

MATERNAL-FETAL MEDICINE (MFM) QUALIFYING PRACTICE EXAM (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 exposure risk does increased placental degradation present during pregnancy?**
 - A. Increased transfer of toxins
 - B. Decreased nutrient supply
 - C. Improved fetal immunity
 - D. Nutrient overload

- 2. What is a common adverse reaction of dopamine infusion compared to norepinephrine?**
 - A. Hypertension
 - B. Bradycardia
 - C. Arrhythmia
 - D. Headache

- 3. Which parameter is typically decreased in hypovolemic shock?**
 - A. Cardiac output (CO)
 - B. Pulmonary artery wedge pressure (PAWP)
 - C. Both A and B
 - D. Systemic vascular resistance (SVR)

- 4. What treatment is recommended for hypothermia in newborns?**
 - A. Diazepam
 - B. Lactated Ringer's solution
 - C. Phenobarbital
 - D. Acetaminophen

- 5. What characterizes the onset of symptoms in multifactorial threshold traits like cleft lip/palate?**
 - A. Symptoms appear most frequently in females
 - B. Symptoms only arise in genetically predisposed males
 - C. Symptoms manifest when the threshold of traits is met
 - D. Symptoms are independent of genetic predisposition

- 6. What does the Positive Predictive Value indicate?**
- A. The likelihood that a positive test correctly indicates disease
 - B. The probability of a false positive result
 - C. The ratio of correctly identified cases to all cases
 - D. The effectiveness of a treatment after a positive test
- 7. The shift to humoral immunity during pregnancy is primarily associated with what effect on the mother?**
- A. Increased risk of autoimmune diseases
 - B. Decreased infectious disease susceptibility
 - C. Increased susceptibility to certain infections
 - D. Enhanced vaccine response
- 8. What is a significant risk factor for a woman having a child with Down syndrome?**
- A. Smoking during pregnancy
 - B. Advanced maternal age
 - C. Family history of diabetes
 - D. Obesity
- 9. Which of the following is a normal EKG change during pregnancy?**
- A. Elevated QT interval
 - B. Left axis deviation
 - C. Decreased HR
 - D. Wide QRS complex
- 10. Post-operative foot drop is commonly associated with injury to which nerve?**
- A. Deep peroneal nerve
 - B. Tibial nerve
 - C. Common peroneal nerve
 - D. Sural nerve

Answers

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

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Explanations

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1. What exposure risk does increased placental degradation present during pregnancy?

- A. Increased transfer of toxins
- B. Decreased nutrient supply**
- C. Improved fetal immunity
- D. Nutrient overload

Increased placental degradation during pregnancy can lead to a decreased nutrient supply to the fetus. The placenta plays a crucial role in facilitating the transfer of essential nutrients and oxygen from the mother to the fetus while also removing waste products. When placental function declines due to degradation, its ability to effectively transport these vital nutrients diminishes, potentially compromising fetal nutrition. This situation can particularly affect the growth and development of the fetus, leading to conditions such as intrauterine growth restriction (IUGR), which is characterized by the fetus not growing as expected. Understanding this aspect of placental health is critical, as it has implications for both immediate and long-term outcomes for the child. Therefore, the risk associated with increased placental degradation is primarily linked to the reduced supply of nutrients that are vital for fetal development.

2. What is a common adverse reaction of dopamine infusion compared to norepinephrine?

- A. Hypertension
- B. Bradycardia
- C. Arrhythmia**
- D. Headache

Dopamine infusion is commonly associated with the potential for arrhythmias, primarily because dopamine influences both dopaminergic and adrenergic receptors. It has dose-dependent effects: at low doses, it primarily stimulates dopaminergic receptors, leading to renal vasodilation, while at moderate to high doses, it increases cardiac contractility and heart rate through beta-adrenergic receptor stimulation. This increased cardiac activity can precipitate arrhythmias, particularly in patients with underlying heart conditions or those receiving high doses. Norepinephrine, on the other hand, primarily acts on alpha-adrenergic receptors, leading to significant vasoconstriction and an increase in blood pressure, but does not have the same degree of direct impact on heart rhythm compared to dopamine. While both agents can lead to increases in heart rate, the risk of arrhythmia is significantly higher with dopamine due to its effects on cardiac electrical activity. Therefore, when considering the adverse reactions specific to the infusion of these drugs, arrhythmia stands out as a more common concern with dopamine relative to norepinephrine.

3. Which parameter is typically decreased in hypovolemic shock?

- A. Cardiac output (CO)
- B. Pulmonary artery wedge pressure (PAWP)
- C. Both A and B**
- D. Systemic vascular resistance (SVR)

In hypovolemic shock, there is a significant reduction in circulating blood volume, which leads to a decrease in both cardiac output and pulmonary artery wedge pressure. Cardiac output typically decreases due to reduced preload, as low blood volume results in less blood returning to the heart. This diminished preload reduces the stroke volume according to the Frank-Starling mechanism, thus lowering overall cardiac output. Pulmonary artery wedge pressure, a measure of left atrial pressure and an indirect indicator of left ventricular filling pressure, also decreases. In hypovolemic states, the fluid deficit means that there's not enough blood volume to fill the heart chambers adequately, resulting in lower pressures in the pulmonary circulation. While systemic vascular resistance may increase in hypovolemic shock due to compensatory mechanisms aimed at maintaining perfusion to vital organs, it is not a parameter that typically decreases. Understanding these physiological changes provides insight into how the body responds to reduced blood volume and the critical importance of fluid resuscitation in managing hypovolemic shock.

4. What treatment is recommended for hypothermia in newborns?

- A. Diazepam**
- B. Lactated Ringer's solution
- C. Phenobarbital
- D. Acetaminophen

The correct treatment for hypothermia in newborns involves active rewarming methods rather than the use of medications such as diazepam, which is primarily a sedative and anticonvulsant. In this context, the most appropriate measure is to provide controlled warming strategies, including skin-to-skin contact, warm blankets, or an incubator to raise the newborn's body temperature safely and effectively. Lactated Ringer's solution, while useful for fluid resuscitation in various clinical scenarios, is not directly indicated for treating hypothermia. Similarly, phenobarbital is used in the management of seizures and not as a treatment for low body temperature. Acetaminophen is an analgesic and antipyretic medication, which does not address the underlying issue of hypothermia and could potentially be harmful if used to artificially raise body temperature. Since the recommended treatment for hypothermia in newborns centers around methods of rewarming, it is essential to focus on those appropriate techniques rather than medications that do not serve that purpose.

5. What characterizes the onset of symptoms in multifactorial threshold traits like cleft lip/palate?

- A. Symptoms appear most frequently in females
- B. Symptoms only arise in genetically predisposed males
- C. Symptoms manifest when the threshold of traits is met**
- D. Symptoms are independent of genetic predisposition

In multifactorial threshold traits such as cleft lip and palate, symptoms manifest when the combined effect of genetic and environmental factors reaches a certain threshold. This characteristic is central to understanding how such conditions develop. Unlike single-gene disorders, which have a clear genetic cause, multifactorial traits stem from the interplay of multiple genes along with environmental influences. In this context, the threshold model suggests that while individuals may have a genetic predisposition to a trait, it is only when the totality of these predispositions and relevant environmental factors crosses a specific threshold that the symptoms will begin to appear. This nuanced understanding helps explain why cleft lip and palate, for example, can occur in families with no prior history of the condition, highlighting the complexity of multifactorial inheritance. Recognizing that symptoms emerge based on the threshold being met underscores the importance of both genetic factors and environmental influences in the development of such traits.

6. What does the Positive Predictive Value indicate?

- A. The likelihood that a positive test correctly indicates disease**
- B. The probability of a false positive result
- C. The ratio of correctly identified cases to all cases
- D. The effectiveness of a treatment after a positive test

The Positive Predictive Value (PPV) is a critical concept in diagnostic testing that reflects the likelihood that a positive result from a test accurately indicates the presence of a disease. Essentially, PPV answers the question: "If the test result is positive, how confident can we be that the patient actually has the disease?" PPV is influenced by both the sensitivity and specificity of the test, as well as the prevalence of the disease in the population being tested. A high PPV indicates that there is a strong likelihood that a positive test result corresponds to true disease, which is vital for clinicians making decisions regarding diagnosis and treatment based on test results. In summary, PPV serves as a measure of the reliability of a positive test result, thereby guiding clinical judgment and management in medical practice.

7. The shift to humoral immunity during pregnancy is primarily associated with what effect on the mother?

- A. Increased risk of autoimmune diseases
- B. Decreased infectious disease susceptibility
- C. Increased susceptibility to certain infections**
- D. Enhanced vaccine response

During pregnancy, the maternal immune system undergoes significant changes to adapt to the presence of the fetus. The shift to humoral immunity is characterized by an enhancement of antibody production, which is crucial for protecting both the mother and fetus. However, this shift comes with specific consequences for maternal susceptibility to infections. Increased susceptibility to certain infections occurs for a variety of reasons, including physiological changes that affect the maternal immune response. For instance, the immune system prioritizes tolerance to the fetus, which can lead to a relative decrease in the ability to mount strong cell-mediated immune responses. This may leave pregnant individuals more vulnerable to certain pathogens, particularly those that require strong cellular responses for clearance. The other options are relevant considerations but do not accurately describe the primary effect of humoral immunity shift during pregnancy. While the immune changes may interact with autoimmune diseases, the increased risk is not a direct consequence of humoral immunity alone. Infectious disease susceptibility can also vary based on the type of infection, and although some vaccines produce enhanced responses due to the humoral immunity shift, this is not universally applicable to all vaccines or infections encountered during pregnancy. Thus, the primary effect associated with the shift to humoral immunity during pregnancy is the increased susceptibility to certain infections, making this the

8. What is a significant risk factor for a woman having a child with Down syndrome?

- A. Smoking during pregnancy
- B. Advanced maternal age**
- C. Family history of diabetes
- D. Obesity

Advanced maternal age is a well-established significant risk factor for having a child with Down syndrome. As a woman's age increases, particularly after the age of 35, the likelihood of chromosomal abnormalities, such as an extra copy of chromosome 21 that causes Down syndrome, also increases. This increased risk is thought to be due to age-related changes in the eggs, particularly in the processes of cell division that lead to the formation of eggs and sperm. As the maternal age advances, the probability of nondisjunction—where the chromosomes fail to separate properly during cell division—rises, leading to a higher chance of the resulting embryo having an abnormal number of chromosomes. In contrast, while smoking during pregnancy, family history of diabetes, and obesity can pose risks to maternal and fetal health in various ways, they are not directly associated with an increased risk of Down syndrome in the offspring. Thus, understanding the implications of maternal age is crucial in prenatal counseling and risk assessment for chromosomal conditions like Down syndrome.

9. Which of the following is a normal EKG change during pregnancy?

- A. Elevated QT interval
- B. Left axis deviation**
- C. Decreased HR
- D. Wide QRS complex

During pregnancy, various physiological adaptations occur, including those that influence the cardiovascular system. One of the common changes seen on an EKG during pregnancy is left axis deviation. This is primarily due to the upward displacement of the heart as the uterus expands and the diaphragm moves upward, influencing the electrical axis of the heart. Left axis deviation can be observed in healthy pregnant individuals as a normal adaptation. The heart's physical position is altered, leading to the change in axis. It's important to recognize that these changes are typically well tolerated and do not indicate pathology in the context of a normal pregnancy. Understanding the typical EKG adaptations to pregnancy helps clinicians differentiate between normal physiological changes and potential abnormalities that may warrant further investigation. Monitoring EKG changes is an essential aspect of managing the cardiovascular health of pregnant individuals.

10. Post-operative foot drop is commonly associated with injury to which nerve?

- A. Deep peroneal nerve
- B. Tibial nerve
- C. Common peroneal nerve**
- D. Sural nerve

Post-operative foot drop is primarily associated with injury to the common peroneal nerve. This nerve wraps around the fibula, making it susceptible to compression or injury, especially in surgical settings where the position of the leg may be compromised. Damage to the common peroneal nerve disrupts the function of the muscles responsible for dorsiflexion of the foot, resulting in the inability to lift the front part of the foot, which is characterized as foot drop. The deep peroneal nerve is responsible for innervating the extensor muscles but is less commonly involved in foot drop, especially in a post-operative context, as it is more protected than the common peroneal nerve. The tibial nerve innervates the plantar flexors and contributes to activities like standing on tiptoe, but would not directly cause foot drop. The sural nerve primarily provides sensory innervation to the lower leg and foot, and its injury typically does not result in motor deficits like foot drop. Thus, injury to the common peroneal nerve is the most relevant explanation for experiencing foot drop after surgery.

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:

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

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