

FISDAP OB-GYN Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of 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.

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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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. Which complication is commonly associated with pregnancy?**
 - A. Ectopic pregnancy**
 - B. Hyperemesis gravidarum**
 - C. Gestational diabetes**
 - D. Placenta accreta**
- 2. If you notice a prolapsed umbilical cord during delivery, what action should you take?**
 - A. Leave the baby in position**
 - B. Transport while lifting the baby off the cord**
 - C. Apply pressure to the cord**
 - D. Wait for the cord to reposition**
- 3. What is the primary complaint of a patient experiencing pelvic inflammatory disease?**
 - A. Localized severe pain**
 - B. Diffuse lower abdominal pain**
 - C. Vaginal discharge**
 - D. Fever**
- 4. Which complication of pregnancy is usually painless?**
 - A. Abruptio placenta**
 - B. Spontaneous abortion**
 - C. Deep venous thrombosis**
 - D. Placenta previa**
- 5. What surgical procedure involves the removal of the uterus?**
 - A. Oophorectomy**
 - B. Hysterectomy**
 - C. Laparotomy**
 - D. Cervical conization**

6. During which phase does the follicle mature and prepare to release an egg?

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

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

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

8. After a successful delivery of a placenta, what is the appropriate action if the mother continues to bleed?

- A. Apply pressure to the vaginal opening**
- B. Perform fundal massage**
- C. Administer oxytocin**
- D. Initiate IV fluid therapy**

9. Which intervention is commonly used during labor?

- A. Taking the mother's temperature regularly.**
- B. Monitoring fetal heart rate.**
- C. Encouraging sleep throughout labor.**
- D. Performing routine ultrasounds.**

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

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

Answers

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

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Explanations

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1. Which complication is commonly associated with pregnancy?

- A. Ectopic pregnancy**
- B. Hyperemesis gravidarum**
- C. Gestational diabetes**
- D. Placenta accreta**

Gestational diabetes is a common complication associated with pregnancy, occurring when a woman who did not previously have diabetes develops high blood sugar levels during pregnancy. This condition typically emerges in the second or third trimester and can pose risks both to the mother and the developing fetus if not managed properly. The placenta plays a crucial role in this condition, as it produces hormones that can interfere with insulin action, thereby increasing blood sugar levels. Factors such as obesity, a family history of diabetes, and advanced maternal age can increase the likelihood of developing gestational diabetes. Proper screening usually occurs around the 24th to 28th week of pregnancy, leading to early identification and management strategies to mitigate complications such as macrosomia, preeclampsia, or the need for cesarean delivery. Other complications associated with pregnancy, such as ectopic pregnancy, hyperemesis gravidarum, and placenta accreta, also pose significant risks but are less common than gestational diabetes. Each has its own distinct pathophysiology and prevalence rates, making gestational diabetes the more frequently encountered issue during routine prenatal care.

2. If you notice a prolapsed umbilical cord during delivery, what action should you take?

- A. Leave the baby in position**
- B. Transport while lifting the baby off the cord**
- C. Apply pressure to the cord**
- D. Wait for the cord to reposition**

When a prolapsed umbilical cord is observed during delivery, the priority is to relieve the pressure on the cord to prevent fetal hypoxia, which can result from cord compression. Lifting the baby off the cord helps to alleviate this pressure and restore blood flow and oxygen to the fetus. By repositioning the infant slightly or holding the presenting part off the cord, you can significantly improve the chances of a safe delivery. Simply leaving the baby in position would allow the cord to remain compressed, risking fetal distress. Applying pressure to the cord could further compromise circulation, and waiting for the cord to naturally reposition would not be proactive and could lead to adverse outcomes for the fetus. Thus, lifting the baby off the cord is the correct and most effective action in this situation.

3. What is the primary complaint of a patient experiencing pelvic inflammatory disease?

- A. Localized severe pain**
- B. Diffuse lower abdominal pain**
- C. Vaginal discharge**
- D. Fever**

The primary complaint of a patient experiencing pelvic inflammatory disease (PID) is generally diffuse lower abdominal pain. This type of pain reflects the underlying inflammation of the pelvic organs, which can include the uterus, fallopian tubes, and ovaries. PID often leads to generalized discomfort rather than pain that is localized to a specific area, making diffuse pain a more common symptom reported by patients. While localized severe pain, vaginal discharge, and fever can also be associated with PID, they may not be as universally present or as defining of the condition as diffuse lower abdominal pain. Localized pain might suggest a more specific condition or complication, vaginal discharge can be a symptom of various gynecological issues, and fever, while a sign of infection, is not exclusive to PID. Therefore, diffuse lower abdominal pain stands out as the primary and most characteristic complaint in patients suffering from pelvic inflammatory disease.

4. Which complication of pregnancy is usually painless?

- A. Abruptio placenta**
- B. Spontaneous abortion**
- C. Deep venous thrombosis**
- D. Placenta previa**

Placenta previa is characterized by the abnormal positioning of the placenta, where it lies low in the uterus and potentially covers the cervix. One of the defining features of this condition is that it often presents without pain, particularly in its early stages. This can lead to unexpected bleeding, especially in the third trimester. Understanding the nature of this complication as typically pain-free helps differentiate it from other complications that frequently involve pain as a symptom. In contrast, complications like abruption placenta and spontaneous abortion often present with significant abdominal pain, making their clinical presentation quite different. Deep venous thrombosis can also cause pain, typically in the affected leg, and is associated with swelling and redness. Recognizing the painless nature of placenta previa is critical for proper management and patient education about potential signs and complications during pregnancy.

5. What surgical procedure involves the removal of the uterus?

- A. Oophorectomy**
- B. Hysterectomy**
- C. Laparotomy**
- D. Cervical conization**

The procedure that involves the removal of the uterus is known as a hysterectomy. This surgical operation can be performed for various reasons, including the treatment of conditions such as uterine fibroids, endometriosis, uterine prolapse, or certain types of gynecological cancers. A hysterectomy can vary in scope; it may involve the removal of just the uterus (a total hysterectomy), or it can also include the removal of the cervix, ovaries, and fallopian tubes, depending on the indication for the surgery. Understanding this procedure is crucial in OB-GYN practice, as it often plays a significant role in women's reproductive health. In contrast, other surgical options listed, such as oophorectomy, involve the removal of ovaries; laparotomy is a broader term for abdominal surgery that does not specifically refer to any reproductive organs; and cervical conization is a procedure to remove a conical section of the cervix, typically for diagnosing or treating precancerous changes. Each of these procedures has specific indications and implications for women's health but does not involve the removal of the uterus directly.

6. During which phase does the follicle mature and prepare to release an egg?

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

The follicular phase is the stage in the menstrual cycle during which follicles in the ovaries mature, leading to the development of a dominant follicle that ultimately prepares to release an egg. This phase begins on the first day of menstruation and typically lasts until ovulation occurs. During the follicular phase, the body produces increased levels of follicle-stimulating hormone (FSH), which stimulates the growth of these follicles. As the follicles develop, they secrete estrogen, which plays a crucial role in preparing the uterine lining for a possible pregnancy and signaling further maturation. The peak of estrogen production eventually leads to a surge in luteinizing hormone (LH), triggering ovulation—the release of the egg from the mature follicle. In contrast, the luteal phase occurs after ovulation, when the ruptured follicle transforms into the corpus luteum and produces progesterone to support the uterine lining. The menstrual phase is characterized by the shedding of the uterine lining when fertilization does not occur, while ovulation is the process of releasing the egg itself, rather than the maturation of the follicle. Therefore, the correct answer, highlighting the period of follicle maturation and readiness for ovulation, is the follicular phase.

7. 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.

8. After a successful delivery of a placenta, what is the appropriate action if the mother continues to bleed?

- A. Apply pressure to the vaginal opening**
- B. Perform fundal massage**
- C. Administer oxytocin**
- D. Initiate IV fluid therapy**

Performing fundal massage is the correct action after a successful delivery of the placenta if the mother continues to bleed. This technique helps to stimulate uterine contraction, which is crucial for reducing postpartum hemorrhage. After delivery, the uterus should contract to seal off the blood vessels that were connected to the placenta. If the uterus is not contracting effectively, it can lead to excessive bleeding. Fundal massage involves using a hand to apply firm pressure at the top of the uterus (the fundus) to encourage it to contract. When the uterus contracts adequately, it reduces the risk of hemorrhage and helps stabilize the mother's condition. In the context of the other options, applying pressure to the vaginal opening may provide temporary support but does not address the underlying issue of uterine atony (lack of uterine tone), which is often the cause of bleeding after childbirth. Administering oxytocin can also be an important medical intervention to promote uterine contraction; however, it typically follows or accompanies fundal massage, rather than being the first action. Initiating IV fluid therapy may be necessary in cases of significant blood loss, but addressing uterine contraction with fundal massage is a more immediate and direct response to control bleeding right after the placenta has been delivered.

9. Which intervention is commonly used during labor?

- A. Taking the mother's temperature regularly.**
- B. Monitoring fetal heart rate.**
- C. Encouraging sleep throughout labor.**
- D. Performing routine ultrasounds.**

Monitoring fetal heart rate is a crucial intervention during labor as it provides valuable information about the well-being of the fetus. This practice helps to ensure that the baby is receiving enough oxygen and is not experiencing any distress during the contractions. Abnormalities in the fetal heart rate pattern can indicate potential issues that may require medical attention or intervention, such as changes in the fetus's condition that could necessitate an emergency delivery or adjustments in maternal management. The practice of closely monitoring fetal heart rate allows healthcare providers to respond promptly to any concerning changes, ensuring the safety of both the mother and the baby throughout the labor process. This intervention is standard in labor and delivery settings because it directly correlates with fetal outcomes.

10. 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.

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:

<https://fisdapobgyn.examzify.com>

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

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