

PERINATAL PEDIATRICS AND DIAGNOSTIC SKILLS 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. How does mechanical compression during vaginal delivery affect the lungs?**
 - A. It increases pressure in the alveoli
 - B. It creates a positive pressure to expel fluid
 - C. It creates negative pressure, allowing air intake
 - D. It decreases lung expansion
- 2. What is essential to distinguish when dealing with jaundice in breastfed infants?**
 - A. Breastmilk jaundice from formula intolerance
 - B. Breastmilk jaundice from lactation failure jaundice
 - C. Breastmilk jaundice from physiological jaundice
 - D. Breastmilk jaundice from hemolytic disease
- 3. What would happen if the transitions during the perinatal period failed?**
 - A. Permanent neurological damage
 - B. Increased weight gain
 - C. Improved respiratory function
 - D. Enhanced metabolic activity
- 4. When is the risk of hypothermia the highest in newborns?**
 - A. During the first hour after birth
 - B. In the delivery room
 - C. After being discharged from the hospital
 - D. During the first week of life
- 5. Which condition may suggest strabismus or amblyopia related to binocular vision?**
 - A. Stereopsis
 - B. Monocular vision
 - C. Simple fixation
 - D. Color perception

- 6. What percentile indicates large for gestational age infants?**
- A. Less than 75th percentile
 - B. 75th to 90th percentile
 - C. More than 90th percentile
 - D. More than 95th percentile
- 7. What physiological change occurs due to Persistent Pulmonary Hypertension (PPHN)?**
- A. An increase in systemic blood flow
 - B. Reversal of shunt direction
 - C. Decreased arterial oxygen saturation
 - D. Improved lung compliance
- 8. Which category describes an infant born before 28 weeks of gestation?**
- A. Very preterm
 - B. Late preterm
 - C. Moderate preterm
 - D. Extremely preterm
- 9. As progesterone levels decrease, what happens to uterine activity according to the hormonal changes?**
- A. Contractions are initiated
 - B. Relaxation is maintained
 - C. Stretching of the uterus ceases
 - D. Oxytocin production is reduced
- 10. At what age is 20/20 vision typically expected to be achieved?**
- A. By age 4
 - B. By age 5
 - C. By age 6
 - D. By age 7

Answers

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

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Explanations

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1. How does mechanical compression during vaginal delivery affect the lungs?

- A. It increases pressure in the alveoli
- B. It creates a positive pressure to expel fluid
- C. It creates negative pressure, allowing air intake**
- D. It decreases lung expansion

During vaginal delivery, mechanical compression of the fetus during passage through the birth canal exerts external pressure on the thoracic cavity. This pressure can help facilitate the expulsion of amniotic fluid from the lungs, which is crucial for effective lung function after birth. As the chest is compressed during delivery, when the baby is born and the external pressure is released, the negative pressure created allows for the first inhalation. This negative pressure draws air into the lungs, initiating respiration. The process enhances the transition from fetal to neonatal life, as it encourages lung expansion by ensuring that air enters the previously fluid-filled lungs. The correct answer captures this physiological mechanism, highlighting how the change in pressure contributes to the lung's ability to expand and function in the newborn. Other options either misrepresent the nature of pressure changes during delivery or do not accurately describe the result of mechanical compression on lung function.

2. What is essential to distinguish when dealing with jaundice in breastfed infants?

- A. Breastmilk jaundice from formula intolerance
- B. Breastmilk jaundice from lactation failure jaundice**
- C. Breastmilk jaundice from physiological jaundice
- D. Breastmilk jaundice from hemolytic disease

The correct choice highlights the importance of differentiating breastmilk jaundice from lactation failure jaundice, which is crucial in managing jaundice in breastfed infants. Breastmilk jaundice typically occurs in otherwise healthy breastfed infants after the first week of life and is believed to be caused by factors in the breast milk that affect bilirubin metabolism. It generally arises after the first week and peaks around 2 to 3 weeks of life. In contrast, lactation failure jaundice occurs within the first week of life and is primarily due to insufficient breastfeeding, which can lead to dehydration and inadequate caloric intake. This can cause a rise in bilirubin levels due to increased enterohepatic circulation of bilirubin from the gut. By distinguishing between these two conditions, healthcare providers can implement appropriate interventions. Improving breastfeeding techniques or increasing feeding frequency may resolve lactation failure jaundice, while breastmilk jaundice might require monitoring without immediate intervention, as it often resolves on its own. Understanding this distinction is essential for ensuring proper treatment and reassurance for the caregivers and avoiding unnecessary interventions for conditions that are benign in nature.

3. What would happen if the transitions during the perinatal period failed?

A. Permanent neurological damage

B. Increased weight gain

C. Improved respiratory function

D. Enhanced metabolic activity

During the perinatal period, the successful transition of a newborn from the intrauterine environment to life outside the womb is critical for their overall health and development. This period includes vital adaptations, such as initiating breathing, establishing circulation independent of the placenta, and adapting metabolic processes to external conditions. If these transitions fail, the consequences can be severe, with permanent neurological damage being one of the most significant risks. The brain is particularly vulnerable during this time due to its rapid development, and any interruption in oxygenation or proper blood flow can lead to ischemic injury or other neurological impairments. For instance, insufficient oxygen delivery can result in hypoxic-ischemic encephalopathy, which can have lasting effects on cognitive, motor, and behavioral outcomes. In contrast, options related to increased weight gain, improved respiratory function, and enhanced metabolic activity are not outcomes associated with failure in transition. Instead, these processes indicate successful adaptation and function. Thus, the implications of transition failures are serious and highlight the importance of immediate medical interventions to support newborns during this critical period.

4. When is the risk of hypothermia the highest in newborns?

A. During the first hour after birth

B. In the delivery room

C. After being discharged from the hospital

D. During the first week of life

The highest risk of hypothermia in newborns occurs in the delivery room immediately after birth. This critical time is characterized by various factors that can contribute to temperature loss, including exposure to cool ambient air, wet skin after delivery, and the inability of newborns to generate sufficient heat due to their limited muscle mass and immature metabolic systems. Newborns are particularly vulnerable to hypothermia because they have a high surface area-to-volume ratio, which allows them to lose heat rapidly. In the delivery room, they may be in an environment that is not optimally heated and may also be exposed to drafts or cooler temperatures. Therefore, it is crucial to ensure that newborns are quickly dried, swaddled in warm blankets, and placed under a radiant warmer right after birth to maintain their body temperature. While the risk of hypothermia can exist at various stages, including after discharge or during the first week of life, the immediacy of conditions in the delivery room accentuates the threat of hypothermia right after birth.

5. Which condition may suggest strabismus or amblyopia related to binocular vision?

- A. Stereopsis**
- B. Monocular vision
- C. Simple fixation
- D. Color perception

Stereopsis refers to the ability to perceive depth and three-dimensional structure due to the slightly different perspectives provided by each eye. The development of stereopsis generally requires proper alignment and coordination of both eyes, which are critical for effective binocular vision. When strabismus (the misalignment of the eyes) is present, or if one eye has significantly reduced vision (as in amblyopia), the brain may struggle to integrate the images from both eyes effectively, leading to poor or absent stereopsis. In the context of this question, the presence of a condition that compromises binocular vision, such as strabismus or amblyopia, will likely result in a noticeable deficit in stereopsis. This makes it a strong indicator of potential visual system problems related to eye alignment and mutual cooperation between the eyes. Other options like monocular vision or simple fixation do not provide the necessary comparison between the two eyes that is crucial for depth perception, and while color perception is an important visual skill, it is not directly related to the coordination of both eyes or their alignment. Thus, stereopsis is the most pertinent choice in evaluating conditions related to binocular vision issues.

6. What percentile indicates large for gestational age infants?

- A. Less than 75th percentile
- B. 75th to 90th percentile
- C. More than 90th percentile**
- D. More than 95th percentile

The correct choice signifies that an infant is considered large for gestational age (LGA) when their birth weight is above the 90th percentile for their gestational age. This classification is important for clinical practice as it helps identify infants who may be at risk for various health issues or complications related to their size either during delivery or after birth. Infants who fall into this category may have an increased likelihood of developing conditions such as hypoglycemia, as they may have higher levels of fetal insulin due to excessive growth. Additionally, delivering a large for gestational age infant can lead to complications like shoulder dystocia during childbirth. Understanding and identifying LGA infants assists healthcare providers in planning for appropriate management and interventions to ensure the well-being of both the infant and the mother. The other percentiles listed do not define LGA according to standard clinical definitions, as only those above the 90th percentile are recognized as being larger than expected for their gestational age.

7. What physiological change occurs due to Persistent Pulmonary Hypertension (PPHN)?

- A. An increase in systemic blood flow
- B. Reversal of shunt direction**
- C. Decreased arterial oxygen saturation
- D. Improved lung compliance

Persistent Pulmonary Hypertension (PPHN) is a condition often seen in neonates where there is elevated pressure in the pulmonary arteries leading to reduced blood flow to the lungs. In healthy physiology, blood is directed through the pulmonary vessels to receive oxygen; however, in PPHN, this normal flow is disrupted due to the high pressure. The correct answer centers on the reversal of shunt direction. Under normal circumstances, blood travels from the right side of the heart to the lungs to become oxygenated before returning to the left side of the heart and subsequently circulating through the body. In PPHN, because of the high pulmonary vascular resistance, a right-to-left shunt can occur through openings like the foramen ovale or ductus arteriosus. This means that deoxygenated blood bypasses the lungs entirely and flows directly to systemic circulation, leading to a decrease in oxygen levels in the blood throughout the body. This understanding clarifies the physiological disruption caused by PPHN and its impact on the circulatory system of newborns. The other options do not fully capture the primary physiological change associated with PPHN: systemic blood flow typically does not increase (it may actually decrease due to the lack of available oxygen), arterial oxygen saturation decreases

8. Which category describes an infant born before 28 weeks of gestation?

- A. Very preterm
- B. Late preterm
- C. Moderate preterm
- D. Extremely preterm**

The category that describes an infant born before 28 weeks of gestation is extremely preterm. This classification is utilized within neonatology to define the gestational age of preterm infants. Infants born in this range face significant risks for various complications due to their underdeveloped organs and systems, necessitating specialized medical care. Understanding gestational age categories is crucial in perinatal care, as these distinctions help inform the expected management and intervention strategies for newborns. Infants classified as very preterm, for instance, are those born between 28 and less than 32 weeks, while late preterm infants are those born between 34 and less than 37 weeks. Moderate preterm is a less commonly used classification that generally refers to those born between 32 and less than 34 weeks. The definitional clarity within these categories plays a vital role in assessing and responding to the specific needs of preterm infants.

9. As progesterone levels decrease, what happens to uterine activity according to the hormonal changes?

- A. Contractions are initiated**
- B. Relaxation is maintained
- C. Stretching of the uterus ceases
- D. Oxytocin production is reduced

As progesterone levels decrease, there is a significant shift in the hormonal balance that regulates uterine activity. Progesterone is known for its role in maintaining pregnancy by inhibiting uterine contractions. When its levels fall, this inhibition is lifted, allowing the uterus to become more sensitive to other hormones, primarily oxytocin, which promotes uterine contractions. As a result, the onset of labor contractions is initiated as the body prepares for delivery. This process is crucial for facilitating the birth process. Thus, the decrease in progesterone directly contributes to the beginning of labor by allowing contractions to occur, leading to the eventual delivery of the baby. The other choices do not align with the physiological response observed during decreased progesterone levels. Relaxation of the uterus would not occur as contractions are initiated. The notion that stretching of the uterus ceases is incorrect since stretching continues as the pregnancy progresses towards labor. Lastly, while oxytocin plays a critical role in stimulating contractions, a reduction in oxytocin is not an effect that correlates with the decrease in progesterone; instead, oxytocin levels may rise to promote contractions.

10. At what age is 20/20 vision typically expected to be achieved?

- A. By age 4
- B. By age 5
- C. By age 6**
- D. By age 7

The expectation of achieving 20/20 vision typically aligns with developmental milestones in the visual system of a child. Generally, by around age 6, most children have developed the visual acuity necessary to be classified as having 20/20 vision, which signifies normal vision. Before this age, children's vision is still maturing. Infants begin to focus on objects around 2 to 3 months, and by school age, around 4 to 5 years old, their visual skills have improved significantly, but they may not reach 20/20 acuity until later. While some children might achieve this level of visual acuity earlier, the majority do so by the time they are 6 years old. After the age of 6, vision tends to stabilize in terms of clarity and the ability to focus on distant objects. This is why age 6 is considered a benchmark for when 20/20 vision is typically expected.

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://perinatalpediadiagnostic.examzify.com>

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

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