

FISDAP OB-GYN Practice Test (Sample)

Study Guide



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SAMPLE

Questions

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- 1. Which hormone is primarily responsible for the changes during the menstrual cycle?**
 - A. Testosterone**
 - B. Estrogen**
 - C. Cortisol**
 - D. Luteinizing hormone**
- 2. What diagnosis should be suspected in a 45-year-old woman complaining of chest and abdominal pain after recently being discharged following delivery?**
 - A. Pulmonary embolism**
 - B. Cardiac arrest**
 - C. Ruptured ovarian cyst**
 - D. Cholecystitis**
- 3. What is a primary concern for a patient with untreated severe morning sickness?**
 - A. Increased heart rate**
 - B. Dehydration**
 - C. Low blood pressure**
 - D. Anemia**
- 4. What vital signs might indicate a concerning condition in a 38-year-old postpartum female experiencing severe headache and nausea?**
 - A. BP 130/80, P 72**
 - B. BP 188/128, P 124**
 - C. BP 110/70, P 60**
 - D. BP 120/60, P 80**
- 5. Which situation is most likely to result in a missed menstrual period?**
 - A. Hormonal birth control use**
 - B. Pregnancy**
 - C. Excessive exercise**
 - D. Premenstrual syndrome**

- 6. What symptom is often mistaken for common pregnancy discomfort but may indicate a serious issue?**
- A. Fatigue**
 - B. Cramping in the lower abdomen**
 - C. Dull shoulder pain**
 - D. Morning sickness**
- 7. In a situation where a 38-year-old woman is experiencing contractions during her fourth full-term pregnancy, what action should the responder take?**
- A. Administer analgesics**
 - B. Contact her obstetrician**
 - C. Observe for crowning**
 - D. Transport to the hospital immediately**
- 8. What is the first sign of pregnancy that many women notice?**
- A. Fatigue**
 - B. Missed menstruation**
 - C. Nausea**
 - D. Breast tenderness**
- 9. Define menopause.**
- A. A phase of increased fertility in women**
 - B. The permanent cessation of menstrual periods**
 - C. A hormonal treatment for younger women**
 - D. A surgical procedure for removing ovarian tissue**
- 10. In cases of vaginal bleeding during pregnancy, what is a potential serious condition that may be indicated?**
- A. Placenta previa**
 - B. Both A and B**
 - C. Ovarian torsion**
 - D. Preeclampsia**

Answers

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

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Explanations

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1. Which hormone is primarily responsible for the changes during the menstrual cycle?

- A. Testosterone**
- B. Estrogen**
- C. Cortisol**
- D. Luteinizing hormone**

The primary hormone responsible for the changes during the menstrual cycle is estrogen. Throughout the menstrual cycle, estrogen plays a crucial role in regulating the growth and maturation of the ovarian follicles and preparing the uterine lining for potential implantation of a fertilized egg. During the follicular phase of the menstrual cycle, rising levels of estrogen lead to the thickening of the endometrium, the lining of the uterus, making it more receptive to a fertilized ovum. This hormone also is involved in the feedback loop that triggers the surge of luteinizing hormone, which is essential for the ovulation process. Estrogen levels fluctuate throughout the cycle, peaking just before ovulation and then decreasing if fertilization does not occur, followed by a rise again during the luteal phase. This cyclical rise and fall of estrogen is fundamental for the menstrual cycle's regularity and physiological changes.

2. What diagnosis should be suspected in a 45-year-old woman complaining of chest and abdominal pain after recently being discharged following delivery?

- A. Pulmonary embolism**
- B. Cardiac arrest**
- C. Ruptured ovarian cyst**
- D. Cholecystitis**

In a 45-year-old woman who has recently given birth and is now experiencing chest and abdominal pain, pulmonary embolism is a critical diagnosis to consider. This condition occurs when a blood clot travels to the lungs, often originating from deep vein thrombosis (DVT) which can develop postpartum due to factors such as prolonged immobility, increased clotting factors during pregnancy, and changes in blood flow. Given the timing of the symptoms occurring shortly after delivery, the risk of developing a thromboembolic event is heightened. Women are particularly susceptible to pulmonary embolism in the postpartum period because of physiological changes associated with childbirth and higher incidences of venous thromboembolism. Symptoms of pulmonary embolism can include chest pain, shortness of breath, and sometimes abdominal pain if the diaphragm is irritated, which aligns with the patient's complaints. The other choices, while they may present with similar symptoms in different contexts, are less likely given the specific recent postpartum history. Cardiac arrest is typically sudden and often occurs without warning signs in this demographic. A ruptured ovarian cyst may cause abdominal pain and could lead to internal bleeding but is less frequently associated with chest pain. Cholecystitis can cause abdominal pain but is not typically linked directly to recent

3. What is a primary concern for a patient with untreated severe morning sickness?

- A. Increased heart rate**
- B. Dehydration**
- C. Low blood pressure**
- D. Anemia**

In the context of severe morning sickness, also known as hyperemesis gravidarum, dehydration is a primary concern due to the excessive vomiting that often accompanies this condition. When a patient experiences severe morning sickness, they may frequently be unable to keep food or fluids down, leading to a significant loss of fluids and electrolytes. Dehydration can occur quite rapidly in these cases, with effects that can exacerbate other health issues. It can cause imbalances in electrolytes that are critical for various bodily functions, potentially leading to complications such as reduced kidney function or electrolyte disturbances that may impact heart rhythm. Although increased heart rate, low blood pressure, and anemia can be associated with dehydration or other complications, the direct consequence of severe morning sickness is typically a risk of dehydration. Thus, careful monitoring and rehydration strategies become essential in managing a patient with untreated severe morning sickness to ensure both maternal and fetal health.

4. What vital signs might indicate a concerning condition in a 38-year-old postpartum female experiencing severe headache and nausea?

- A. BP 130/80, P 72**
- B. BP 188/128, P 124**
- C. BP 110/70, P 60**
- D. BP 120/60, P 80**

In the scenario presented, a 38-year-old postpartum female is experiencing severe headache and nausea, which can be worrisome symptoms in the postpartum period. The critical aspect to focus on is the vital signs indicating potential complications such as hypertension or pre-eclampsia, which can manifest with headache and nausea. The choice with a blood pressure of 188/128 is significant because it represents markedly elevated blood pressure levels, indicative of hypertensive crisis or severe hypertension. This level far exceeds the normal range and suggests that the patient may be experiencing a serious condition, such as postpartum pre-eclampsia or even eclampsia, which can pose significant risks to both the mother and the infant. The elevated pulse rate of 124 can also reflect the body's response to these acute changes, suggesting possible stress or a compensatory mechanism due to decreased perfusion from high blood pressure. In contrast, the other choices reflect blood pressures that are within normal or only mildly elevated ranges. None of these indicate the same level of concern, as they demonstrate stable blood pressures with pulse rates that do not suggest acute distress or a threat comparable to the significantly elevated reading. Hence, the vital signs in the second choice point to a critical need for immediate medical evaluation and intervention.

5. Which situation is most likely to result in a missed menstrual period?

- A. Hormonal birth control use**
- B. Pregnancy**
- C. Excessive exercise**
- D. Premenstrual syndrome**

A missed menstrual period is often indicative of a possible pregnancy, making it the most likely situation among the options provided. When a woman conceives, the hormonal changes that occur prevent the usual menstrual cycle from happening. The body produces human chorionic gonadotropin (hCG), which supports the pregnancy and overrides the signals that would typically lead to menstruation. While hormonal birth control can also affect menstrual cycles by preventing periods or causing irregularities, this does not necessarily lead to a missed period in the way pregnancy does. Excessive exercise can impact menstrual cycles due to changes in body weight and stress levels, potentially leading to missed periods, but this is less common than the direct effect of pregnancy. Premenstrual syndrome (PMS) refers to symptoms experienced prior to menstruation, not a condition that causes periods to be missed. Therefore, pregnancy remains the most definitive cause of a missed menstrual period among the options listed.

6. What symptom is often mistaken for common pregnancy discomfort but may indicate a serious issue?

- A. Fatigue**
- B. Cramping in the lower abdomen**
- C. Dull shoulder pain**
- D. Morning sickness**

Dull shoulder pain can often be mistaken for common pregnancy discomfort, but it may actually indicate a serious issue, such as an ectopic pregnancy or a problem with the underlying organs. During pregnancy, women may experience various typical symptoms, such as fatigue, cramping, or morning sickness, which are generally expected as part of the physiological changes occurring in the body. However, dull shoulder pain is less common and can signify referred pain from the diaphragm due to internal bleeding or irritation in the abdominal cavity. Recognizing this potentially serious symptom is essential for timely medical intervention, as conditions like an ectopic pregnancy can be life-threatening if not addressed promptly. Understanding the distinction between normal pregnancy symptoms and concerning signs is crucial for ensuring the health and safety of both the mother and the fetus.

7. In a situation where a 38-year-old woman is experiencing contractions during her fourth full-term pregnancy, what action should the responder take?

- A. Administer analgesics**
- B. Contact her obstetrician**
- C. Observe for crowning**
- D. Transport to the hospital immediately**

In this scenario, the responder should prioritize observing for crowning because the patient is in labor and is experiencing contractions. Crowning refers to the moment when the baby's head begins to emerge from the vaginal canal, which is an essential indicator that delivery is imminent. During the fourth full-term pregnancy, this patient is at a higher likelihood of progressing quickly through labor, and recognizing signs of crowning can help assess how close the delivery is. By observing for crowning, the responder can determine whether immediate action is needed to manage the delivery on site. If crowning is present, it would suggest that the baby will be born very soon, and appropriate steps must be taken to prepare for delivery. Conversely, if no crowning is observed, the responder can make an informed decision about whether to contact the obstetrician or transport her to the hospital. While administering analgesics might seem like a reasonable option to alleviate discomfort, it could potentially complicate the delivery process or mask symptoms that are important for the assessment of labor progression. Similarly, while contacting her obstetrician or transporting to the hospital might be necessary actions depending on the situation, observing for crowning is the immediate assessment that dictates the next steps in managing the delivery.

8. What is the first sign of pregnancy that many women notice?

- A. Fatigue**
- B. Missed menstruation**
- C. Nausea**
- D. Breast tenderness**

The first sign of pregnancy that many women notice is often a missed menstruation. This symptom is typically the most recognizable and clear indicator of pregnancy, as it represents a significant change in a woman's regular menstrual cycle. When a woman is pregnant, hormonal changes occur that prevent ovulation and menstruation, leading to this noticeable absence. While fatigue, nausea, and breast tenderness can also be early signs of pregnancy, they tend to vary more significantly among individuals, both in terms of timing and awareness. Some women may experience these symptoms even when they are not pregnant or may not notice them until later in the pregnancy. Conversely, a missed period is a more universally acknowledged signal that prompts women to seek pregnancy testing or medical evaluation, making it the most common first sign recognized in the context of pregnancy.

9. Define menopause.

- A. A phase of increased fertility in women
- B. The permanent cessation of menstrual periods**
- C. A hormonal treatment for younger women
- D. A surgical procedure for removing ovarian tissue

Menopause is defined as the permanent cessation of menstrual periods, which typically occurs as a natural part of aging in women, usually in their late 40s to mid-50s. This transition marks the end of a woman's reproductive years and is characterized by a decrease in hormone production, particularly estrogen and progesterone. As a result, women experience various physical and emotional changes, such as hot flashes, sleep disturbances, and mood swings. This definition is significant in understanding women's health, as menopause can also signify the onset of certain health risks and changes in long-term health strategies. In contrast, the other options describe conditions or treatments that are not associated with the natural cessation of menstrual cycles. They either refer to phases of the reproductive lifespan that do not pertain to menopause or involve surgical and hormonal interventions that alter hormonal functioning rather than indicate the end of it.

10. In cases of vaginal bleeding during pregnancy, what is a potential serious condition that may be indicated?

- A. Placenta previa
- B. Both A and B**
- C. Ovarian torsion
- D. Preeclampsia

In the context of vaginal bleeding during pregnancy, both placenta previa and preeclampsia are serious conditions that can arise. Placenta previa occurs when the placenta is abnormally low in the uterus, covering all or part of the cervix, which can lead to significant bleeding, especially as the pregnancy progresses and the cervix begins to thin and dilate. It is important to identify placenta previa early since it can pose risks to both the mother and the baby. Preeclampsia is another serious condition characterized by high blood pressure and signs of organ dysfunction, often occurring after the 20th week of pregnancy. Although it traditionally does not present with vaginal bleeding, it can sometimes cause bleeding due to associated complications such as placental abruption, which is a separation of the placenta from the uterus. Thus, the correct answer that encapsulates the potential serious conditions associated with vaginal bleeding during pregnancy is that both placenta previa and, under certain circumstances, the complications related to preeclampsia should be considered. Thus, acknowledging both as significant concerns is essential for proper management and care during pregnancy.