

FISDAP OB-GYN Practice Test (Sample)

Study Guide



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SAMPLE

Questions

SAMPLE

- 1. What complication is indicated by vaginal bleeding and lower abdominal pain in a young pregnant women with recent tissue passage?**
 - A. Gestational diabetes**
 - B. Placenta accreta**
 - C. Cervical insufficiency**
 - D. Spontaneous abortion**

- 2. What is an important immediate care step for a newborn showing signs of respiratory distress?**
 - A. Provide tactile stimulation**
 - B. Assess for birth injuries**
 - C. Initiate chest compressions**
 - D. Administer intravenous fluids**

- 3. What is a common reason for a woman to seek a doula's support?**
 - A. To have a surgical birth.**
 - B. To receive medical treatment.**
 - C. For physical and emotional support during labor.**
 - D. To ensure a quick delivery.**

- 4. What condition is suspected in a febrile 64-year-old female with suprapubic tenderness and cloudy urine from a Foley catheter?**
 - A. Kidney stones**
 - B. Urinary tract infection**
 - C. Bladder cancer**
 - D. Ovarian cancer**

- 5. A 56-year-old female presents with acute abdominal pain, nausea, and vomiting. Which condition should you suspect?**
 - A. Ruptured ectopic pregnancy**
 - B. Ovarian torsion**
 - C. Spontaneous abortion**
 - D. Placenta previa**

- 6. What role does the hormone oxytocin play during labor?**
- A. It helps in the development of the placenta**
 - B. It triggers uterine contractions**
 - C. It regulates menstrual cycles**
 - D. It initiates ovulation**
- 7. What is the lactation hormone that promotes milk production?**
- A. Oxytocin**
 - B. Prolactin**
 - C. Estrogen**
 - D. Progesterone**
- 8. What is a common symptom of pelvic inflammatory disease?**
- A. Upper abdominal pain**
 - B. Diffuse lower abdominal pain**
 - C. Back pain**
 - D. Nausea and vomiting**
- 9. What is ectopic pregnancy?**
- A. Implantation of the egg in the uterus**
 - B. Fertilization occurring outside the body**
 - C. Growth of a fertilized egg outside the uterus**
 - D. Miscarriage occurring in the first trimester**
- 10. Which phase of the menstrual cycle involves the shedding of the uterine lining?**
- A. Follicular phase**
 - B. Menstrual phase**
 - C. Luteal phase**
 - D. Ovulation**

Answers

SAMPLE

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

SAMPLE

Explanations

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1. What complication is indicated by vaginal bleeding and lower abdominal pain in a young pregnant women with recent tissue passage?

- A. Gestational diabetes**
- B. Placenta accreta**
- C. Cervical insufficiency**
- D. Spontaneous abortion**

The presence of vaginal bleeding and lower abdominal pain, along with recent tissue passage in a young pregnant woman, strongly suggests a spontaneous abortion, also known as a miscarriage. A spontaneous abortion typically occurs when there is an expulsion of pregnancy tissue from the uterus before the 20th week of gestation. The symptoms presented—bleeding and cramping—are characteristic of this condition, and the passage of tissue is a clear indicator that the pregnancy is no longer viable. In many cases of spontaneous abortion, the body begins to naturally expel the contents of the uterus, which can include fetal tissue, leading to the symptoms described. This condition is relatively common and usually occurs due to factors such as chromosomal abnormalities or other issues that may arise early in pregnancy. Other conditions listed, such as gestational diabetes, placenta accreta, and cervical insufficiency, do not align with the combination of symptoms presented in this scenario. Gestational diabetes typically does not present with these acute symptoms during early pregnancy, and while placenta accreta involves abnormal attachment of the placenta, it does not primarily cause the sudden onset of pain and bleeding characteristic of a miscarriage. Cervical insufficiency may lead to complications during pregnancy, but it generally presents with differing symptoms and does not necessarily involve

2. What is an important immediate care step for a newborn showing signs of respiratory distress?

- A. Provide tactile stimulation**
- B. Assess for birth injuries**
- C. Initiate chest compressions**
- D. Administer intravenous fluids**

In the context of managing a newborn exhibiting respiratory distress, initiating chest compressions is an appropriate response if the newborn is also demonstrating signs of cardiovascular instability, such as bradycardia (heart rate less than 100 beats per minute) or ineffective breathing. In this critical situation, the primary focus is on the assessment of the newborn's airway and breathing. If there is inadequate circulation alongside the respiratory distress, chest compressions are necessary to support blood flow and maintain perfusion to vital organs. This intervention is consistent with neonatal resuscitation guidelines, which emphasize the importance of quickly addressing both respiratory and cardiac functions when a newborn is in distress. While providing tactile stimulation can help in some situations, it is not sufficient alone for severe respiratory distress. Assessing for birth injuries is important in the overall evaluation but does not immediately address the urgent need for respiratory support. Administering intravenous fluids may be necessary later in the care process, particularly if the infant shows signs of dehydration or requires further intervention, but it is not a first-line response for respiratory distress.

3. What is a common reason for a woman to seek a doula's support?

- A. To have a surgical birth.**
- B. To receive medical treatment.**
- C. For physical and emotional support during labor.**
- D. To ensure a quick delivery.**

A common reason for a woman to seek a doula's support is for physical and emotional support during labor. Doulas are trained professionals who provide continuous support throughout the birthing process, which can significantly enhance the labor experience for the mother. This support includes various comfort measures, emotional reassurance, advocacy for the mother's wishes, and assistance with relaxation techniques. Women often report feeling more empowered, less anxious, and more satisfied with their birthing experience when they have a doula present. The physical support can include helping with positioning, massage, and breathing techniques, while the emotional support often involves encouragement and the creation of a calming environment. This holistic approach to labor and delivery aligns with many women's desires to have a positive and supported birth experience.

4. What condition is suspected in a febrile 64-year-old female with suprapubic tenderness and cloudy urine from a Foley catheter?

- A. Kidney stones**
- B. Urinary tract infection**
- C. Bladder cancer**
- D. Ovarian cancer**

In this scenario, the presence of fever, suprapubic tenderness, and cloudy urine strongly suggests a urinary tract infection (UTI). A urinary tract infection is characterized by the invasion of pathogens in the urinary system, which often leads to symptoms such as fever, increased urgency or frequency of urination, dysuria (painful urination), and cloudy urine due to the presence of pus or bacteria. In this case, the patient has a Foley catheter in place, which increases the risk of developing a UTI due to catheter-associated infections. The suprapubic tenderness indicates that there is likely inflammation and irritation of the bladder, common in UTIs. While conditions like kidney stones or cancers can have overlapping symptoms, the combination of fever, suprapubic tenderness, and cloudy urine specifically points toward a urinary tract infection as the most likely diagnosis.

5. A 56-year-old female presents with acute abdominal pain, nausea, and vomiting. Which condition should you suspect?
- A. Ruptured ectopic pregnancy
 - B. Ovarian torsion**
 - C. Spontaneous abortion
 - D. Placenta previa

In a 56-year-old female presenting with acute abdominal pain, nausea, and vomiting, ovarian torsion is a highly suspect condition. Ovarian torsion occurs when an ovary twists around the ligaments that hold it in place, compromising its blood supply. This condition is characterized by sudden onset of severe unilateral abdominal or pelvic pain, which can also radiate to the lower back and thigh. Nausea and vomiting are common accompanying symptoms due to the intense pain. Given her age, while conditions like ruptured ectopic pregnancy and spontaneous abortion could be considerations in younger patients, they are less likely in someone who is post-menopausal unless there are specific risk factors or considerations. Placenta previa is typically associated with late pregnancy and is not applicable in this case since the patient is 56 years old and likely post-menopausal. Thus, ovarian torsion stands out as the most plausible diagnosis given the patient's symptoms and age.

6. What role does the hormone oxytocin play during labor?
- A. It helps in the development of the placenta
 - B. It triggers uterine contractions**
 - C. It regulates menstrual cycles
 - D. It initiates ovulation

Oxytocin plays a crucial role during labor by triggering uterine contractions. This hormone, produced by the hypothalamus and released by the posterior pituitary gland, stimulates the muscles of the uterus to contract rhythmically. These contractions are essential for the process of labor, as they help to push the baby through the birth canal. The release of oxytocin increases as labor progresses, creating stronger contractions that aid in cervical dilatation and ultimately lead to childbirth. Additionally, oxytocin's involvement in labor is fundamental for promoting bonding and milk ejection after delivery, but its primary function in the context of labor is to initiate and sustain contractions, facilitating the delivery process. While the other options mention important functions related to reproductive health, they do not pertain to the specific role of oxytocin during labor. For instance, the development of the placenta, menstrual cycle regulation, and ovulation are processes influenced by different hormones and physiological mechanisms.

7. What is the lactation hormone that promotes milk production?

- A. Oxytocin
- B. Prolactin**
- C. Estrogen
- D. Progesterone

Prolactin is the hormone primarily responsible for promoting milk production in the mammary glands after childbirth. Produced by the anterior pituitary gland, prolactin's release is stimulated by the presence of the infant, particularly through suckling, which signals the brain to produce more of the hormone. This process is crucial for establishing and maintaining breastfeeding. In contrast, while oxytocin is important for milk ejection during breastfeeding, it does not play a role in milk production itself. Estrogen and progesterone, on the other hand, contribute to breast development during pregnancy and help prepare the glands for milk production, but it is prolactin that directly stimulates the synthesis of milk post-delivery. Understanding the specific functions of these hormones is essential in comprehending the overall process of lactation and the role they play during and after pregnancy.

8. What is a common symptom of pelvic inflammatory disease?

- A. Upper abdominal pain
- B. Diffuse lower abdominal pain**
- C. Back pain
- D. Nausea and vomiting

Pelvic inflammatory disease (PID) is an infection of the female reproductive organs, often caused by sexually transmitted infections. A common symptom of PID is diffuse lower abdominal pain. This pain is typically due to inflammation and can be generalized across the lower abdomen, not localized to a specific area. The diffuse nature of the pain reflects the involvement of multiple pelvic structures, such as the ovaries, fallopian tubes, and uterus. Patients may also experience other signs such as abnormal vaginal discharge, fever, or pain during intercourse, but the lower abdominal pain is one of the most characteristic and frequently reported symptoms. The other symptoms mentioned, such as upper abdominal pain, back pain, and nausea and vomiting, can occur in various conditions, but they are not as specific to PID. Upper abdominal pain is more indicative of gastrointestinal issues. Back pain can be associated with many other conditions and is not directly related to pelvic inflammatory processes. While nausea and vomiting can occur, they are usually secondary effects rather than primary symptoms of pelvic inflammatory disease. Thus, diffuse lower abdominal pain serves as a key indicator of PID, making this the correct choice.

9. What is ectopic pregnancy?

- A. Implantation of the egg in the uterus
- B. Fertilization occurring outside the body
- C. Growth of a fertilized egg outside the uterus**
- D. Miscarriage occurring in the first trimester

Ectopic pregnancy refers specifically to the condition where a fertilized egg implants and begins to grow outside the uterine cavity. This is most commonly in the fallopian tube, but it can also occur in other areas such as the ovary, abdominal cavity, or cervix. The growth of the embryo in these locations is not viable and can lead to serious complications for the pregnant person, including internal bleeding and the need for medical intervention. The other options describe different processes or conditions. For example, implantation of the egg in the uterus is the normal and desired outcome in a typical pregnancy, while fertilization occurring outside the body refers to in vitro fertilization, not ectopic pregnancy. A miscarriage in the first trimester does not reflect the location of implantation and is a different type of pregnancy complication entirely. Hence, the correct definition of ectopic pregnancy is the growth of a fertilized egg outside the normal site in the uterus.

10. Which phase of the menstrual cycle involves the shedding of the uterine lining?

- A. Follicular phase
- B. Menstrual phase**
- C. Luteal phase
- D. Ovulation

The menstrual phase is characterized by the shedding of the uterine lining, which occurs when pregnancy does not take place during the preceding cycle. During this phase, the levels of hormones such as estrogen and progesterone drop significantly, triggering the sloughing off of the endometrial tissue. This process results in menstrual bleeding, typically lasting from three to seven days. The shedding of the uterine lining is essential for preparing the uterus for a potential new cycle, allowing for the regeneration of the endometrium in the subsequent phases. In contrast, the follicular phase involves the development of follicles in the ovaries and the thickening of the uterine lining, but it does not include shedding. The luteal phase follows ovulation and is characterized by further thickening of the uterine lining in anticipation of a fertilized egg, and if fertilization does not occur, it leads into the menstrual phase. Ovulation marks the release of the egg but does not involve any shedding of the uterine lining.