

JBL OBSTETRICS AND PEDIATRICS PRACTICE TEST (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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 vitamin is crucial to prevent neural tube defects?**
 - A. Vitamin A
 - B. Vitamin B12
 - C. Folic acid
 - D. Vitamin D
- 2. What is the typical range for a newborn's respiratory rate?**
 - A. 20-40 breaths per minute
 - B. 30-60 breaths per minute
 - C. 60-80 breaths per minute
 - D. 80-100 breaths per minute
- 3. What is the purpose of developmental screening tools in pediatrics?**
 - A. To determine a child's favorite activities
 - B. To identify delays in growth and development early on
 - C. To assess academic performance in school
 - D. To monitor dietary habits
- 4. What should be suspected in a 3-year-old child with sudden onset of respiratory distress and no recent illness?**
 - A. Croup
 - B. Epiglottitis
 - C. Lower respiratory infection
 - D. Foreign body airway obstruction
- 5. According to the modified Glasgow Coma Scale for infants, what score corresponds to a 6-month-old infant who moans in response to pain?**
 - A. 1
 - B. 2
 - C. 3
 - D. 4

- 6. A 30-year-old female presents with vaginal bleeding and lightheadedness. What should you do?**
- A. Instruct her to insert a tampon to help control the bleeding
 - B. Position her supine and prepare for immediate transport
 - C. Position her on her side and reassess her blood pressure
 - D. Place a trauma dressing over her vagina and apply pressure
- 7. A 34-year-old pregnant woman in her third trimester is experiencing a seizure. In which position should she be transported?**
- A. Prone
 - B. Left side
 - C. Supine
 - D. Semi-Fowler
- 8. What are potential long-term effects of untreated ADHD?**
- A. Increased athletic performance
 - B. Academic failure, low self-esteem, and difficulties in relationships
 - C. Improved social skills
 - D. Enhanced concentration
- 9. Following the delivery of a baby, the mother has moderate vaginal bleeding. What action should the EMT take?**
- A. Carefully insert several gauze pads into her vagina
 - B. Sit her up and apply direct pressure
 - C. Keep her supine and massage the fundus of her uterus
 - D. Place her on her side and elevate her lower extremities
- 10. A 5-year-old in compensated shock due to severe vomiting and diarrhea would show which symptom?**
- A. Slow, shallow respirations
 - B. A slow capillary refill time
 - C. Strong, bounding radial pulses
 - D. A weakly palpable carotid pulse

Answers

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

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Explanations

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1. What vitamin is crucial to prevent neural tube defects?

- A. Vitamin A
- B. Vitamin B12
- C. Folic acid**
- D. Vitamin D

Folic acid plays a critical role in the prevention of neural tube defects during early pregnancy. It is a B vitamin that is essential for the proper development of the neural tube, which forms the brain and spinal cord of the developing fetus. Adequate levels of folic acid before conception and during the first trimester can significantly reduce the risk of defects such as spina bifida and anencephaly. Recognizing the importance of folic acid, health guidelines often recommend that women of childbearing age take a daily supplement containing this vitamin, alongside a diet rich in foods high in folate, such as leafy greens, legumes, and fortified cereals. This proactive measure is crucial because neural tube defects typically occur in the early weeks of pregnancy, often before a woman even realizes she is pregnant. The other vitamins listed do play important roles in overall health, but they do not specifically target or prevent neural tube defects in the same way that folic acid does.

2. What is the typical range for a newborn's respiratory rate?

- A. 20-40 breaths per minute
- B. 30-60 breaths per minute**
- C. 60-80 breaths per minute
- D. 80-100 breaths per minute

The typical range for a newborn's respiratory rate is indeed 30-60 breaths per minute. This range reflects the normal physiological state of a newborn, as their respiratory systems are still maturing outside the womb. Newborns typically have a faster respiratory rate than older children and adults due to their smaller lung capacity and higher metabolic rate. Breathing patterns in newborns can also be irregular, and it's common for them to experience periodic breathing. This means they may have short pauses in their breathing. However, the established range of 30-60 breaths per minute accounts for these variations and is considered the standard guideline used by healthcare professionals to assess the respiratory health of newborns. In contrast, ranges higher or lower than this can indicate potential distress or abnormality in the newborn's respiratory function, thus making the 30-60 breaths per minute range an important benchmark for assessment in clinical practice.

3. What is the purpose of developmental screening tools in pediatrics?

- A. To determine a child's favorite activities
- B. To identify delays in growth and development early on**
- C. To assess academic performance in school
- D. To monitor dietary habits

The purpose of developmental screening tools in pediatrics is to identify delays in growth and development early on. These tools are designed to assess a child's progress in key areas such as physical, social-emotional, cognitive, and communication skills. Early identification of developmental delays is crucial because it allows for timely interventions, which can significantly improve a child's outcome and support their overall development. By screening children at regular intervals, healthcare providers can monitor developmental milestones and ensure that any issues are addressed promptly, facilitating better long-term health and educational opportunities for the child.

4. What should be suspected in a 3-year-old child with sudden onset of respiratory distress and no recent illness?

- A. Croup
- B. Epiglottitis
- C. Lower respiratory infection
- D. Foreign body airway obstruction**

In the case of a 3-year-old child experiencing sudden onset of respiratory distress without any prior symptoms of illness, foreign body airway obstruction is a significant concern. Children in this age group are particularly prone to aspirating small objects, which can quickly lead to acute respiratory distress. The sudden nature of the respiratory distress suggests an immediate obstruction may be present, which is characteristically associated with foreign body aspiration. In contrast, conditions like croup or epiglottitis typically have symptoms that develop more gradually and often present alongside a history of a preceding upper respiratory infection. Croup, for instance, usually follows viral infections and presents with a distinct barking cough and stridor. Epiglottitis, while also leading to respiratory distress, usually involves fever and a more prolonged illness course before significant respiratory compromise occurs. A lower respiratory infection, such as pneumonia or bronchiolitis, would also typically present with initial symptoms like fever and cough before escalating to respiratory distress. Given the sudden onset and lack of previous symptoms, foreign body airway obstruction stands out as the most likely cause in this clinical scenario. Immediate recognition and intervention are crucial to prevent severe respiratory compromise or even fatality.

5. According to the modified Glasgow Coma Scale for infants, what score corresponds to a 6-month-old infant who moans in response to pain?

- A. 1
- B. 2**
- C. 3
- D. 4

In the context of the modified Glasgow Coma Scale for infants, a score corresponding to a 6-month-old infant who moans in response to pain indicates a specific level of responsiveness. The scale assesses three components: eye opening, verbal response, and motor response. For a 6-month-old infant, a response like moaning typically falls under the category of verbal response. Moaning suggests that the infant has some level of verbal reaction to pain, indicating a certain degree of consciousness and the presence of neurological function. In the modified Glasgow Coma Scale, a score of 2 for the verbal response is assigned when an infant makes abnormal cry or moan. This shows that the infant is not fully alert or appropriately verbal but does exhibit a reaction to stimuli. Thus, the score of 2 accurately reflects the infant's ability to respond with a moaning sound, which is a sign of an impaired yet present level of responsiveness.

6. A 30-year-old female presents with vaginal bleeding and lightheadedness. What should you do?

- A. Instruct her to insert a tampon to help control the bleeding
- B. Position her supine and prepare for immediate transport**
- C. Position her on her side and reassess her blood pressure
- D. Place a trauma dressing over her vagina and apply pressure

The appropriate response in this scenario is to position her supine and prepare for immediate transport. This decision is based on the symptoms described: vaginal bleeding and lightheadedness, which suggest the patient may be experiencing significant blood loss, potentially leading to hypovolemic shock. Positioning her supine helps improve venous return to the heart and can enhance blood flow to vital organs, which is critical given her lightheadedness – a sign of possible inadequate perfusion. Immediate transport is necessary for further evaluation and management, as this situation could be emergent, requiring medical intervention, including the potential need for fluid resuscitation or surgical intervention. The other options, while they may have some rationale, do not prioritize the critical nature of her symptoms effectively. Using a tampon could lead to further complications without appropriately addressing the underlying issues. Positioning her on her side might be appropriate in some scenarios but does not offer the same benefit for blood circulation as the supine position would. Lastly, applying pressure with a trauma dressing might be relevant if there were visible external trauma, but with just vaginal bleeding and lightheadedness, the most important step is to ensure she is stable and transported to a medical facility promptly.

7. A 34-year-old pregnant woman in her third trimester is experiencing a seizure. In which position should she be transported?

- A. Prone
- B. Left side**
- C. Supine
- D. Semi-Fowler

Transporting a pregnant woman experiencing a seizure in the left side position is the most appropriate option due to several critical factors. This position helps to reduce pressure on the inferior vena cava, a major blood vessel that carries deoxygenated blood from the lower body back to the heart. When a pregnant woman lies on her back, the weight of the uterus can compress this vessel, potentially leading to decreased blood flow to the heart and resulting in hypotension, which can be harmful to both the mother and the fetus. Positioning the woman on her left side also helps to improve blood circulation to the placenta, allowing for better oxygenation and nutrient delivery to the fetus. Additionally, this side-lying position minimizes the risk of aspiration, as it helps keep the airway more open and clears any secretions that may block it. Other options like being prone, supine, or in a semi-Fowler position do not adequately address the physiological needs during this critical moment in a pregnant woman's care. Therefore, the left side position is the safest and most supportive option for both the mother and the unborn child.

8. What are potential long-term effects of untreated ADHD?

- A. Increased athletic performance
- B. Academic failure, low self-esteem, and difficulties in relationships**
- C. Improved social skills
- D. Enhanced concentration

Untreated ADHD can lead to significant challenges in various aspects of an individual's life. One of the primary long-term effects is academic failure. Children with ADHD often struggle with attention, impulse control, and organizational skills, which can hinder their academic performance and motivation to succeed in school. This academic struggle may also contribute to low self-esteem, as these individuals may feel different from their peers or incapable of meeting the expected benchmarks, leading to feelings of inadequacy. Additionally, untreated ADHD can affect interpersonal relationships. Individuals may experience difficulties in maintaining friendships or forming new relationships due to impulsive behaviors or social skill deficits. They might also struggle with communication and understanding social cues, which can lead to misunderstandings and conflict with peers, friends, or family members. These factors together can create a cycle of negative outcomes that reinforce one another, emphasizing the importance of recognizing and addressing ADHD early to prevent these long-term consequences. In contrast, the other options suggest positive enhancements, such as improved social skills or athletic performance, which are not typically associated with untreated ADHD.

9. Following the delivery of a baby, the mother has moderate vaginal bleeding. What action should the EMT take?

- A. Carefully insert several gauze pads into her vagina
- B. Sit her up and apply direct pressure
- C. Keep her supine and massage the fundus of her uterus**
- D. Place her on her side and elevate her lower extremities

After the delivery of a baby, moderate vaginal bleeding may indicate potential complications such as uterine atony, which is when the uterus fails to contract effectively after childbirth. One of the critical actions an EMT should take in this situation is to keep the mother supine and massage the fundus of her uterus. Massaging the fundus helps stimulate uterine contractions, which can significantly reduce bleeding. This intervention is vital because it helps the uterus return to its normal size and function, effectively decreasing the risk of postpartum hemorrhage. Additionally, keeping the mother in a supine position is important as it allows for better blood flow and access if further interventions or assessments are necessary. Option choices providing other actions either do not directly address the cause of the bleeding or could potentially exacerbate the situation. For instance, using gauze pads improperly could impede proper assessment and management of the bleeding. Similarly, sitting the mother up or placing her on her side may not facilitate the necessary uterine contraction and could increase the risk of further bleeding. Therefore, massaging the fundus while keeping the mother supine is the most appropriate and effective action for the EMT to help manage moderate vaginal bleeding following childbirth.

10. A 5-year-old in compensated shock due to severe vomiting and diarrhea would show which symptom?

- A. Slow, shallow respirations
- B. A slow capillary refill time**
- C. Strong, bounding radial pulses
- D. A weakly palpable carotid pulse

In a case of compensated shock due to severe vomiting and diarrhea, observing a slow capillary refill time is consistent with the body's physiological response to maintain blood pressure and perfusion to vital organs. Compensated shock occurs when the body is still able to maintain adequate blood flow despite the reduction in circulating blood volume. When a child is in compensated shock, the body employs various mechanisms to maintain perfusion. Blood vessels constrict, which can lead to slowed capillary refill times. In healthy individuals, capillary refill time should be less than two seconds; however, in cases of shock, it can exceed this duration as peripheral circulation decreases. In contrast, strong, bounding radial pulses would typically indicate good blood volume and pressure, which would not be present in a state of shock. Slow, shallow respirations are also less characteristic of compensated shock, as children may exhibit increased respiratory rates in response to hypoxia or to compensate for metabolic demands. A weakly palpable carotid pulse suggests more severe compromise and is associated with decompensation, which is not the case in compensated shock. Thus, a slow capillary refill time is the most indicative symptom of a child in compensated shock due to severe vomiting and diarrhea.

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!

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