

FISDAP OBSTETRICS AND PEDIATRICS PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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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 is a primary concern when treating an asthmatic child?**
 - A. Maintaining hydration
 - B. Controlling symptoms
 - C. Monitoring temperature
 - D. Assessing weight

- 2. For a 31-year-old female with heavy vaginal bleeding and weak vital signs, what should you do after applying 100% oxygen?**
 - A. Perform immediate CPR
 - B. Place absorbent dressings and administer isotonic crystalloid fluid
 - C. Transport to the nearest hospital
 - D. Call for advanced medical support

- 3. Which sign typically indicates the onset of preterm labor?**
 - A. Irregular contractions
 - B. Regular contractions before 37 weeks of gestation
 - C. Increase in fetal movement
 - D. Decrease in fetal heart rate

- 4. When assessing a patient, what symptom is most commonly associated with pelvic inflammatory disease?**
 - A. Pain during urination
 - B. Fever and shuffling gait
 - C. Rapid heartbeat
 - D. Constant lower back pain

- 5. A 40-year-old female with a sudden onset of painful vaginal bleeding is at 37 weeks gestation. What is your first action?**
 - A. Perform a pelvic examination
 - B. Apply high flow O2 by NRB
 - C. Monitor fetal heart rate
 - D. Immediate transport

- 6. What is the first step in assessing a newborn's respiratory status?**
- A. Look, listen, and feel for breathing
 - B. Check for signs of distress
 - C. Count the respiratory rate
 - D. Perform a physical examination
- 7. 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
- 8. What is a localized swelling on a newborn's head called?**
- A. Caput succedaneum
 - B. Cephalohematoma
 - C. Craniosynostosis
 - D. Hemangioma
- 9. What is a common sign of a potential uterine rupture?**
- A. Vaginal bleeding
 - B. Severe abdominal pain
 - C. Decreased fetal movement
 - D. Increased maternal heart rate
- 10. In a case of a syncopal episode with sharp pain in the lower left quadrant, what condition should be suspected?**
- A. Ovarian torsion
 - B. Ectopic pregnancy
 - C. Appendicitis
 - D. Acute gastroenteritis

Answers

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

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Explanations

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1. What is a primary concern when treating an asthmatic child?

- A. Maintaining hydration
- B. Controlling symptoms**
- C. Monitoring temperature
- D. Assessing weight

In the context of treating an asthmatic child, controlling symptoms is the primary concern because asthma is characterized by airway inflammation, bronchoconstriction, and increased mucus production. When a child experiences an asthma attack, they may have difficulty breathing, wheezing, tightness in the chest, or a decrease in their usual activity level. Therefore, the immediate goal of treatment is to alleviate these symptoms to restore normal breathing and oxygenation. Effective symptom control often involves administering bronchodilators to relieve bronchospasm and anti-inflammatory medications to reduce airway inflammation. Addressing these symptoms is critical to preventing complications such as respiratory failure or prolonged asthma attacks, which can be life-threatening. While maintaining hydration is important in general pediatric care, especially if a child is experiencing prolonged symptoms or difficulty breathing, it does not directly address the immediate respiratory concerns associated with an asthma exacerbation. Similarly, monitoring temperature and assessing weight may provide information about the child's overall health, but they are secondary to the urgent need to manage asthma symptoms effectively.

2. For a 31-year-old female with heavy vaginal bleeding and weak vital signs, what should you do after applying 100% oxygen?

- A. Perform immediate CPR
- B. Place absorbent dressings and administer isotonic crystalloid fluid**
- C. Transport to the nearest hospital
- D. Call for advanced medical support

In the context of a 31-year-old female experiencing heavy vaginal bleeding and exhibiting weak vital signs, the most appropriate action after providing 100% oxygen is to place absorbent dressings and administer isotonic crystalloid fluid. This approach addresses two critical aspects of care. First, managing the heavy vaginal bleeding is essential to stabilize the patient. Placing absorbent dressings can help control external bleeding and prevent further blood loss. Second, administering isotonic crystalloid fluids is crucial for combating hypovolemia, which can occur due to significant blood loss. This fluid administration helps to restore circulating blood volume, improve perfusion, and stabilize vital signs. While calling for advanced medical support is important and should generally be part of the overall management plan, it does not directly address the immediate needs of the patient in a way that provides stabilization. Similarly, although transporting the patient to the hospital is ultimately necessary, it should be combined with active interventions to manage the ongoing medical emergency. Immediate CPR would only be indicated if the patient were found to be unresponsive or in cardiac arrest, which is not stated in this scenario. Thus, the combination of dressing for external bleeding and fluid resuscitation is a logical and critical next step in managing this patient's acute

3. Which sign typically indicates the onset of preterm labor?

- A. Irregular contractions
- B. Regular contractions before 37 weeks of gestation**
- C. Increase in fetal movement
- D. Decrease in fetal heart rate

The sign that typically indicates the onset of preterm labor is the presence of regular contractions before 37 weeks of gestation. In the context of pregnancy, contractions are the tightening and relaxing of the uterine muscles, which can occur in relation to true labor or Braxton Hicks (false labor). In the case of preterm labor, these contractions become regular and emerge before the 37-week mark, signaling a potential early birth. Regular contractions can lead to cervical changes such as dilation or effacement, which are critical indicators used in assessing labor progression. Recognizing these regular contractions as an indication of preterm labor is essential, as timely medical intervention can significantly impact outcomes for both the mother and the unborn child. Identifying the onset of labor accurately ensures appropriate measures can be taken to either manage the delivery or offer interventions aimed at prolonging the pregnancy when possible. Other options, such as irregular contractions, increased fetal movement, or a decrease in fetal heart rate, do not directly indicate preterm labor. Irregular contractions could be normal Braxton Hicks contractions, increased fetal movement does not signal labor, and a decrease in fetal heart rate could suggest fetal distress, which requires immediate medical attention. Therefore, the presence of regular contractions is the key indicator for the

4. When assessing a patient, what symptom is most commonly associated with pelvic inflammatory disease?

- A. Pain during urination
- B. Fever and shuffling gait**
- C. Rapid heartbeat
- D. Constant lower back pain

Pelvic inflammatory disease (PID) is a common infection of the female reproductive organs that can often result from sexually transmitted infections. One of the hallmark symptoms associated with PID is a combination of fever and a shuffling gait. The fever indicates an inflammatory response, and the shuffling gait can occur due to the discomfort and pain that accompanies the infection, as the patient might attempt to minimize movement to avoid exacerbating their symptoms. Fever is typically present in cases of PID due to the body's immune response to infection. A shuffling gait may develop as patients experience abdominal pain and discomfort, leading them to move in a way that reduces strain on their pelvic region. This distinguishes PID from other conditions where such a symptom profile is not typically observed. The combination of these symptoms suggests a more systemic response to an infection rather than localized issues that might be seen with other abnormalities. Other symptoms, such as pain during urination, can occur but are more indicative of urinary tract infections rather than PID specifically. Rapid heartbeat is often a sign of a body in distress, but it is not unique to PID. Constant lower back pain may be symptomatic of various conditions, but it does not singularly point to PID when considering the characteristic presentation of this reproductive tract infection. Thus

5. A 40-year-old female with a sudden onset of painful vaginal bleeding is at 37 weeks gestation. What is your first action?

- A. Perform a pelvic examination
- B. Apply high flow O2 by NRB**
- C. Monitor fetal heart rate
- D. Immediate transport

In a scenario where a 40-year-old female is experiencing sudden onset of painful vaginal bleeding at 37 weeks of gestation, the most appropriate first action is to apply high-flow oxygen via a non-rebreather mask (NRB). This choice is critical because sudden vaginal bleeding in late pregnancy can indicate serious conditions such as placental abruption or placenta previa, both of which can lead to significant maternal and fetal compromise. The application of high-flow oxygen helps to ensure that both the mother and the fetus are receiving adequate oxygenation. This is particularly important as maternal cardiovascular stability can affect fetal well-being; therefore, administering oxygen is a priority to optimize oxygen delivery. While performing a pelvic examination might provide information about the source of the bleeding, it can also disturb the already fragile situation, potentially worsening the condition or causing more bleeding. Monitoring fetal heart rate is also vital but should follow immediate interventions to ensure that oxygenation is secured. Immediate transport is often necessary in such cases, but before transport, securing the mother's condition with oxygen is critical. In handling obstetric emergencies, maintaining maternal and fetal oxygenation is paramount, making the application of high-flow O2 the correct first action in this situation.

6. What is the first step in assessing a newborn's respiratory status?

- A. Look, listen, and feel for breathing**
- B. Check for signs of distress
- C. Count the respiratory rate
- D. Perform a physical examination

Looking, listening, and feeling for breathing is the foundational step in assessing a newborn's respiratory status. This approach allows the healthcare provider to quickly evaluate whether the newborn is breathing effectively and to detect any immediate respiratory distress. During this initial assessment, the provider observes the movement of the chest, listens for breath sounds, and feels for airflow, which helps to establish the presence of adequate ventilation. Detecting irregularities at this stage is crucial, as timely interventions can be initiated if abnormalities are noted, such as gasping, grunting, or the absence of breathing. While checking for signs of distress, counting respiratory rate, and performing a physical examination are important components of the overall assessment, they typically follow the initial evaluation of whether the newborn is actively breathing. The first step is critical to determine the immediate needs of the newborn and to ensure appropriate response measures are taken if necessary.

7. 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.

8. What is a localized swelling on a newborn's head called?

- A. Caput succedaneum
- B. Cephalohematoma**
- C. Craniosynostosis
- D. Hemangioma

The term for localized swelling on a newborn's head is caput succedaneum. This condition arises primarily from the pressure exerted on the baby's head during delivery, especially if there is a prolonged labor or if a vacuum extractor is used. The swelling is typically soft and can cross suture lines, which differentiates it from conditions like cephalohematoma. Cephalohematoma, which was suggested in your answer, refers to a collection of blood between the baby's skull and the periosteum, which is the membrane covering the bones. This condition is usually firm and does not cross suture lines. It results from trauma during birth, particularly if there is extensive use of forceps or vacuum extraction. Craniosynostosis is a condition that occurs when one or more of the sutures in a baby's skull closes prematurely, leading to an abnormal head shape and potential pressure on the growing brain. Hemangioma is a benign tumor made up of blood vessels and may appear as a mark on the skin but is not typically referred to as a swelling in relation to delivery. Understanding these distinctions helps clarify why caput succedaneum is the correct term for the localized swelling observed in newborns after delivery.

9. What is a common sign of a potential uterine rupture?

- A. Vaginal bleeding
- B. Severe abdominal pain**
- C. Decreased fetal movement
- D. Increased maternal heart rate

A common sign of a potential uterine rupture is severe abdominal pain. This pain typically manifests suddenly and can be intense, distinguishing it from the more gradual discomfort that may be experienced during normal labor. The severe nature of the pain is due to the sudden traumatic event of the rupture, which involves the tearing of the uterine wall, potentially leading to hemorrhage. While vaginal bleeding, decreased fetal movement, and increased maternal heart rate can also be associated with complications during labor, they are not as definitive indicative of uterine rupture as severe abdominal pain. Vaginal bleeding can occur for various reasons, including placental abruption or previa, decreased fetal movement might signal fetal distress unrelated to a rupture, and an increased maternal heart rate could reflect several issues, including anxiety or dehydration. However, the abrupt onset of severe pain is a more direct indication of uterine rupture occurring, alerting healthcare providers to the need for immediate assessment and intervention.

10. In a case of a syncopal episode with sharp pain in the lower left quadrant, what condition should be suspected?

- A. Ovarian torsion
- B. Ectopic pregnancy**
- C. Appendicitis
- D. Acute gastroenteritis

In the context of a syncopal episode accompanied by sharp pain in the lower left quadrant, ectopic pregnancy is a critical condition to consider. This medical emergency occurs when a fertilized egg implants outside the uterus, most commonly in a fallopian tube. Symptoms often include abdominal pain, which can be severe and sudden, and they may also present with symptoms like vaginal bleeding and dizziness—possibly leading to syncopal episodes due to internal bleeding or significant pain. When assessing the scenario, syncopal episodes can indicate a drop in blood pressure or fluid levels, often associated with serious internal issues such as an ectopic pregnancy that is rupturing and causing hemorrhage. Therefore, the combination of acute abdominal pain in the lower left quadrant and syncope strongly suggests that a ruptured ectopic pregnancy could be the underlying cause, requiring immediate medical intervention. Other conditions, while they can cause abdominal pain, do not correlate as strongly with the combination of syncopal episodes. For example, ovarian torsion typically presents with unilateral lower abdominal pain but is less likely to cause syncope unless there's a related complication. Appendicitis usually presents with pain in the right lower quadrant and, while it can cause nausea and vomiting, it does not directly link to syncopal symptoms. Acute

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.

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

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