

JBL Obstetrics and Pediatrics Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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

- 1. What growth chart percentile indicates underweight in children?**
 - A. Below the 10th percentile**
 - B. Below the 5th percentile**
 - C. Between the 5th and 15th percentile**
 - D. Above the 25th percentile**
- 2. Which of the following assessment parameters is a more reliable indicator of perfusion in infants than adults?**
 - A. Pulse quality**
 - B. Capillary refill**
 - C. Blood pressure**
 - D. Level of orientation**
- 3. What should you do for a 4-month-old male who suddenly became limp, cyanotic, and apneic but is now breathing adequately?**
 - A. Administer oxygen via nonrebreathing mask**
 - B. Allow a parent to transport him to the hospital**
 - C. Contact the infant's pediatrician to seek advice**
 - D. Transport to the hospital and monitor him en route**
- 4. Why is a prolapsed umbilical cord considered dangerous?**
 - A. The cord might pull the placenta from the uterine wall**
 - B. The mother may die of hypoxia due to compromised placental blood flow**
 - C. The cord may be wrapped around the baby's neck**
 - D. The baby's head may compress the cord, cutting off its supply of oxygen**
- 5. Which of the following is a sign of inadequate breathing in an infant?**
 - A. Sunken fontanelles**
 - B. Abdominal breathing**
 - C. Expiratory grunting**
 - D. Heart rate of 130 beats/min**

- 6. Following delivery of a baby, the newborn has a strong cry and a heart rate of 130 beats/min. What should you do?**
- A. Suction the baby's mouth and nose.**
 - B. Keep the baby warm and transport.**
 - C. Ventilate with a bag-mask device.**
 - D. Administer free-flow oxygen by mask.**
- 7. A 5-year-old child moans and makes incomprehensible sounds following an injury. According to the modified Glasgow Coma Scale, what score is given for verbal response?**
- A. 1**
 - B. 2**
 - C. 3**
 - D. 4**
- 8. Which sign or symptom is more common in children than in adults following an isolated head injury?**
- A. Nausea and vomiting**
 - B. Altered mental status**
 - C. Tachycardia and diaphoresis**
 - D. Changes in pupillary reaction**
- 9. What is the leading cause of neonatal mortality?**
- A. Infections**
 - B. Congenital malformations**
 - C. Prematurity**
 - D. Maternal complications**
- 10. What is the significance of a child not reacting to your presence during an examination?**
- A. Indicates normal behavioral response for her age.**
 - B. Suggests possible severe hypoxia.**
 - C. Reflects an appropriate response to fear.**
 - D. Hints at sleep or unconsciousness.**

Answers

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

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Explanations

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1. What growth chart percentile indicates underweight in children?

A. Below the 10th percentile

B. Below the 5th percentile

C. Between the 5th and 15th percentile

D. Above the 25th percentile

To determine whether a child is underweight, healthcare providers typically reference growth charts that categorize a child's weight relative to their peers. A child whose weight falls below the 5th percentile is considered to be underweight. This means that less than 5% of children of the same age and sex weigh less than this specific child. Being in this percentile indicates a significant deviation from what is considered healthy growth patterns and raises concerns about possible underlying health issues, nutritional deficiencies, or growth disorders. In clinical practice, identifying underweight status is crucial because it prompts further evaluation and intervention to ensure the child's health and development are supported appropriately. The other options do not accurately represent the clinical threshold for underweight. For example, the 10th percentile suggests a child is on the lower end of weight but not necessarily classified as underweight. The range between the 5th and 15th percentile indicates that while some children may be lighter, they do not meet the criteria for underweight. Finally, being above the 25th percentile signifies that a child is within or above the average weight range compared to peers, thus not falling into the underweight category.

2. Which of the following assessment parameters is a more reliable indicator of perfusion in infants than adults?

A. Pulse quality

B. Capillary refill

C. Blood pressure

D. Level of orientation

Capillary refill is a more reliable indicator of perfusion in infants compared to adults because of the physiological differences in how perfusion is maintained in these populations. In infants, peripheral circulation is often less robust, making capillary refill a valuable assessment tool. Infants tend to have higher metabolic rates and variable vessel tone, which means that changes in capillary refill can reflect their perfusion status more reliably. In adults, blood pressure and pulse quality might also be significant indicators, but these can be influenced by various factors such as anxiety, hydration status, and underlying health conditions. Therefore, while all parameters can indicate perfusion to some extent, capillary refill is particularly effective in the more variable physiological context of infants, providing crucial information about their circulatory status. The other options, while useful in assessing perfusion or overall health, do not hold the same level of reliability for infants as capillary refill does. For example, blood pressure can be misleading in infants because sustaining adequate blood pressure is not as quickly indicative of perfusion issues in younger patients. Similarly, measuring level of orientation is less applicable in infants, who may not exhibit predictable responses as older children or adults would.

3. What should you do for a 4-month-old male who suddenly became limp, cyanotic, and apneic but is now breathing adequately?

- A. Administer oxygen via nonrebreathing mask**
- B. Allow a parent to transport him to the hospital**
- C. Contact the infant's pediatrician to seek advice**
- D. Transport to the hospital and monitor him en route**

Transporting the infant to the hospital and monitoring him en route is the appropriate action in this scenario. The infant's initial presentation of becoming limp, cyanotic, and apneic suggests a potentially serious condition that could require immediate medical intervention. Although he is breathing adequately now, this episode indicates that he could be at risk for further complications. In situations with young children, prompt medical evaluation is critical, especially when they exhibit signs of distress or changes in their condition. The fact that the infant previously experienced respiratory distress underscores the importance of continuous monitoring during transport. This allows for immediate response if his condition deteriorates again. Other options may not provide the necessary level of care and intervention. Administering oxygen via a nonrebreathing mask might seem appropriate, but the focus should remain on ensuring the infant is under professional medical care as soon as possible. Allowing a parent to transport the child could result in delays in receiving urgent care. While contacting the pediatrician could provide valuable advice, it does not replace the need for immediate assessment and potential emergency care at a facility. Therefore, transporting to the hospital ensures that the child receives the necessary medical attention and monitoring without delay.

4. Why is a prolapsed umbilical cord considered dangerous?

- A. The cord might pull the placenta from the uterine wall**
- B. The mother may die of hypoxia due to compromised placental blood flow**
- C. The cord may be wrapped around the baby's neck**
- D. The baby's head may compress the cord, cutting off its supply of oxygen**

A prolapsed umbilical cord is considered dangerous primarily because the baby's head can compress the cord, which can lead to a reduction or complete cutoff of blood flow and oxygen supply to the fetus. The umbilical cord plays a critical role in delivering oxygen and nutrients from the placenta to the baby. When the cord protrudes from the vagina before the baby, and especially if the head descends into the birth canal, it can become compressed between the baby's head and the pelvic wall. This compression can cause variable decelerations in fetal heart rate, indicating that the fetus is experiencing stress due to the lack of adequate oxygenation. Additionally, the other options mention concerns that might arise in specific situations but do not pertain directly to the primary and immediate danger associated with a prolapsed cord. For instance, while a severed cord could potentially have implications for placental attachment, the direct threat lies in the compromised blood flow due to pressure on the cord. Hypoxia in the mother or possible cord wrapping around the baby's neck are significant, but they do not define the acute risk that a prolapsed cord presents during labor. Thus, the most pressing concern remains the risk of oxygen deprivation to the baby caused by cord compression.

5. Which of the following is a sign of inadequate breathing in an infant?

- A. Sunken fontanelles**
- B. Abdominal breathing**
- C. Expiratory grunting**
- D. Heart rate of 130 beats/min**

Expiratory grunting is a significant sign of inadequate breathing in an infant. It typically indicates that the infant is experiencing respiratory distress and is attempting to exhale forcefully against a closed airway. This sound occurs as the infant tries to maintain end-expiratory lung volume in an effort to improve oxygenation and ventilate effectively despite impaired lung function. Grunting is a compensatory mechanism that indicates the body is struggling to meet its oxygen demands and is often associated with conditions such as pneumonia, atelectasis, or other forms of respiratory distress. In contrast, the other signs listed do not directly indicate inadequate breathing. Sunken fontanelles can suggest dehydration or increased intracranial pressure rather than directly reflect respiratory distress. Abdominal breathing is common in infants and may be a normal finding, especially in infants who are calm and not in distress. A heart rate of 130 beats per minute falls within the normal range for infants, where normal rates can vary between 100 to 160 beats per minute when at rest. Therefore, while these signs may indicate other health concerns, expiratory grunting specifically points to inadequate breathing and respiratory compromise.

6. Following delivery of a baby, the newborn has a strong cry and a heart rate of 130 beats/min. What should you do?

- A. Suction the baby's mouth and nose.**
- B. Keep the baby warm and transport.**
- C. Ventilate with a bag-mask device.**
- D. Administer free-flow oxygen by mask.**

In this scenario, the newborn exhibits a strong cry and a heart rate of 130 beats per minute, both of which are reassuring signs that the baby is likely transitioning well to life outside the womb. A strong cry indicates that the infant is likely breathing adequately, and a heart rate within the normal range (above 100 beats per minute) suggests good cardiac function. Given these positive indicators, the most appropriate action is to keep the baby warm and transport. Maintaining body temperature is crucial for newborns, as they are vulnerable to hypothermia. This requires wrapping the infant in a warm blanket or skin-to-skin contact with the mother to help stabilize their body temperature. Transporting the baby to a suitable facility for further evaluation and care is important, but immediate intervention beyond warmth is not necessary since the vital signs are stable. Other options, such as suctioning the baby's mouth and nose, may be indicated if there are signs of respiratory distress or secretions that compromise breathing, which are not present here. Ventilating with a bag-mask device is not warranted due to the absence of respiratory failure or distress, and administering free-flow oxygen is unnecessary since the newborn is exhibiting adequate respiratory effort and oxygenation.

7. A 5-year-old child moans and makes incomprehensible sounds following an injury. According to the modified Glasgow Coma Scale, what score is given for verbal response?

A. 1

B. 2

C. 3

D. 4

In assessing the verbal response of a 5-year-old child using the modified Glasgow Coma Scale, the score is determined by the clarity and coherence of the child's verbalizations. A score of 1 indicates no verbal response at all, which is appropriate for a child who is moaning and making incomprehensible sounds. The scale evaluates responses based on a range of criteria: - A score of 2 would apply if the child were making sounds that were not understandable but were still somewhat purposeful. - A score of 3 indicates inappropriate words or a response that might reflect some level of awareness. - A score of 4 would be assigned if the child could give appropriate responses, such as speaking coherently or responding to questions with words. In this case, because the child is only moaning and cannot express any intelligible words, a score of 1 accurately reflects the lack of any verbal communication. This evaluation is crucial in assessing consciousness levels after an injury, particularly in young children whose responses can differ significantly from adults.

8. Which sign or symptom is more common in children than in adults following an isolated head injury?

A. Nausea and vomiting

B. Altered mental status

C. Tachycardia and diaphoresis

D. Changes in pupillary reaction

Nausea and vomiting are signs that are notably more common in children following an isolated head injury compared to adults. This phenomenon can be attributed to several factors related to the anatomy and physiology of children. For one, children's brains are still developing, and they may react differently to trauma than those of adults. The presence of increased intracranial pressure can lead to more pronounced gastrointestinal symptoms in younger patients, manifesting as nausea and sometimes vomiting. Additionally, children may lack the communication skills to describe other more subtle symptoms, making nausea and vomiting more noticeable and reported. In contrast, adults may exhibit altered mental status more frequently after head injuries because of numerous co-morbidities or chronic conditions that affect cognitive function. Tachycardia and diaphoresis are physiological responses that can occur in both adults and children, but they are not as specific or indicative of head injury alone. Changes in pupillary reactions provide critical information regarding intracranial injuries, yet these do not occur as significantly, with the same frequency, in children as the gastrointestinal symptoms do. Thus, nausea and vomiting stand out as a symptom that heftily presents in the pediatric population following head injury.

9. What is the leading cause of neonatal mortality?

- A. Infections
- B. Congenital malformations**
- C. Prematurity
- D. Maternal complications

The leading cause of neonatal mortality is prematurity. Neonates born preterm, or before 37 weeks of gestation, are at a significantly higher risk for mortality due to various complications that can arise from being born too early. These complications include respiratory distress syndrome, infections, and difficulties with thermoregulation, among others. Premature infants often have underdeveloped organs and systems, making them more vulnerable compared to those born at term. While infections and congenital malformations are significant contributors to neonatal mortality as well, they typically occur more frequently as secondary issues arising from or exacerbated by prematurity. Maternal complications can also lead to neonatal death, but these often relate back to prematurity or result in the conditions that affect the newborn. Thus, prematurity stands out as the critical factor and leading cause in the context of neonatal mortality.

10. What is the significance of a child not reacting to your presence during an examination?

- A. Indicates normal behavioral response for her age.
- B. Suggests possible severe hypoxia.**
- C. Reflects an appropriate response to fear.
- D. Hints at sleep or unconsciousness.

The significance of a child not reacting to your presence during an examination can vary based on the child's age, developmental stage, and overall health. Option B highlights the possibility of severe hypoxia, which can have serious implications for a child's health. In young children, a lack of responsiveness could indicate that the brain is not receiving enough oxygen, which can be caused by respiratory issues or other medical emergencies. In infants and young children, responsiveness is a crucial part of assessing their neurological function and overall wellbeing. If a child is unresponsive, particularly in the context of a clinical evaluation, it may suggest a critical medical condition requiring immediate attention. Therefore, understanding the significance of unresponsiveness is essential for clinicians to promptly address any underlying medical issues. The context in which the child is unresponsive is vital, and if this behavior is present alongside other concerning signs, it warrants further investigation into the child's respiratory status and overall health.

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://jblobstetricspeds.examzify.com>

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