# NEET Pediatrics Practice Test (Sample)

## Study Guide


**Everything you need from our exam experts!**

**Sample study guide. For the full version with hundreds of questions, visit: https://neetpediatrics.examzify.com**

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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.**

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# 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!**

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# Questions

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**1. What is a neonatal reflex that persists throughout life?**

**A. Startle reflex**

**B. Parachute reflex**

**C. Palmar reflex**

**D. Rooting reflex**

**2. What term describes the vascular physiological changes observed in newborn skin?**

**A. Neonatal rash**

**B. Cutis marmorata**

**C. Milia**

**D. Chickenpox**

**3. What does SGA stand for in neonatal assessments?**

**A. Small for Gestational Age**

**B. Significant Growth Abnormalities**

**C. Symmetric Gestational Age**

**D. Severe Growth Anomalies**

**4. What behavior reflects a child's engagement in parallel play?**

**A. Playing alone in the same area without interaction**

**B. Building blocks side by side but not sharing**

**C. Alternating turns in a game**

**D. Cooperative storytelling with another child**

**5. Which vaccine is contraindicated in patients with egg allergy?**

**A. Yellow Fever Vaccine**

**B. Inactivated Polio Vaccine**

**C. Toronto Fever Vaccine**

**D. Diphtheria Vaccine**

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**6. Hind milk is primarily rich in which of the following?**

- **A. Proteins**
- **B. Carbohydrates/Calories**
- **C. Vitamins**
- **D. Minerals**

**7. What does the term "Pott shunt" refer to in pediatric cardiology?**

- **A. A method of pulmonary blood flow redistribution**
- **B. A shunt that connects the left atrium to the aorta**
- **C. A technique to alleviate pulmonary atresia**
- **D. A removal of a blood vessel**

**8. What condition is associated with a rotting fish urine odor?**

- **A. Acetoneuria**
- **B. Trimethyl aminuria**
- **C. Maple syrup urine disease**
- **D. Phenylketonuria**

**9. Which form of bilirubinemia is predominantly seen in breastfeeding jaundice?**

- **A. Indirect hyperbilirubinemia**
- **B. Direct hyperbilirubinemia**
- **C. Conjugated hyperbilirubinemia**
- **D. Unconjugated hyperbilirubinemia**

**10. What represents a significant feature of breast milk jaundice compared to breastfeeding jaundice?**

- **A. Increased bilirubin levels**
- **B. Presence of glucuronyl transferase**
- **C. Association with inadequate intake**
- **D. Adverse effects on weight gain**

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# Answers

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

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# Explanations

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## 1. What is a neonatal reflex that persists throughout life?

**A. Startle reflex**

**B. Parachute reflex**

**C. Palmar reflex**

**D. Rooting reflex**

**The parachute reflex is a unique neonatal reflex that begins to appear around 4-6 months of age and continues throughout life. This reflex is characterized by the infant's instinctive reaction to extend their arms when they feel themselves falling, serving as a protective mechanism to prevent injury. Unlike other reflexes that typically diminish as a child grows, the parachute reflex remains active into adulthood, demonstrating the body's innate response to danger and the importance of maintaining balance and coordination. The startle reflex, palmar reflex, and rooting reflex are all important neonatal reflexes that provide insight into an infant's neurological development. However, these reflexes tend to fade as the child matures. The startle reflex, or Moro reflex, usually disappears by around 4-6 months, the palmar reflex fades by 5-6 months, and the rooting reflex is generally absent around 4 months. Understanding these differences helps in assessing normal developmental milestones in infants and children.**

## 2. What term describes the vascular physiological changes observed in newborn skin?

**A. Neonatal rash**

**B. Cutis marmorata**

**C. Milia**

**D. Chickenpox**

**The term that describes the vascular physiological changes observed in newborn skin is cutis marmorata. This condition presents as a mottled, bluish pattern on the skin, which is often seen in newborns, particularly when they are exposed to cold. This pattern occurs due to the immaturity of the blood vessels and can reflect changes in peripheral circulation. Cutis marmorata is a normal finding in many infants and is typically transient, resolving as the newborn's circulatory system matures. It is important for healthcare providers and parents to recognize this physiological pattern, as it is distinct from pathological conditions and does not indicate any underlying health issue. In contrast, neonatal rash refers to various rashes that can occur in newborns, such as erythema toxicum or other dermatological conditions, and is not specific to the vascular changes in the skin. Milia, small white cysts often found on a newborn's face, are caused by keratin trapped beneath the skin and are unrelated to vascular changes. Chickenpox is a viral infection characterized by a specific rash and is not associated with newborn skin changes. Understanding the distinctions between these terms and conditions is key in pediatric assessment.**

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## 3. What does SGA stand for in neonatal assessments?

**A. Small for Gestational Age**

**B. Significant Growth Abnormalities**

**C. Symmetric Gestational Age**

**D. Severe Growth Anomalies**

**In neonatal assessments, SGA stands for Small for Gestational Age. This classification is used to describe infants whose birth weight is below the 10th percentile for their gestational age. Understanding SGA is essential in pediatrics because it helps identify infants who may be at higher risk for various complications, including growth and developmental issues. SGA can arise from various factors such as placental insufficiency, maternal health issues, or genetic factors, and recognizing this condition allows healthcare providers to monitor these infants more closely for potential health concerns. By differentiating SGA from other classifications, such as appropriate for gestational age (AGA) or large for gestational age (LGA), clinicians can tailor their care and interventions to support the infant's growth and development effectively.**

## 4. What behavior reflects a child's engagement in parallel play?

**A. Playing alone in the same area without interaction**

**B. Building blocks side by side but not sharing**

**C. Alternating turns in a game**

**D. Cooperative storytelling with another child**

**Parallel play is a form of play observed in young children, particularly between the ages of 2 to 3 years, where children play alongside each other but do not directly interact or influence each other's play. In this context, the behavior described by building blocks side by side but not sharing embodies the essence of parallel play. The children may be aware of each other's actions and may even mimic or observe each other, yet they are primarily focused on their activities, rather than engaging in cooperative play or interaction. While playing alone in the same area without interaction might seem similar, it does not involve the proximity to another child that is characteristic of parallel play. Alternating turns in a game represents a more interactive play style, indicating a shift toward cooperative play, which occurs as children grow older. Cooperative storytelling also signifies active interaction and collaboration, moving away from parallel play. Therefore, the behavior of building blocks side by side, without sharing or interaction, is the most accurate reflection of parallel play.**

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## 5. Which vaccine is contraindicated in patients with egg allergy?

**A. Yellow Fever Vaccine**

**B. Inactivated Polio Vaccine**

**C. Toronto Fever Vaccine**

**D. Diphtheria Vaccine**

**The yellow fever vaccine is specifically contraindicated in patients with an egg allergy due to the way the vaccine is produced. The yellow fever vaccine is a live attenuated virus vaccine, and during its production, it uses embryonated chicken eggs. As a result, individuals with a history of severe allergic reactions to egg proteins are at a higher risk for serious allergic reactions if they receive this vaccine. In contrast, the inactivated polio vaccine, Toronto fever vaccine, and diphtheria vaccine do not have the same contraindications related to egg allergies. The inactivated polio vaccine is made using virus inactivated and then purified, while the diphtheria vaccine is a toxoid vaccine and does not contain egg proteins. Therefore, patients with egg allergies can safely receive these other vaccines without the concern of an allergic reaction related to egg proteins.**

## 6. Hind milk is primarily rich in which of the following?

**A. Proteins**

**B. Carbohydrates/Calories**

**C. Vitamins**

**D. Minerals**

**Hind milk is the milk that comes towards the end of a breastfeeding session. This milk is typically richer in calories due to its higher fat content, which is essential for providing an adequate source of energy for the growing infant. As the baby continues to suck, the composition of the milk changes; the foremilk is lower in fat and primarily quenches thirst, while the hind milk is creamier, providing the necessary fats and calories needed for optimal growth and development. Richness in calories in hind milk plays a crucial role in meeting the energy requirements of infants, especially during the growth spurts. The fats found in hind milk are important for brain development and overall health in infants. When considering the other options, while proteins, vitamins, and minerals are also important components of breast milk, they do not specifically characterize hind milk in the same way that the calorie-rich nature of hind milk does. Thus, the distinction between the nutritional roles of hind milk and the other components of breast milk leads to the conclusion that hind milk is primarily rich in carbohydrates/calories, reflecting its purpose as a significant energy source for infants.**

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## 7. What does the term "Pott shunt" refer to in pediatric cardiology?

**A. A method of pulmonary blood flow redistribution**

**B. A shunt that connects the left atrium to the aorta**

**C. A technique to alleviate pulmonary atresia**

**D. A removal of a blood vessel**

**The term "Pott shunt" specifically refers to a method used to redistribute pulmonary blood flow. This technique is often employed in pediatric patients, particularly those with certain congenital heart defects, to manage pulmonary blood flow effectively. The shunt redirects blood from the aorta to the pulmonary arteries, which can help alleviate symptoms of conditions such as pulmonary stenosis or atresia. This shunt is named after Sir Hugh Pott, who described this surgical intervention, and it aims to improve oxygenation in children by ensuring that blood circulates properly between the heart and lungs. By augmenting pulmonary blood flow in patients with restricted blood flow to the lungs, it allows for better oxygenation of the blood and can improve the overall health and development of the child. In contrast, a shunt connecting the left atrium to the aorta is not representative of a Pott shunt, as it signifies a different type of congenital heart defect. Similarly, techniques to alleviate pulmonary atresia do not directly align with the definition of a Pott shunt, which is primarily focused on altering blood flow patterns rather than surgical correction. Lastly, the removal of a blood vessel relates to a different procedure entirely and does not pertain to the concept of the Pott**

## 8. What condition is associated with a rotting fish urine odor?

**A. Acetoneuria**

**B. Trimethyl aminuria**

**C. Maple syrup urine disease**

**D. Phenylketonuria**

**The condition associated with a rotting fish urine odor is trimethylaminuria. This metabolic disorder results from the inability to properly break down trimethylamine, a compound found in certain foods like fish, eggs, and legumes. When trimethylamine is not metabolized properly, it accumulates in the body and is excreted in urine, sweat, and breath, leading to the characteristic fishy odor. This condition may not manifest until after the introduction of certain dietary triggers, which can exacerbate the symptoms. It is often diagnosed based on clinical presentation and confirmed by urine tests that detect elevated levels of trimethylamine. The other conditions listed have distinct odors or symptoms that are not similar to trimethylaminuria. Acetoneuria, for instance, leads to a sweet, fruity odor due to the presence of ketone bodies, while maple syrup urine disease causes a smell reminiscent of burnt sugar or maple syrup due to the accumulation of branched-chain amino acids. Phenylketonuria results in a musty or mousy odor because of the buildup of phenylalanine. Each of these metabolic disorders presents with specific biochemical disturbances and clinical features that differentiate them from trimethylaminuria.**

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## 9. Which form of bilirubinemia is predominantly seen in breastfeeding jaundice?

**A. Indirect hyperbilirubinemia**

**B. Direct hyperbilirubinemia**

**C. Conjugated hyperbilirubinemia**

**D. Unconjugated hyperbilirubinemia**

**Breastfeeding jaundice is primarily associated with an increase in unconjugated bilirubin levels in newborns. This condition typically arises due to inadequate milk intake, which can lead to dehydration and increased reabsorption of bilirubin from the intestines. When a newborn does not receive sufficient breast milk, the liver may not effectively process bilirubin, resulting in elevated levels of unconjugated (or indirect) bilirubin in the bloodstream. Unconjugated bilirubin is the form that is not water-soluble and is produced from the breakdown of heme in red blood cells. In infants, the liver is still maturing, and various factors, including dehydration and insufficient feeding, can exacerbate the buildup of this unconjugated form. In contrast, direct hyperbilirubinemia and conjugated hyperbilirubinemia refer to bilirubin that has been processed and made water-soluble in the liver. These forms typically indicate different underlying conditions, such as hepatic disorders or biliary obstruction. Therefore, in the context of breastfeeding jaundice, the predominant increase is in unconjugated bilirubin due to factors related to inadequate breastfeeding.**

## 10. What represents a significant feature of breast milk jaundice compared to breastfeeding jaundice?

**A. Increased bilirubin levels**

**B. Presence of glucuronyl transferase**

**C. Association with inadequate intake**

**D. Adverse effects on weight gain**

**Breast milk jaundice is characterized by an elevation in bilirubin levels due to substances in breast milk that can inhibit the hepatic uptake or conjugation of bilirubin. Unlike breastfeeding jaundice, which is typically related to inadequate intake and results in dehydration or inadequate bilirubin excretion, breast milk jaundice usually occurs in otherwise well-fed infants and is not due to insufficient caloric intake. The notable feature of breast milk jaundice is that it typically appears after the first week of life, often peaking at around two weeks of age, and it can persist for several weeks. The elevated bilirubin levels can be significantly higher in breast milk jaundice because of the specific factors present in breast milk that increase bilirubin reabsorption in the intestines. In this context, it is essential to understand that while breastfeeding jaundice is linked to inadequate feeding leading to increased levels of unconjugated bilirubin due to dehydration or insufficient caloric intake, breast milk jaundice occurs despite adequate feeding and involves a separate mechanism related to the composition of breast milk itself. Thus, recognizing the increase in bilirubin levels is key in differentiating between the two forms of jaundice in newborns.**

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# 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://neetpediatrics.examzify.com**

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

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