D Handle it as little as possible, avoid stretching it and arrange urgent birth**

Handling or stretching a loop of cord can cause vasospasm, which cuts off fetal blood flow, so a loop outside the vagina is handled as little as possible and never stretched while urgent birth is arranged. Repeated handling to check pulsation and pulling the cord further out both provoke spasm. Clamping and cutting the cord before the baby is born would deprive the baby of its circulation and oxygen. Meanwhile the presenting part is kept off the cord and the fetal heart rate is monitored.

Source: RCOG Green-top Guideline on umbilical cord prolapse

Q5 Answer: **B She may drink fluids and have a light diet if she wishes**

Women at low risk of complications can safely eat lightly and drink in labour, which provides energy and avoids dehydration and ketosis. Routine fasting is not evidence based in low-risk labour, and routine intravenous glucose or fluids are unnecessary. Restrictions are applied when general anaesthesia is likely or when a woman has risk factors, for example after an opioid or with certain complications. Her wishes should be respected.

Source: WHO recommendations on intrapartum care for a positive childbirth experience

What the full pack contains

This sample is a slice of Paper 1. The full pack is:

Start here	The guide at the front of this sample, in full
3 full papers	60 questions · 72 minutes each, with answer sheet, key, every answer explained and the score bands
Revision bank	523 more questions by topic with the answer under each, and the night-before list
Total	703 original questions, every one answered and sourced

Get the full pack at **wathim.com/practice/midwife-practice**

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