FISDAP OBSTETRICS AND PEDIATRICS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. **During a routine check, a 24 year old pregnant woman reveals persistent headaches and vision changes. What complication may arise?**

   A. Preeclampsia

   B. Gestational diabetes

   C. Placental abruption

   D. Thromboembolism

2. **Five minutes after delivery, a newborn exhibits a strong cry and has an APGAR score of 9. What does this indicate?**

   A. The newborn requires immediate resuscitation

   B. The newborn is in distress

   C. The newborn is adapting well

   D. The newborn needs further monitoring

3. **After assisting in the delivery of a newborn with a strong cry and peripheral cyanosis, what should you do?**

   A. Position the newborn upright

   B. Administer warmth and fluids

   C. Dry her vigorously with a towel

   D. Monitor for respiratory distress

4. **A child weighing 33 lbs presents with fever, malaise, and a capillary refill of 4 seconds. What should you administer?**

   A. 500 mL of crystalloid

   B. 300 mL of crystalloid

   C. 200 mL of D5W

   D. 1 L of saline

5. **Immediate management of a new mother presenting with a high blood pressure and severe headache should include:**

   A. Start an IV with normal saline

   B. Apply high flow oxygen

   C. Prepare for immediate transport

   D. Administer magnesium sulfate

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6. A 22-year-old primigravida has just delivered a healthy baby and begins to have forceful contractions again. What should you prepare for?

A. Delivery of a second baby

B. Postpartum hemorrhage response

C. Management of a retained placenta

D. Assessment of maternal vitals

7. What is the recommended medication to administer to a 17-year-old female experiencing a grand mal seizure postpartum?

A. Diazepam

B. Phenytoin

C. Midazolam

D. Lorazepam

8. What is a common sign or symptom of preeclampsia?

A. Elevated blood glucose

B. Hypertension

C. Increased appetite

D. Excessive urination

9. A 19-year-old female, 28 weeks pregnant, presents with severe headache, blurred vision, edema, and tonic-clonic seizures. What should be administered?

A. Magnesium sulfate

B. Calcium gluconate

C. Atropine

D. Fentanyl

10. What is the most common reason for public health intervention in a pregnant woman exhibiting signs of distress?

A. Elevated blood sugar levels

B. Dehydration

C. Preeclampsia

D. Gestational diabetes

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Answers

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1. A
2. C
3. C
4. B
5. C
6. A
7. C
8. B
9. A
10. C

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Explanations

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1. During a routine check, a 24 year old pregnant woman reveals persistent headaches and vision changes. What complication may arise?

A. Preeclampsia

B. Gestational diabetes

C. Placental abruption

D. Thromboembolism

Preeclampsia is a serious condition that can develop during pregnancy, typically after the 20th week, characterized by high blood pressure and often a variety of symptoms, including persistent headaches and vision changes. The presence of these symptoms in the pregnant woman suggests potential elevation of blood pressure or other changes that are common indicators of preeclampsia. In preeclampsia, systemic vascular changes lead to increased blood pressure and can affect the central nervous system, resulting in headaches. Vision changes may manifest as blurred vision, seeing spots, or flashes of light due to increased pressure on the brain or changes in blood flow. If left untreated, preeclampsia can progress to more severe conditions such as eclampsia, which involves seizures, or even threaten maternal and fetal health. While gestational diabetes, placental abruption, and thromboembolism are important complications to consider in pregnancy, they do not typically present with the specific combination of persistent headaches and vision changes that are distinctive of preeclampsia. Thus, based on the symptoms provided, preeclampsia stands out as a likely and concerning complication.

2. Five minutes after delivery, a newborn exhibits a strong cry and has an APGAR score of 9. What does this indicate?

A. The newborn requires immediate resuscitation

B. The newborn is in distress

C. The newborn is adapting well

D. The newborn needs further monitoring

A strong cry from a newborn shortly after delivery and a high APGAR score of 9 indicate that the newborn is adapting well to life outside the womb. The APGAR scoring system assesses the health of newborns based on five criteria: Appearance, Pulse, Grimace response, Activity, and Respiration. An APGAR score close to 10 suggests that the newborn is showing normal signs of physiological function, and a strong cry further reflects good respiratory effort and adequate oxygenation. The score of 9 signifies that the infant is thriving, with only minor points potentially affected. This reassures healthcare providers that the newborn does not require immediate resuscitation and is not in distress, though ongoing monitoring of the newborn's condition is always standard practice. In this context, it can be concluded that the newborn is transitioning well and does not show signs of needing intensive intervention at this stage.

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3. After assisting in the delivery of a newborn with a strong cry and peripheral cyanosis, what should you do?

A. Position the newborn upright

B. Administer warmth and fluids

C. Dry her vigorously with a towel

D. Monitor for respiratory distress

The correct action is to dry the newborn vigorously with a towel. Immediately after delivery, it is critical to dry the newborn to help facilitate thermoregulation and prevent hypothermia. Newborns can quickly lose body heat, especially if they are wet. By drying them off, you not only help maintain their body temperature but also stimulate them, which can encourage additional breathing efforts. This action is essential when the newborn displays signs of respiratory function, such as a strong cry, indicating that the lungs are functioning well despite the peripheral cyanosis observed. Peripheral cyanosis, which is a bluish discoloration of the extremities, is often a normal finding shortly after birth and can generalize as the baby stabilizes. Positioning the newborn upright may not be necessary immediately after birth, as it could interfere with effective drying and thermal control. While administering warmth and fluids is important in neonatal care, your first priority should be drying the newborn as this is a critical step immediately after delivery. Monitoring for respiratory distress is part of ongoing assessment after initial care has been provided, but it is not the immediate action that needs to be taken right after assisting in the delivery.

4. A child weighing 33 lbs presents with fever, malaise, and a capillary refill of 4 seconds. What should you administer?

A. 500 mL of crystalloid

B. 300 mL of crystalloid

C. 200 mL of D5W

D. 1 L of saline

In the given scenario, the child is exhibiting signs of dehydration and possibly shock, as evidenced by the prolonged capillary refill time of 4 seconds in conjunction with fever and malaise. When considering fluid resuscitation in pediatric patients, it's crucial to follow guidelines that account for their weight and clinical presentation. For a child who weighs 33 lbs (approximately 15 kg), the recommendation for initial bolus fluid administration typically is around 20 mL/kg of isotonic crystalloid solution. Therefore, calculating this amount for the child results in approximately 300 mL (20 mL/kg x 15 kg = 300 mL). Administering this volume helps to rapidly restore intravascular volume and improve perfusion, which is vital given the observed signs. Choosing this option is appropriate based on guidelines for fluid resuscitation in pediatric patients, ensuring that the child receives a sufficient volume to address potential hypovolemia without overloading their system, which could happen with larger volumes like 500 mL or 1 L. Additionally, administering D5W would not be suitable in this situation as it does not contain the necessary electrolytes or volume required for rapid resuscitation in a potentially dehydrated child.

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5. Immediate management of a new mother presenting with a high blood pressure and severe headache should include:

A. Start an IV with normal saline

B. Apply high flow oxygen

C. Prepare for immediate transport

D. Administer magnesium sulfate

In the scenario of a new mother presenting with high blood pressure and a severe headache, it is critical to prioritize her health and safety due to the potential risk of conditions such as eclampsia or hypertensive crisis. These symptoms can indicate a serious complication in postpartum women that requires quick intervention. Immediate transport to a higher level of care is often indicated in cases where neurological symptoms such as severe headache are present alongside elevated blood pressure. The urgency of the situation is underscored by the risk of potential seizures and other severe complications that can arise from uncontrolled hypertension. By preparing for immediate transport, healthcare providers ensure that the patient receives the necessary specialized medical care without delay. Starting an IV with normal saline is a supportive measure that may be necessary during transport or treatment but does not address the immediate need for advanced medical evaluation. Applying high flow oxygen can be important in certain contexts, particularly if the patient is hypoxic, but it does not directly address the cause of the symptoms presented. Administering magnesium sulfate is a critical treatment for seizures and severe hypertension related to eclampsia, but it should be guided by medical supervision, which may not be available in the initial assessment phase. Therefore, the prioritization of immediate transport can be crucial in managing

6. A 22-year-old primigravida has just delivered a healthy baby and begins to have forceful contractions again. What should you prepare for?

A. Delivery of a second baby

B. Postpartum hemorrhage response

C. Management of a retained placenta

D. Assessment of maternal vitals

In the context of a 22-year-old primigravida who has just delivered a healthy baby and begins to have forceful contractions again, the presence of strong and regular uterine contractions after delivery typically indicates that the uterus is actively working to expel anything remaining in the uterus. In this scenario, the most fitting consideration is that the strong contractions could suggest the possibility of delivering a second baby, especially if it is possible that the pregnancy was either a multiple gestation or that labor was not fully completed. In cases of multiple births, it is common for the mother to deliver one baby and continue experiencing contractions as the second baby may be positioned to be born shortly after the first. Therefore, preparing for the delivery of a second baby is critical to ensure that appropriate care and support are ready in case the second delivery occurs shortly after the first. While postpartum hemorrhage, retained placenta, and maternal vitals are concerns that could arise in the postpartum period, they do not directly address the immediate and potential outcome of strong contractions following the delivery. The focus here is on the likelihood of a second delivery, which necessitates readiness to assist with that process promptly.

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7. What is the recommended medication to administer to a 17-year-old female experiencing a grand mal seizure postpartum?

A. Diazepam

B. Phenytoin

C. Midazolam

D. Lorazepam

When managing a postpartum grand mal seizure in a 17-year-old female, the recommended medication is midazolam due to its rapid onset of action and effectiveness in terminating active seizure activity. Midazolam is a benzodiazepine that provides not only anticonvulsant effects but also has sedative properties, making it valuable in an emergent setting where seizures may need to be controlled quickly and effectively. In the context of postpartum seizures, it is crucial to use medications that allow for quick intervention to prevent complications such as hypoxia or further seizures. Midazolam is often preferred in prehospital settings or emergency medicine due to its ease of administration, flexibility in routes (including intranasal and intravenous), and its favorable safety profile. While other medications like diazepam, phenytoin, and lorazepam have their own indications and uses in seizure management, their pharmacokinetic properties or the specific context of a postpartum seizure make them less preferable choices in this scenario. For instance, diazepam may have a longer duration and can be less effective in seizure termination compared to midazolam. Phenytoin is generally used for long-term seizure control rather than immediate intervention, and though lorazepam is also effective for seizure

8. What is a common sign or symptom of preeclampsia?

A. Elevated blood glucose

B. Hypertension

C. Increased appetite

D. Excessive urination

Preeclampsia is a condition that typically occurs after the 20th week of pregnancy and is characterized primarily by the development of hypertension. High blood pressure is one of the hallmark signs of preeclampsia, often accompanied by signs of organ dysfunction, such as proteinuria (the presence of protein in urine). The development of hypertension in a previously normotensive pregnant woman is a significant indicator that prompts further assessment and management to protect both the mother and the fetus. Understanding the significance of elevated blood pressure in the diagnosis of preeclampsia underscores the importance of regular monitoring during prenatal visits. It allows healthcare providers to identify potential complications early and implement interventions to manage the condition and prevent severe outcomes such as eclampsia or other maternal and fetal complications.

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9. A 19-year-old female, 28 weeks pregnant, presents with severe headache, blurred vision, edema, and tonic-clonic seizures. What should be administered?

A. Magnesium sulfate

B. Calcium gluconate

C. Atropine

D. Fentanyl

The presentation of severe headache, blurred vision, edema, and tonic-clonic seizures in a 28-week pregnant female is highly indicative of eclampsia, which is characterized by the occurrence of seizures in a pregnant woman with preeclampsia. Eclampsia can pose serious risks to both the mother and the fetus, making prompt treatment crucial. Magnesium sulfate is the treatment of choice for eclampsia due to its neuroprotective properties and its role in controlling seizures. It acts as an anticonvulsant, helping to stabilize the nervous system and reduce the likelihood of further seizures. The administration of magnesium sulfate is essential not only to manage the immediate seizure activity but also to prevent future seizures and complications associated with preeclampsia and eclampsia. In this context, the other options do not address the immediate and critical need to control seizures or the underlying condition effectively. Calcium gluconate is used primarily as an antidote for magnesium sulfate toxicity and does not have anticonvulsant properties. Atropine is an anticholinergic medication that is typically used in situations like bradycardia and is not appropriate for the management of seizure disorders in pregnancy. Fentanyl, an opioid analgesic,

10. What is the most common reason for public health intervention in a pregnant woman exhibiting signs of distress?

A. Elevated blood sugar levels

B. Dehydration

C. Preeclampsia

D. Gestational diabetes

The most common reason for public health intervention in a pregnant woman exhibiting signs of distress is preeclampsia. Preeclampsia is a pregnancy-related condition characterized by elevated blood pressure and often accompanied by signs of damage to other organ systems, usually after the 20th week of pregnancy. It can lead to serious, sometimes fatal complications for both the mother and the baby if not properly managed. Early identification and intervention are critical because untreated preeclampsia can progress to more severe forms, such as eclampsia, which involves seizures. Health authorities emphasize monitoring blood pressure and symptoms associated with preeclampsia during pregnancy to ensure that any complications can be addressed promptly and effectively. In contrast, while elevated blood sugar levels (associated with gestational diabetes) and dehydration are significant concerns during pregnancy, they do not typically necessitate urgent public health intervention to the same extent as preeclampsia, which carries immediate risks for both mother and child. Gestational diabetes requires careful management but usually involves a different approach focused on dietary adjustments and monitoring rather than emergency intervention. Dehydration can be addressed with rehydration strategies, but it is usually less critical than managing the potential life-threatening aspects of preeclampsia.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

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We wish you the very best on your exam journey. You've got this!

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