

FISDAP Obstetrics and Pediatrics Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

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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. 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!

Questions

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- 1. What approach is recommended for recognizing developmental delays in children?**
 - A. Regular developmental screenings**
 - B. Annual health assessments**
 - C. Consultation with a pediatrician**
 - D. Behavioral evaluations**
- 2. A 19-year-old female at 37 weeks pregnant has vaginal bleeding after being assaulted. What should you suspect?**
 - A. Placenta previa**
 - B. Uterine rupture**
 - C. Vaginal laceration**
 - D. Preterm labor**
- 3. A 19-year-old female presents with lower abdominal pain, purulent vaginal discharge, and fever. What condition should be suspected?**
 - A. Chlamydia infection**
 - B. Pelvic Inflammatory Disease (PID)**
 - C. Ovarian cyst rupture**
 - D. Ectopic pregnancy**
- 4. A 22-year-old female in her first pregnancy experiences nausea and vomiting. Her vital signs show hypotension. What condition is most likely?**
 - A. Gestational diabetes**
 - B. Hyperemesis gravidarum**
 - C. Preeclampsia**
 - D. Dehydration**
- 5. In managing a case of suspected ectopic pregnancy, what is a critical intervention?**
 - A. Obtain IV access and prepare for potential surgery**
 - B. Reassure the patient and monitor for 24 hours**
 - C. Encourage the patient to drink fluids**
 - D. Provide over-the-counter pain medication**

6. A 20-year-old female with lower quadrant abdominal pain, fever, and a foul-smelling discharge likely suffers from which of the following conditions?

- A. Appendicitis**
- B. Pelvic inflammatory disease**
- C. Ovarian torsion**
- D. Urinary tract infection**

7. What key factor influences the decision for an episiotomy during delivery?

- A. Maternal preference**
- B. Prevention of severe tearing during childbirth**
- C. Reducing labor time**
- D. Weight of the baby**

8. For a six-week-old premature newborn with bradycardia, what is the correct dose of epinephrine to administer?

- A. 0.1 mg**
- B. 0.02 mg**
- C. 0.5 mg**
- D. 0.5 mL**

9. How does hyperemesis gravidarum affect pregnant women?

- A. Mild nausea and fatigue**
- B. Severe nausea and vomiting leading to dehydration**
- C. Frequent headaches**
- D. Increased appetite**

10. What is the immediate care protocol for a newborn delivered meconium-stained?

- A. Observation for 24 hours**
- B. Suctioning of the trachea if there are respiratory concerns**
- C. Immediate breastfeeding**
- D. Connection to a monitoring device**

Answers

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

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Explanations

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1. What approach is recommended for recognizing developmental delays in children?

- A. Regular developmental screenings**
- B. Annual health assessments**
- C. Consultation with a pediatrician**
- D. Behavioral evaluations**

Recognizing developmental delays in children is best achieved through regular developmental screenings. These screenings are specifically designed to assess a child's growth in key areas such as motor skills, language, cognitive abilities, and social-emotional development. By implementing regular screenings, healthcare providers can detect potential delays early, allowing for timely interventions that can significantly improve outcomes for the child. While annual health assessments and consultations with a pediatrician are important components of overall healthcare, they may not focus solely on the specific milestones of child development. Annual health assessments typically cover various health domains but may not provide the detailed analysis of developmental skills that screenings do. Consultation with a pediatrician can be beneficial if concerns arise, but it is the proactive screenings that serve to identify issues before they become more significant challenges. Behavioral evaluations can also be important in understanding a child's development, particularly if there are already identified concerns. However, they are not the primary method for initial recognition of developmental delays since they typically occur after a potential delay has been flagged. Regular developmental screenings serve as the first line of action to monitor and promote healthy developmental trajectories in children.

2. A 19-year-old female at 37 weeks pregnant has vaginal bleeding after being assaulted. What should you suspect?

- A. Placenta previa**
- B. Uterine rupture**
- C. Vaginal laceration**
- D. Preterm labor**

In this scenario, the presence of vaginal bleeding in a 37-week pregnant female who has experienced an assault raises concern for several potential complications related to trauma. The most critical and serious condition among the options is uterine rupture. Uterine rupture can occur as a result of trauma, particularly in late pregnancy, and is a catastrophic event that can endanger the mother and fetus. The symptoms may include sudden onset of abdominal pain and vaginal bleeding, along with signs of fetal distress. When considering the mechanism of trauma (an assault), the likelihood of uterine rupture becomes more pronounced, especially given the advanced stage of the pregnancy. Understanding the implications of each option clarifies why uterine rupture stands out. While placenta previa could cause vaginal bleeding, it is less likely to be directly linked to the assault and is typically diagnosed before labor. Vaginal lacerations, while possible, would generally lead to localized bleeding rather than the significant bleeding associated with uterine rupture. Preterm labor, while a consideration for vaginal bleeding, does not directly relate to the trauma experienced and would not typically manifest with acute traumatic bleeding in the same manner. Therefore, the potentiality of uterine rupture in the context of trauma and advanced pregnancy makes it the most appropriate concern for this

3. A 19-year-old female presents with lower abdominal pain, purulent vaginal discharge, and fever. What condition should be suspected?

- A. Chlamydia infection**
- B. Pelvic Inflammatory Disease (PID)**
- C. Ovarian cyst rupture**
- D. Ectopic pregnancy**

The combination of lower abdominal pain, purulent vaginal discharge, and fever strongly suggests Pelvic Inflammatory Disease (PID). PID is an infection of the female reproductive organs, often caused by sexually transmitted infections such as chlamydia or gonorrhea. The presence of purulent discharge indicates a potential infection, while fever reflects the systemic response to that infection. Inception of these symptoms points specifically toward PID, as it typically involves inflammation of the uterus, fallopian tubes, and surrounding tissue, often leading to significant abdominal pain and fever. Early identification and treatment of PID are crucial, as the condition can result in severe complications, including chronic pelvic pain and infertility if left untreated. Ovarian cyst rupture may cause lower abdominal pain, but it typically isn't associated with purulent discharge or fever. Ectopic pregnancy is characterized by lower abdominal pain and can sometimes present with vaginal bleeding, but the fever and discharge are more indicative of an infectious process like PID than of an ectopic pregnancy. Chlamydia infection can lead to PID, but it does not account for the full clinical picture, especially with fever present. Thus, PID is the most fitting diagnosis in this scenario.

4. A 22-year-old female in her first pregnancy experiences nausea and vomiting. Her vital signs show hypotension. What condition is most likely?

- A. Gestational diabetes**
- B. Hyperemesis gravidarum**
- C. Preeclampsia**
- D. Dehydration**

The condition that is most likely in this scenario is hyperemesis gravidarum. This condition is characterized by severe and persistent nausea and vomiting that can lead to significant dehydration, electrolyte imbalances, and weight loss. In severe cases, it may also result in hypotension due to dehydration, which aligns with the symptoms presented by the patient. Hyperemesis gravidarum typically manifests in the first trimester and can severely impact a woman's health and nutritional status, necessitating careful monitoring and possibly hospitalization for treatment. The combination of severe nausea and vomiting in conjunction with hypotension points toward this diagnosis, making it the most appropriate choice. While dehydration can be a consequence of hyperemesis gravidarum, it is not a standalone diagnosis in this context, as it does not capture the severity and persistence of the patient's symptoms. Other conditions like gestational diabetes and preeclampsia do not typically present with the same symptoms of nausea and vomiting as the primary concerns. Thus, hyperemesis gravidarum is the most fitting condition given the clinical picture.

5. In managing a case of suspected ectopic pregnancy, what is a critical intervention?

- A. Obtain IV access and prepare for potential surgery**
- B. Reassure the patient and monitor for 24 hours**
- C. Encourage the patient to drink fluids**
- D. Provide over-the-counter pain medication**

In the management of a suspected ectopic pregnancy, obtaining intravenous (IV) access and preparing for potential surgery is a critical intervention due to the high risk of complications associated with ectopic pregnancies. An ectopic pregnancy occurs when a fertilized egg implants outside the uterus, most commonly in the fallopian tubes. This condition can lead to life-threatening internal bleeding if the ectopic tissue ruptures. Immediate intervention is necessary because an ectopic pregnancy can progress rapidly and is a surgical emergency in many cases. By establishing IV access, healthcare providers can ensure that they are prepared to administer fluids and medications quickly if the patient deteriorates or requires urgent surgery. Additionally, preparing for surgery may be necessary if the patient shows signs of rupture or significant internal bleeding, which necessitates prompt surgical intervention to prevent further complications. The other options do not adequately address the risk of serious complications associated with ectopic pregnancies and may lead to delayed treatment or reassessment that can have dire consequences for the patient's health.

6. A 20-year-old female with lower quadrant abdominal pain, fever, and a foul-smelling discharge likely suffers from which of the following conditions?

- A. Appendicitis**
- B. Pelvic inflammatory disease**
- C. Ovarian torsion**
- D. Urinary tract infection**

The symptoms described—lower quadrant abdominal pain, fever, and foul-smelling discharge—are indicative of pelvic inflammatory disease (PID). PID typically occurs due to infections that ascend from the cervix or vagina into the upper reproductive tract, often associated with sexually transmitted infections such as gonorrhea and chlamydia. The presence of foul-smelling discharge is particularly suggestive of an infectious process and aligns with the clinical presentation of PID. In contrast, while other conditions like appendicitis and ovarian torsion can present with lower quadrant pain and fever, they do not typically produce a foul-smelling discharge. Appendicitis often results in localized pain that may migrate towards the right lower quadrant and involves symptoms such as nausea and vomiting without a discharge, whereas ovarian torsion presents with sudden onset severe pain and may lead to nausea but does not typically involve discharge at all. A urinary tract infection, while capable of causing lower abdominal pain and fever, is more commonly associated with urinary symptoms like dysuria and frequency, rather than the gynecological signs and symptoms described in this scenario. Thus, the combination of the symptoms points firmly towards pelvic inflammatory disease as the most likely diagnosis in this case.

7. What key factor influences the decision for an episiotomy during delivery?

- A. Maternal preference**
- B. Prevention of severe tearing during childbirth**
- C. Reducing labor time**
- D. Weight of the baby**

The primary key factor that influences the decision to perform an episiotomy during delivery is the prevention of severe tearing during childbirth. Episiotomy is a surgical incision made in the perineum to enlarge the vaginal opening, which can help facilitate the delivery and reduce the risk of more extensive natural tears that could occur as the baby is being born. In situations where the fetal heart rate indicates stress or the delivery needs to be expedited due to concerns for the baby's well-being, an episiotomy can help safely and quickly deliver the baby while minimizing the chances of severe vaginal or perineal tearing. This procedure is especially considered in cases of larger babies, abnormal presentations, or when the mother has had previous extensive tearing in past deliveries. Other factors, while they may seem relevant—such as maternal preference or the baby's weight—don't have the same clinical justification for performing an episiotomy. Maternal preference might be taken into account, but it is not the primary reason for the intervention. Reducing labor time is important, but it is typically managed through other means rather than surgical intervention like an episiotomy.

8. For a six-week-old premature newborn with bradycardia, what is the correct dose of epinephrine to administer?

- A. 0.1 mg**
- B. 0.02 mg**
- C. 0.5 mg**
- D. 0.5 mL**

In the context of a six-week-old premature newborn experiencing bradycardia, the correct dose of epinephrine to administer is indeed 0.02 mg. This dosage aligns with the guidelines set forth for neonatal resuscitation, where precise dosing is crucial due to the infant's size and developing physiology. Epinephrine serves to stimulate the heart and improve cardiac output, which is essential in cases of bradycardia, particularly in newborns. The standard recommendation for epinephrine in this context is 0.01 to 0.03 mg/kg, and for a premature newborn weighing around 1 kg, this results in a dose of roughly 0.02 mg. Administering the correct dose helps ensure that the medication's efficacy maximizes while minimizing the risk of potential side effects associated with higher dosages. In pediatric practice, especially with newborns, dosages must be carefully calculated based on weight to prevent complications from underdosing or overdosing. Therefore, using the specified dose of 0.02 mg is a critical component of effective emergency care for a newborn displaying signs of bradycardia.

9. How does hyperemesis gravidarum affect pregnant women?

- A. Mild nausea and fatigue
- B. Severe nausea and vomiting leading to dehydration**
- C. Frequent headaches
- D. Increased appetite

Hyperemesis gravidarum is a condition characterized by severe nausea and vomiting during pregnancy that can lead to significant dehydration and electrolyte imbalances. Unlike typical morning sickness, which involves mild nausea and is usually manageable, hyperemesis gravidarum can be extremely debilitating, often requiring medical intervention. Women experiencing this condition may find it difficult to keep any food or fluids down, which can lead to weight loss and complications such as dehydration. Symptoms can be so severe that they may require hospitalization for intravenous fluids and nutritional support. The condition can also impact a woman's mental and emotional health due to persistent discomfort and distress from ongoing symptoms. This condition is distinct from normal pregnancy-related nausea, which is generally mild and does not usually lead to dehydration or significant health risks. Therefore, the correct understanding of hyperemesis gravidarum emphasizes the severity of nausea and vomiting and its potential complications.

10. What is the immediate care protocol for a newborn delivered meconium-stained?

- A. Observation for 24 hours
- B. Suctioning of the trachea if there are respiratory concerns**
- C. Immediate breastfeeding
- D. Connection to a monitoring device

When a newborn is delivered with meconium-stained amniotic fluid, the primary concern is the potential for meconium aspiration syndrome, where the newborn inhales the meconium into the lungs. This can lead to respiratory distress and other complications. The immediate care protocol in such cases involves suctioning the trachea if the baby exhibits respiratory concerns. If the newborn shows signs of poor respiratory effort or distress, direct intervention with tracheal suctioning can help clear the airways of meconium, thus reducing the risk of aspiration and improving the baby's ability to breathe effectively. This protocol is crucial in ensuring the newborn's immediate breathing is stabilized. While observing for 24 hours, encouraging breastfeeding, or connecting to monitoring devices may be part of the broader care plan for the newborn, these actions do not directly address the urgent need for airway management if respiratory issues are present. The active response to respiratory concerns takes precedence in the immediate care of a newborn in this scenario.

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://fisdapobstetricspedia.examzify.com>

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

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