

JBL OBSTETRICS AND PEDIATRICS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED 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. 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 the significance of the fundal height measurement during pregnancy?**
 - A. It determines the mother's weight
 - B. It helps assess fetal growth and gestational age
 - C. It measures the strength of contractions
 - D. It monitors the mother's blood pressure
- 2. A 5-year-old child was bitten by fire ants and is semiconscious with labored breathing. What is the MOST appropriate treatment for him?**
 - A. Ventilation with a bag-mask device and 0.15 mg epinephrine via auto-injector
 - B. Oxygen via nonrebreathing mask and 0.3 mg epinephrine via auto-injector
 - C. Ventilation with a bag-mask device and 0.3 mg epinephrine via auto-injector
 - D. Oxygen via nonrebreathing mask and 0.15 mg epinephrine via auto-injector
- 3. 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
- 4. What is the most common cause of postpartum hemorrhage?**
 - A. Uterine atony
 - B. Retained placental tissue
 - C. Cervical lacerations
 - D. Coagulation disorders
- 5. What is the recommended daily physical activity for children aged 6-17?**
 - A. At least 30 minutes of light activity
 - B. At least 60 minutes of moderate to vigorous activity
 - C. Only weekend sports activity
 - D. No structured physical activity is needed

- 6. What is the most common reason for hospitalization in children?**
- A. Injuries
 - B. Gastrointestinal infections
 - C. Respiratory illnesses
 - D. Allergic reactions
- 7. What is the best course of action when a patient presents with significant blood loss and low blood pressure?**
- A. Keep them seated and provide reassurance
 - B. Immediately transport them while monitoring vital signs
 - C. Administer fluids orally to stabilize them
 - D. Encourage them to lie down and rest
- 8. At what stage do children typically begin to develop stranger anxiety?**
- A. Infant.
 - B. Neonate.
 - C. Toddler.
 - D. Preschooler.
- 9. Which parameter is the LEAST reliable when assessing the perfusion status of a 2-year-old child?**
- A. Capillary refill time
 - B. Systolic blood pressure
 - C. Skin color and temperature
 - D. Presence of peripheral pulses
- 10. How often should well-child visits occur during the first two years of life?**
- A. Quarterly
 - B. At 1 month, 2 months, 4 months, 6 months, 9 months, and 12 months
 - C. Bi-annually
 - D. Only during the first year

Answers

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

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Explanations

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1. What is the significance of the fundal height measurement during pregnancy?

- A. It determines the mother's weight
- B. It helps assess fetal growth and gestational age**
- C. It measures the strength of contractions
- D. It monitors the mother's blood pressure

The significance of fundal height measurement during pregnancy primarily lies in its ability to help assess fetal growth and gestational age. Fundal height, which is the distance from the pubic bone to the top of the uterus (the fundus), serves as a useful clinical tool in monitoring the development of the fetus throughout gestation. As the pregnancy progresses, the fundal height typically increases in relation to the gestational age, allowing healthcare providers to estimate whether the fetus is growing adequately for its age. An appropriate fundal height measurement correlates with healthy fetal development, while deviations may indicate potential issues, such as intrauterine growth restriction or macrosomia (excessive growth). This measurement is generally assessed during routine prenatal visits, providing an easy and non-invasive way to monitor fetal progress. It is not related to maternal weight, strength of contractions, or blood pressure, which explains why those options do not capture the significance of fundal height effectively.

2. A 5-year-old child was bitten by fire ants and is semiconscious with labored breathing. What is the MOST appropriate treatment for him?

- A. Ventilation with a bag-mask device and 0.15 mg epinephrine via auto-injector**
- B. Oxygen via nonrebreathing mask and 0.3 mg epinephrine via auto-injector
- C. Ventilation with a bag-mask device and 0.3 mg epinephrine via auto-injector
- D. Oxygen via nonrebreathing mask and 0.15 mg epinephrine via auto-injector

The most appropriate treatment for the 5-year-old child bitten by fire ants who is semiconscious with labored breathing involves ventilation with a bag-mask device and administering 0.15 mg of epinephrine via an auto-injector. This approach is critical because the child's altered level of consciousness suggests potential compromise of the airway and the need to ensure adequate oxygenation and ventilation. Using a bag-mask device helps to provide positive pressure ventilation, which is essential for maintaining adequate oxygen delivery, especially in a child who is experiencing respiratory distress. The semiconscious state indicates that the child may not be able to maintain their airway or breathe adequately on their own, making artificial ventilation necessary. Administering epinephrine is crucial in cases of severe allergic reactions, such as those caused by fire ant bites. The dosage of 0.15 mg is appropriate for a child of this age and weight, as it is effective in treating anaphylaxis by causing vasoconstriction, bronchodilation, and reducing swelling. This combination of interventions—providing ventilation support and administering the correct dose of epinephrine—addresses the immediate life-threatening concerns of airway compromise and anaphylactic reaction effectively, making it the most suitable answer for this scenario.

3. 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.

4. What is the most common cause of postpartum hemorrhage?

- A. Uterine atony**
- B. Retained placental tissue
- C. Cervical lacerations
- D. Coagulation disorders

The most common cause of postpartum hemorrhage is uterine atony, which refers to the failure of the uterus to contract effectively after childbirth. Normally, the uterus contracts to compress the blood vessels at the site of the placenta, helping to prevent excessive blood loss. When the uterus does not contract adequately, it can lead to significant bleeding. Uterine atony occurs in a variety of circumstances, including prolonged labor, multiple gestation, or the use of certain medications during labor and delivery. Recognizing this condition is crucial, as it can often be managed effectively through uterine massage, medications, and sometimes surgical intervention if needed. Understanding uterine atony's prevalence emphasizes the importance of monitoring uterine tone postpartum to ensure timely intervention and reduce the risk of severe hemorrhage.

5. What is the recommended daily physical activity for children aged 6-17?

- A. At least 30 minutes of light activity
- B. At least 60 minutes of moderate to vigorous activity**
- C. Only weekend sports activity
- D. No structured physical activity is needed

The recommendation for children aged 6-17 to engage in at least 60 minutes of moderate to vigorous physical activity each day is based on extensive research showing the numerous benefits of regular physical activity for this age group. Engaging in such activity helps improve cardiovascular fitness, builds strong bones and muscles, supports healthy weight management, and promotes better mental health and cognitive function. Moderate activities may include brisk walking, dancing, or playing sports, while vigorous activities could involve running, swimming, or engaging in competitive sports. The emphasis on varying intensity ensures that children not only develop their physical abilities but also find enjoyable ways to stay active, which can lead to healthier habits throughout their lives. Focusing on structured daily physical activity rather than limited options or none at all fosters a foundation for lifelong fitness and well-being in children.

6. What is the most common reason for hospitalization in children?

- A. Injuries
- B. Gastrointestinal infections
- C. Respiratory illnesses**
- D. Allergic reactions

The most common reason for hospitalization in children is respiratory illnesses. This encompasses a variety of conditions, including asthma exacerbations, pneumonia, bronchiolitis, and upper respiratory infections, which are particularly prevalent in pediatric populations. Respiratory illnesses often lead to significant complications because children's airways are smaller and more prone to obstruction. Furthermore, factors such as exposure to allergens, viruses, and environmental pollutants can exacerbate these conditions, resulting in increased hospital visits and admissions. While injuries, gastrointestinal infections, and allergic reactions are also important health issues in pediatrics, they do not occur with the same frequency as respiratory diseases when considering hospitalization rates. Injuries may be common in emergency departments, but many do not require hospitalization. Gastrointestinal infections can lead to dehydration requiring admission, but respiratory illnesses remain at the forefront in terms of overall hospitalization rates in children. Allergy-related issues, while serious, tend to be managed on an outpatient basis unless they lead to severe anaphylactic reactions, which are less common.

7. What is the best course of action when a patient presents with significant blood loss and low blood pressure?

- A. Keep them seated and provide reassurance
- B. Immediately transport them while monitoring vital signs**
- C. Administer fluids orally to stabilize them
- D. Encourage them to lie down and rest

When a patient presents with significant blood loss and low blood pressure, immediate action is crucial to stabilize their condition. Transporting the patient promptly while continuously monitoring vital signs is essential for several reasons. First, significant blood loss can quickly lead to hypovolemic shock, which may affect the patient's ability to maintain adequate organ perfusion and function. Transporting the patient ensures they receive timely medical intervention. Second, while monitoring vital signs during transport allows healthcare providers to track any changes in the patient's condition, which is critical in emergency situations. If the patient's blood pressure continues to decline or if they show signs of worsening, interventions can be initiated immediately. Other options are less appropriate in this context. Keeping the patient seated may not provide the necessary support for a person experiencing low blood pressure, and it might even exacerbate their condition. Administering fluids orally poses a risk, as a patient with significant blood loss may be unable to swallow properly or could risk aspiration. Encouraging the patient to lie down and rest may offer temporary comfort, but it does not ensure that the patient receives the urgent medical evaluation and treatment they require due to their unstable condition. Thus, the best course of action is to transport the patient while closely monitoring vital signs

8. At what stage do children typically begin to develop stranger anxiety?

- A. Infant.
- B. Neonate.
- C. Toddler.**
- D. Preschooler.

Stranger anxiety is a psychological phenomenon commonly observed in infants and young children as they develop their social and emotional skills. This anxiety typically emerges in response to the presence of unfamiliar individuals, indicating that the child is becoming more aware of social boundaries and attachments. The correct answer reflects that stranger anxiety primarily begins in the infant stage, particularly around 6 to 8 months of age. During this time, infants start forming strong attachments to their primary caregivers and may react with distress or fear when confronted with strangers. This behavior is a normal part of development as children learn to differentiate between familiar caregivers and unfamiliar individuals, marking a critical stage in their emotional growth. This understanding is essential because it highlights the normal developmental milestones children experience. While toddlers may continue to exhibit signs of apprehension towards strangers, the initial onset typically occurs during infancy, thus aligning with the correct answer regarding the development of stranger anxiety.

9. Which parameter is the LEAST reliable when assessing the perfusion status of a 2-year-old child?

- A. Capillary refill time
- B. Systolic blood pressure**
- C. Skin color and temperature
- D. Presence of peripheral pulses

Systolic blood pressure is the least reliable parameter when assessing the perfusion status of a 2-year-old child due to the variations in blood pressure norms and the child's physiological adaptations. In young children, blood pressure can fluctuate significantly due to factors such as age, size, and the state of hydration. Additionally, children often compensate for decreased perfusion by maintaining blood pressure until they reach critical levels of distress, making systolic blood pressure a late indicator of poor perfusion. In contrast, capillary refill time, skin color and temperature, and the presence of peripheral pulses provide more immediate and dynamic assessments of perfusion. Capillary refill time reflects the ability of the cardiovascular system to return blood to peripheral areas, while skin color and temperature can indicate systemic circulation effectiveness. Peripheral pulses directly correlate with blood flow and perfusion, making these parameters more suitable for initial evaluations, especially in pediatric patients where quick interventions may be necessary.

10. How often should well-child visits occur during the first two years of life?

- A. Quarterly
- B. At 1 month, 2 months, 4 months, 6 months, 9 months, and 12 months**
- C. Bi-annually
- D. Only during the first year

The recommendation for well-child visits during the first two years of life emphasizes the importance of regular monitoring and assessment of a child's growth and development. The specific schedule of visits at 1 month, 2 months, 4 months, 6 months, 9 months, and 12 months allows for timely vaccinations, developmental screenings, and parental guidance on nutrition, safety, and other critical aspects of childcare. This frequency is crucial because early childhood is a period of rapid growth and development, and these visits provide an opportunity to monitor milestones, address any medical concerns, and provide necessary immunizations. Each visit is tailored to track developmental progress and identify potential issues early, thus ensuring that children are healthy and thriving. In contrast, the other options suggest less frequent visits or omit important ages. Quarterly visits might seem reasonable, but they don't align with the established guidelines for regular checks during these formative months. Bi-annual visits do not provide the necessary frequency to monitor growth and development during critical periods. Visits only during the first year would completely overlook key developmental stages in the second year of life when additional assessments and vaccinations are necessary.

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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