

# Women's Health and Pediatrics Practice Test (Sample)

## Study Guide



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

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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 defining characteristic of an inevitable abortion?**
  - A. Closed cervix with minimal pain**
  - B. No vaginal bleeding**
  - C. Cervical dilation with vaginal bleeding**
  - D. Passage of tissue and severe cramping**
- 2. A 12-year-old male with hip pain presenting without trauma should first undergo which assessment?**
  - A. Order a hip and knee x-ray**
  - B. Order a hip x-ray and a sed rate**
  - C. Perform Trendelenburg's test in the office**
  - D. Have the child squat in the office**
- 3. Which infection is characterized by a "barky" cough in pediatric patients?**
  - A. Common Cold**
  - B. Epiglottitis**
  - C. Bronchiolitis**
  - D. Croup**
- 4. In the context of menstrual symptoms, what role do prostaglandins play?**
  - A. They prevent ovulation.**
  - B. They enhance blood flow to the uterus.**
  - C. They cause uterine contractions leading to pain.**
  - D. They regulate hormonal balance in the cycle.**
- 5. What symptom is associated with Kawasaki syndrome?**
  - A. Strawberry tongue**
  - B. High fever lasting more than 5 days**
  - C. Bilateral conjunctivitis**
  - D. All of the above**

**6. A 14 year-old reports dull anterior knee pain, exacerbated by kneeling. What is the most likely condition?**

- A. Patellar fasciitis**
- B. Osgood-Schlatter disease**
- C. Osteosarcoma of the tibia**
- D. Over developed quadriceps**

**7. A 30-month-old shows signs of nasal congestion and cough. What is the most appropriate plan of care?**

- A. Supportive care for symptoms**
- B. Cough medicine and antipyretics**
- C. Amoxicillin for 10 days**
- D. CBC with manual differential**

**8. 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**

**9. What is a likely cause of bilateral mucopurulent eye discharge in a 6-day-old infant?**

- A. Mother was GBS positive**
- B. Mother has chlamydia**
- C. Infant was born by C-Section**
- D. Mother was HBsAg positive**

**10. Which structure in the breast is responsible for milk production?**

- A. Lactiferous sinus**
- B. Alveoli**
- C. Areola**
- D. Lobule**

## **Answers**

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

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## **Explanations**

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**1. What is the defining characteristic of an inevitable abortion?**

- A. Closed cervix with minimal pain**
- B. No vaginal bleeding**
- C. Cervical dilation with vaginal bleeding**
- D. Passage of tissue and severe cramping**

The defining characteristic of an inevitable abortion is cervical dilation accompanied by vaginal bleeding. This situation indicates that the pregnancy is no longer viable, and the body is in the process of expelling the pregnancy tissue. During an inevitable abortion, the cervix begins to open, which allows for the possibility of fetal tissue to exit the uterus. The presence of vaginal bleeding signifies that the pregnancy has reached a point where loss is imminent, making it distinct from other types of pregnancy loss. In this context, it is crucial to differentiate between various types of abortion. For example, a closed cervix with minimal pain may indicate a threatened abortion, where the pregnancy could still continue, and the absence of vaginal bleeding generally suggests that a miscarriage has not yet begun. The passage of tissue and severe cramping typically happens in the case of an incomplete or complete abortion, where the process is further along than in an inevitable abortion. Understanding these distinctions is important in managing and counseling patients accurately during such sensitive situations.

**2. A 12-year-old male with hip pain presenting without trauma should first undergo which assessment?**

- A. Order a hip and knee x-ray**
- B. Order a hip x-ray and a sed rate**
- C. Perform Trendelenburg's test in the office**
- D. Have the child squat in the office**

The correct choice is to perform Trendelenburg's test in the office as an initial assessment for a 12-year-old male with hip pain presenting without trauma. This clinical test is used to evaluate hip stability, strength of the hip abductors, particularly the gluteus medius muscle. It assesses whether the patient can maintain the pelvis level while standing on one leg. A positive Trendelenburg's test indicates weakness or dysfunction on the side opposite to the leg being stood on, which can help identify underlying hip conditions such as developmental dysplasia, osteonecrosis, or hip impingement. Considering the other options, while imaging studies like x-rays can provide valuable information about the bony structures and potential fractures, they are not the first step in assessing hip pain without trauma. Additionally, laboratory tests such as a sed rate might be more relevant if an inflammatory process is suspected, but they are not necessary at the initial assessment stage. Having the child squat could provide some insight into hip function but does not specifically assess the underlying biomechanics or strength like Trendelenburg's test does. Thus, for an initial functional assessment in this scenario, Trendelenburg's test is the most appropriate choice.

**3. Which infection is characterized by a "barky" cough in pediatric patients?**

- A. Common Cold**
- B. Epiglottitis**
- C. Bronchiolitis**
- D. Croup**

The infection characterized by a "barky" cough in pediatric patients is croup. Croup, also known as laryngotracheobronchitis, typically affects young children and is often caused by viral infections, most commonly the parainfluenza virus. The hallmark symptom of croup is a distinctive cough that resembles the sound of a barking seal, which occurs due to swelling and inflammation of the larynx and trachea. This distinctive cough is accompanied by stridor, which is a high-pitched sound that occurs during breathing, particularly when the child inhales. The inflammation in the airway leads to narrowing, which causes these characteristic symptoms. In many cases, croup is also associated with other symptoms such as a mild fever and hoarseness, contributing to the recognition of the condition. In contrast, while the common cold presents with symptoms such as nasal congestion, sneezing, and a non-specific cough, it does not produce the characteristic barking sound associated with croup. Epiglottitis, although a serious condition that can lead to airway obstruction, presents with different signs, including drooling, difficulty swallowing, and a sudden onset of fever and severe soreness; it does not typically manifest with a barky cough. Bron

**4. In the context of menstrual symptoms, what role do prostaglandins play?**

- A. They prevent ovulation.**
- B. They enhance blood flow to the uterus.**
- C. They cause uterine contractions leading to pain.**
- D. They regulate hormonal balance in the cycle.**

Prostaglandins are lipid compounds that play a significant role in various physiological processes, particularly during menstruation. Their primary function related to menstrual symptoms is to cause uterine contractions. During menstruation, the lining of the uterus sheds, and prostaglandins are produced in response to this process. They act on the smooth muscle of the uterus to induce contractions, which helps in expelling the menstrual tissue. These contractions can often be painful and are associated with dysmenorrhea, which is the clinical term for painful menstrual cramps. Higher levels of prostaglandins can lead to more intense contractions and, consequently, more significant pain. This is why medications that reduce prostaglandin production, such as nonsteroidal anti-inflammatory drugs (NSAIDs), can be effective in alleviating menstrual pain. While prostaglandins do regulate some aspects of blood flow and hormonal balance indirectly, their primary and most relevant role regarding menstrual symptoms is their direct effect as mediators of uterine contractions leading to pain.

## 5. What symptom is associated with Kawasaki syndrome?

- A. Strawberry tongue
- B. High fever lasting more than 5 days
- C. Bilateral conjunctivitis
- D. All of the above**

Kawasaki syndrome, a condition primarily affecting young children, is characterized by a unique set of symptoms that can lead to serious cardiovascular complications. One of the hallmark symptoms is the presence of a high fever lasting more than five days, which is often one of the first signs observed. This fever is usually unresponsive to typical antipyretic medications. In addition to prolonged fever, another significant symptom is "strawberry tongue," which refers to an inflamed tongue that appears red and bumpy, resembling the surface of a strawberry. This tongue appearance is associated with the mucosal changes that occur in the disease, making it a classic sign to watch for in diagnosis. Bilateral conjunctivitis, or inflammation of both eyes, is also part of the clinical presentation of Kawasaki syndrome. This can manifest as red, irritated eyes without discharge, which is crucial for differentiating it from other conjunctival infections. When considering all of these symptoms together—high fever lasting more than five days, strawberry tongue, and bilateral conjunctivitis—it becomes evident that Kawasaki syndrome can encompass a range of signs, making the option that includes all of these characteristics the most comprehensive and accurate selection for recognizing this syndrome.

## 6. A 14 year-old reports dull anterior knee pain, exacerbated by kneeling. What is the most likely condition?

- A. Patellar fasciitis
- B. Osgood-Schlatter disease**
- C. Osteosarcoma of the tibia
- D. Over developed quadriceps

The presentation of dull anterior knee pain in a 14-year-old, particularly one that is exacerbated by activities such as kneeling, is strongly indicative of Osgood-Schlatter disease. This condition is characterized by pain and swelling at the tibial tuberosity, where the patellar tendon attaches to the shinbone. Osgood-Schlatter disease typically occurs during periods of rapid growth in adolescents, particularly in those who are active in sports that involve running and jumping. The repetitive stress on the knee can lead to inflammation and sometimes bone changes at the growth plate in this area, explaining the pain experienced by the young person in this scenario. Other potential options for knee pain in this age group, like patellar fasciitis, would usually present differently and generally does not specifically involve pain worsening with kneeling. Meanwhile, osteosarcoma, while a serious condition, is less common and would likely present with more severe symptoms, including significant and persistent pain often accompanied by swelling or a mass. Overdeveloped quadriceps could potentially cause some knee discomfort due to muscular imbalances, but it does not typically cause the localized pain characteristic of Osgood-Schlatter disease. In summary, the typical age group, the nature

**7. A 30-month-old shows signs of nasal congestion and cough. What is the most appropriate plan of care?**

- A. Supportive care for symptoms**
- B. Cough medicine and antipyretics**
- C. Amoxicillin for 10 days**
- D. CBC with manual differential**

Supportive care for symptoms is the most appropriate plan of care for a 30-month-old child showing signs of nasal congestion and cough. In young children, especially those under five years old, respiratory infections are often viral in nature. The primary approach in these cases focuses on managing symptoms rather than aggressive interventions. Supportive care can include ensuring the child remains well-hydrated, using saline nasal drops to relieve congestion, providing a humidified environment, and using over-the-counter medications as recommended for comfort, such as acetaminophen for fever or discomfort. This approach is effective because, in the majority of cases, these symptoms will resolve on their own without the need for antibiotics, which are not effective against viral infections. Furthermore, the use of cough medicines is generally not recommended for young children due to potential side effects and lack of adequate evidence supporting their use in this age group. In summary, emphasizing supportive care enables the management of symptoms while allowing the child's immune system to fight off the viral infection naturally.

**8. 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.

**9. What is a likely cause of bilateral mucopurulent eye discharge in a 6-day-old infant?**

- A. Mother was GBS positive**
- B. Mother has chlamydia**
- C. Infant was born by C-Section**
- D. Mother was HBsAg positive**

Bilateral mucopurulent eye discharge in a 6-day-old infant is most commonly associated with chlamydia. Chlamydial conjunctivitis can occur in newborns if they are exposed to *Chlamydia trachomatis* during delivery, particularly if the mother is infected. This type of conjunctivitis typically presents between the fifth and twelfth day of life, making the timing consistent with the infant being 6 days old. Chlamydia in the mother can lead to the infant developing conjunctivitis, characterized by the presence of discharge. The mucopurulent nature of the discharge indicates a bacterial infection, which aligns with the effects of a chlamydial infection. In contrast, while group B Streptococcus (GBS), Cesarean delivery, and hepatitis B virus (HBsAg) status of the mother can contribute to various neonatal complications, they are not commonly linked with the specific presentation of bilateral mucopurulent eye discharge.

**10. Which structure in the breast is responsible for milk production?**

- A. Lactiferous sinus**
- B. Alveoli**
- C. Areola**
- D. Lobule**

The alveoli are the specific structures in the breast responsible for milk production. These small, sac-like glands are lined with milk-secreting cells called alveolar cells. When a mother experiences hormonal changes during pregnancy and after childbirth, these cells produce milk, which is crucial for feeding the infant. The lactiferous sinus is involved in storing milk before it is released during breastfeeding, but it does not actually produce milk. The areola, the pigmented area surrounding the nipple, contains glands that can help with lubrication during breastfeeding but is not directly involved in milk production. The lobule is a structural unit in the breast that contains the alveoli, but it does not produce milk by itself; rather, it is the alveoli within the lobule that fulfill this function. Understanding the roles of these different structures highlights the complexity of the breast and the specific functions they serve in the breastfeeding process. This information is essential for comprehending maternal health and infant nutrition.

# 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](mailto: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!**

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