

Women's Health and Pediatrics Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of 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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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

- 1. What is the least risk factor associated with neonatal hypoglycemia?**
 - A. Infant of a mother with diabetes mellitus**
 - B. Infant of a mother with gestational diabetes**
 - C. Infant of an opioid-abusing mother**
 - D. Infant with fetal monitoring findings suggestive of perinatal acidemia**

- 2. Which statement regarding treatment for molluscum contagiosum is incorrect?**
 - A. It can resolve on its own over months or years**
 - B. Treatment may include cryotherapy and curettage**
 - C. Caused by HPV**
 - D. Common in preschool children**

- 3. A possible treatment for recurrent UTIs that involves a single dose after intercourse is?**
 - A. Trimethoprim**
 - B. Nitrofurantoin**
 - C. Cephalexin**
 - D. Ceflacor**

- 4. What complication can arise from a severe infection caused by human parvovirus B19 in pregnancy?**
 - A. Severe birth defects**
 - B. Fetal anemia and hydrops**
 - C. Miscarriage**
 - D. All of the above**

- 5. In a suspected subluxation of the radial head, what symptom would NOT typically be present?**
 - A. Holds elbow flexed and pronated**
 - B. Able to wrap arms around parent for comfort**
 - C. Swelling**
 - D. Tenderness**

- 6. During a well-child exam, the red reflex test indicates a potential problem. What is the best action?**
- A. Assess for a corneal abrasion**
 - B. Consult with a neonatologist**
 - C. Perform visual acuity testing**
 - D. Refer to ophthalmology for evaluation**
- 7. What is the most common cause of acute pharyngitis in children?**
- A. Respiratory viruses including adenovirus**
 - B. H. Influenza**
 - C. S. Pyogenes**
 - D. M. Pneumoniae**
- 8. Grade 1/6 murmurs have which of the following characteristics?**
- A. They are loud and easily heard**
 - B. They are low intensity and difficult to hear even by an expert**
 - C. They typically indicate serious pathology**
 - D. They occur only in children**
- 9. In which condition are honey-colored crusts a significant indicator?**
- A. Contact dermatitis**
 - B. Impetigo**
 - C. Dermatitis herpetiformis**
 - D. Ringworm**
- 10. Which of the following pathogens is a major cause of newborn eye infections?**
- A. Escherichia coli**
 - B. Neisseria gonorrhoeae**
 - C. Staphylococcus aureus**
 - D. Streptococcus pneumoniae**

Answers

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

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Explanations

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- 1. What is the least risk factor associated with neonatal hypoglycemia?**
- A. Infant of a mother with diabetes mellitus**
 - B. Infant of a mother with gestational diabetes**
 - C. Infant of an opioid-abusing mother**
 - D. Infant with fetal monitoring findings suggestive of perinatal acidemia**

Neonatal hypoglycemia occurs when an infant's blood glucose levels are abnormally low, which can lead to serious complications if not addressed promptly. Among the options provided, the infant of a mother who is abusing opioids presents the least risk for developing hypoglycemia. The primary risk factors for neonatal hypoglycemia are largely associated with maternal health conditions, particularly those that impact the infant's metabolism and endocrine function. For instance, infants born to mothers with diabetes mellitus or gestational diabetes have a higher risk of hypoglycemia due to potential overproduction of insulin in response to elevated maternal blood glucose levels during pregnancy. Fetal monitoring findings suggestive of perinatal acidemia can indicate stress during delivery, which may also influence the infant's metabolism and serum glucose levels, making it a more significant risk factor for hypoglycemia. In contrast, while the infant of an opioid-abusing mother may face various health challenges, the direct correlation to hypoglycemia is less established. Opioid exposure does pose risks, but it does not typically lead to the same metabolic changes that are seen in the other scenarios listed. Consequently, this makes the infant of an opioid-abusing mother the least likely to experience neonatal hypoglycemia compared to the others.

- 2. Which statement regarding treatment for molluscum contagiosum is incorrect?**
- A. It can resolve on its own over months or years**
 - B. Treatment may include cryotherapy and curettage**
 - C. Caused by HPV**
 - D. Common in preschool children**

The statement about molluscum contagiosum being caused by HPV is incorrect because molluscum contagiosum is actually caused by a poxvirus, specifically the Molluscum contagiosum virus, not by human papillomavirus (HPV). This distinction is important because the treatment, transmission, and implications of these two viral infections differ significantly. Understanding the correct pathogen involved helps in guiding appropriate treatment options and educating patients or parents about the condition. The other statements correctly describe molluscum contagiosum. It is well-known that the lesions can resolve spontaneously over time, often taking several months to years to disappear completely. Various treatment modalities do exist, including cryotherapy and curettage, which are used to physically remove the lesions, though treatment is often not necessary since the condition is self-limiting. Additionally, it's common for molluscum contagiosum to present in preschool children, highlighting its prevalence in that age group due to close contact and communal activities.

3. A possible treatment for recurrent UTIs that involves a single dose after intercourse is?

- A. Trimethoprim**
- B. Nitrofurantoin**
- C. Cephalexin**
- D. Ceflacor**

The treatment for recurrent urinary tract infections (UTIs) that involves a single dose after intercourse is typically Nitrofurantoin. This antibiotic is effective against the bacteria commonly responsible for UTIs and has been shown in studies to help prevent infections when taken as a prophylactic measure immediately after sexual activity. Nitrofurantoin's mechanism effectively targets the uropathogens causing the infection while also minimizing the risk of developing antibiotic resistance due to its short-term and limited use. Other options like Trimethoprim, Cephalexin, and Ceflacor may be used to treat UTIs but are not usually prescribed as a single-dose preventative measure post-intercourse. Trimethoprim is more commonly used in longer-term prophylaxis rather than for acute preventative dosing, while Cephalexin and Ceflacor are broader-spectrum antibiotics that may not be tailored specifically for the prevention of recurrent UTIs in the same way Nitrofurantoin does.

4. What complication can arise from a severe infection caused by human parvovirus B19 in pregnancy?

- A. Severe birth defects**
- B. Fetal anemia and hydrops**
- C. Miscarriage**
- D. All of the above**

Severe infections caused by human parvovirus B19 during pregnancy can lead to several serious complications. The virus is known to cause a range of issues, particularly affecting the fetus in various ways. Fetal anemia occurs because parvovirus B19 can infect and destroy red blood cell precursors in the fetal bone marrow. This leads to a significant decrease in red blood cells, and in severe cases, can result in hydrops fetalis, characterized by the accumulation of fluid in fetal compartments. This condition poses substantial risks to the fetus, including congestive heart failure and, potentially, fetal demise. Additionally, the risk of miscarriage is heightened with severe infection. Parvovirus B19 can lead to fetal death in cases where the infection is severe enough to cause anemia or hydrops, leading to adverse outcomes. Moreover, while parvovirus itself is not typically associated with physical birth defects in the same way that teratogenic agents might be, the combination of anemia, hydrops, and the potential for miscarriage highlights the serious impact of the infection during pregnancy. Given the significant potential for fetal anemia and hydrops, along with the possibility of miscarriage, the answer encompasses all these complications, thereby making the option that includes all of them the most comprehensive.

5. In a suspected subluxation of the radial head, what symptom would NOT typically be present?

- A. Holds elbow flexed and pronated**
- B. Able to wrap arms around parent for comfort**
- C. Swelling**
- D. Tenderness**

In a suspected subluxation of the radial head, one would typically expect certain physical manifestations that indicate discomfort and limited mobility. The symptom of being able to wrap arms around a parent for comfort suggests a degree of normal pain tolerance and mobility, which is not characteristic of a radial head subluxation. When a child has a radial head subluxation, they usually exhibit a posture where their elbow is held flexed and pronated as a protective mechanism against the pain and discomfort caused by the injury. This position limits their ability to move the elbow freely. Swelling and tenderness are also common symptoms associated with this type of injury, as these responses are typical of traumatic injuries where inflammation and sensitivity result from the displacement of the bone. Therefore, the ability to comfortably wrap their arms around a parent indicates a comfort level that is uncharacteristic of the distress typically seen in cases of radial head subluxation, where pain and restricted mobility generally lead to a more guarded posture.

6. During a well-child exam, the red reflex test indicates a potential problem. What is the best action?

- A. Assess for a corneal abrasion**
- B. Consult with a neonatologist**
- C. Perform visual acuity testing**
- D. Refer to ophthalmology for evaluation**

When the red reflex test shows an abnormal result, it often indicates the possibility of serious eye conditions, such as cataracts, retinoblastoma, or other abnormalities that require specialized assessment. The red reflex test, which involves observing the reflection of light from the retina, is a crucial screening tool for detecting these issues early in life. Referring to ophthalmology for evaluation is the most appropriate action in this scenario. An ophthalmologist specializes in diagnosing and treating eye conditions and has the necessary training and equipment to conduct a comprehensive assessment of the child's eye health. This referral allows for further diagnostic testing, which may include imaging or additional visual assessments to determine the underlying problem accurately. Other actions, such as assessing for a corneal abrasion, consulting with a neonatologist, or performing visual acuity testing are less appropriate in the context of an abnormal red reflex. These steps might be relevant in different clinical scenarios but do not directly address the urgent need for a thorough examination of potential serious eye conditions indicated by the red reflex test results.

7. What is the most common cause of acute pharyngitis in children?

A. Respiratory viruses including adenovirus

B. H. Influenza

C. S. Pyogenes

D. M. Pneumoniae

Acute pharyngitis in children is most commonly caused by respiratory viruses, including adenovirus. This is primarily due to the fact that viral infections are more prevalent in pediatric patients due to their immature immune systems and higher exposure in communal environments like schools and daycare centers. Respiratory viruses can lead to inflammation of the pharyngeal tissues, resulting in the classic symptoms associated with pharyngitis, such as sore throat, fever, and lymphadenopathy. Adenovirus, in particular, is known for causing a variety of respiratory illnesses and is a significant contributor to sore throats in children. While other pathogens such as Streptococcus pyogenes (group A strep) can also cause pharyngitis, their frequency is lower compared to viral causes. Bacterial infections like Haemophilus influenzae and Mycoplasma pneumoniae are less common as well. This highlights the predominance of viral infections in the etiology of acute pharyngitis in the pediatric population.

8. Grade 1/6 murmurs have which of the following characteristics?

A. They are loud and easily heard

B. They are low intensity and difficult to hear even by an expert

C. They typically indicate serious pathology

D. They occur only in children

Grade 1/6 murmurs are characterized by their low intensity, making them difficult to hear even for experienced clinicians. This grade of murmur is classified on a scale from 1 to 6, where grade 1 is the softest and typically requires a careful and focused examination to detect. These murmurs may be found in both children and adults and do not necessarily indicate any underlying pathology, especially in the case of benign murmurs, which are common in young individuals. The characteristics of a Grade 1/6 murmur highlight their subtlety and the need for attention in auscultation to distinguish them from other sounds. It is important for healthcare providers to be familiar with these characteristics, as they help in assessing heart function without alarming patients unnecessarily about potential health issues.

9. In which condition are honey-colored crusts a significant indicator?

- A. Contact dermatitis**
- B. Impetigo**
- C. Dermatitis herpetiformis**
- D. Ringworm**

Honey-colored crusts are a significant indicator of impetigo, which is a highly contagious skin infection common among children. This condition is typically caused by bacterial infections, predominantly by *Staphylococcus aureus* or *Streptococcus pyogenes*. The characteristic honey-colored crusts form when vesicles (small blisters) erupt and ooze, leading to the formation of crusts that can appear golden or yellow in color. Impetigo is often recognized not only by these crusts but also by the presence of red sores or blisters that may itch or burn, and sometimes it can lead to additional complications if left untreated. The honey-colored crusts specifically signal the typical pustular stage of the infection, making them an important clinical sign for diagnosis. In contrast, conditions like contact dermatitis, dermatitis herpetiformis, and ringworm present with different clinical features and do not typically exhibit the specific honey-colored crusts associated with impetigo. Understanding these distinctive signs is crucial for differentiating between skin conditions and providing the appropriate treatment.

10. Which of the following pathogens is a major cause of newborn eye infections?

- A. Escherichia coli**
- B. Neisseria gonorrhoeae**
- C. Staphylococcus aureus**
- D. Streptococcus pneumoniae**

Neisseria gonorrhoeae is recognized as a major cause of newborn eye infections, specifically a condition known as gonococcal conjunctivitis. This bacterial infection is particularly concerning because it can be transmitted from an infected mother to her baby during childbirth. If not treated promptly, it can lead to severe complications, including corneal perforation and blindness. Newborns are especially vulnerable to this infection due to their immature immune systems. The importance of screening for gonorrhea in pregnant women and administering prophylactic treatment, such as antibiotic eye drops, immediately after birth is emphasized in order to prevent this serious condition. While other pathogens like *Escherichia coli*, *Staphylococcus aureus*, and *Streptococcus pneumoniae* can cause infections in various contexts, they are not the predominant causative agents of eye infections in newborns. Thus, focusing on *Neisseria gonorrhoeae* highlights the unique risks and necessary preventive measures associated with infections in this vulnerable population.

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://womenshealthandpeds.examzify.com>

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