

WOMEN'S HEALTH AND PEDIATRICS PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

<https://womenshealthandpeds.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.

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 should a healthcare provider respond to a pregnant patient who expresses concerns about nightmares related to labor?**
 - A. Tell her to stop worrying
 - B. Encourage her to discuss her feelings and fears
 - C. Refer her immediately to a therapist
 - D. Assure her that most babies are fine

- 2. What condition describes a decrease in red blood cell production during pregnancy due to increased plasma volume?**
 - A. Physiological anemia
 - B. Iron deficiency anemia
 - C. Hemolytic anemia
 - D. Sickle cell anemia

- 3. What is a key sign of dehydration in a child?**
 - A. Increased energy levels
 - B. Dry mucous membranes
 - C. Frequent urination
 - D. Consistent weight gain

- 4. Which of the following is a standard treatment option for molluscum contagiosum?**
 - A. Cryotherapy with liquid nitrogen
 - B. Erythromycin base 500 mg orally for 21 days
 - C. Azithromycin 1 g orally in a single dose
 - D. Trichloroacetic acid (80-90% solution)

- 5. Primary dysmenorrhea pain is typically described as?**
 - A. Always associated with pathology such as endometriosis
 - B. Colicky and spasmodic, radiating up the back
 - C. Colicky and spasmodic, sometimes radiating to thighs and low back
 - D. A dull ache associated with underlying pathology

- 6. Which hormone is primarily responsible for stimulating the synthesis of milk?**
- A. Prolactin
 - B. Aldosterone
 - C. Estrogen
 - D. Progesterone
- 7. Which diagnosis is characterized by a vesicular rash that is intensely itchy?**
- A. Flea bites
 - B. Pediculosis
 - C. Ecema
 - D. Scabies
- 8. At what age can a child first walk backwards?**
- A. 12 months
 - B. 15 months
 - C. 18 months
 - D. 24 months
- 9. What physiological change allows the uterus to be palpable at the symphysis pubis?**
- A. Increased blood volume
 - B. Hormonal changes
 - C. Uterine enlargement
 - D. Fetal movement
- 10. 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

Answers

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

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Explanations

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1. How should a healthcare provider respond to a pregnant patient who expresses concerns about nightmares related to labor?

- A. Tell her to stop worrying
- B. Encourage her to discuss her feelings and fears**
- C. Refer her immediately to a therapist
- D. Assure her that most babies are fine

Encouraging a pregnant patient to discuss her feelings and fears, especially regarding nightmares related to labor, is a supportive and important response. Open communication allows the patient to express her anxieties, which can help her process these feelings and feel more understood. Discussing fears related to labor can also provide an opportunity for the healthcare provider to offer information, coping strategies, and reassurance, ultimately helping the patient feel more empowered about her upcoming experience. Listening and validating the patient's concerns can foster a trusting relationship between the patient and the provider, which is critical during pregnancy—a time often filled with uncertainty and anxiety. This empathetic approach can be beneficial for the patient's mental and emotional well-being, as well as for her overall experience during childbirth. In contrast, simply telling her to stop worrying dismisses her concerns and does not engage with her feelings. An immediate referral to a therapist may not be necessary unless her fears are severe and persistent, and assuring her that most babies are fine avoids addressing her specific fears, which are valid and deserving of attention.

2. What condition describes a decrease in red blood cell production during pregnancy due to increased plasma volume?

- A. Physiological anemia**
- B. Iron deficiency anemia
- C. Hemolytic anemia
- D. Sickle cell anemia

The condition characterized by a decrease in red blood cell production during pregnancy, primarily due to an increase in plasma volume, is known as physiological anemia. During pregnancy, there is a significant increase in the volume of blood plasma to accommodate the growing fetus. This dilution effect results in a lower concentration of red blood cells relative to the increased plasma, leading to what is often termed "physiological anemia of pregnancy." This state is considered a normal adaptation to pregnancy and typically does not indicate a true deficiency of red blood cells, iron, or other hematological components. Though the actual number of red blood cells may be lower in relation to plasma volume, this does not reflect an underlying pathology and usually resolves after delivery when plasma volume decreases. Other conditions, such as iron deficiency anemia, are indicative of actual nutrient deficiencies and may require intervention. Hemolytic anemia involves the premature destruction of red blood cells, and sickle cell anemia is a genetic disorder affecting hemoglobin structure, both of which are different from the dilutional effect seen in physiological anemia during pregnancy.

3. What is a key sign of dehydration in a child?

- A. Increased energy levels
- B. Dry mucous membranes**
- C. Frequent urination
- D. Consistent weight gain

Dry mucous membranes are a classic sign of dehydration in children. When a child is dehydrated, their body loses more water than it takes in, leading to a decrease in moisture in bodily tissues. This lack of hydration becomes noticeable in areas such as the mouth and throat, resulting in dry mucous membranes. In children, this can also manifest as a dry tongue or cracked lips, indicating insufficient fluid intake. These signs are particularly important to identify as dehydration can lead to more severe complications if not addressed promptly. Maintaining adequate hydration is vital for a child's overall health, and recognizing early signs like dry mucous membranes helps caregivers take necessary action to replenish fluids. The other options do not accurately reflect indications of dehydration. Increased energy levels would typically suggest good hydration, while frequent urination might indicate normal fluid intake rather than dehydration. Consistent weight gain is generally a sign of well-being rather than a lack of hydration.

4. Which of the following is a standard treatment option for molluscum contagiosum?

- A. Cryotherapy with liquid nitrogen**
- B. Erythromycin base 500 mg orally for 21 days
- C. Azithromycin 1 g orally in a single dose
- D. Trichloroacetic acid (80-90% solution)

Cryotherapy with liquid nitrogen is a recognized standard treatment option for molluscum contagiosum, which is a viral skin infection characterized by small, raised, painless bumps. This method works by freezing the lesions, causing them to blister and eventually fall off as the skin heals. Cryotherapy is effective because it directly targets the infected tissue, stimulating a local immune response and promoting the removal of the virus from the skin. In contrast, antibiotics or antibiotic treatments such as erythromycin and azithromycin are not appropriate for molluscum contagiosum, as it is caused by a virus rather than bacteria. Therefore, using these medications would not address the underlying viral infection effectively. Similarly, while trichloroacetic acid is a topical chemotherapy agent for certain skin lesions, it is not considered a first-line treatment for molluscum contagiosum. Overall, cryotherapy is favored due to its efficacy and ability to directly treat the viral lesions.

5. Primary dysmenorrhea pain is typically described as?

- A. Always associated with pathology such as endometriosis
- B. Colicky and spasmodic, radiating up the back
- C. Colicky and spasmodic, sometimes radiating to thighs and low back**
- D. A dull ache associated with underlying pathology

Primary dysmenorrhea is a common condition that occurs in many menstruating individuals and is characterized by menstrual pain that is not due to any identifiable pelvic pathology. The pain is typically described as colicky and spasmodic, meaning it often feels like cramping or intermittent bouts of pain. This discomfort arises due to the uterine contractions that occur as the body sheds its uterine lining during menstruation. In many cases, this pain can radiate to the thighs and lower back, further characterizing the experience of primary dysmenorrhea. The nature of the pain tends to vary among individuals, but the colicky and spasmodic descriptors are broadly recognized as common characteristics. Understanding that primary dysmenorrhea is not linked to structural abnormalities or underlying medical conditions, such as endometriosis, helps differentiate it from secondary dysmenorrhea, which typically is associated with such pathologies. The options that suggest the presence of underlying issues or a specific type of pain that does not match the usual description of primary dysmenorrhea stand at odds with the commonly accepted definitions and experiences of those suffering from this condition.

6. Which hormone is primarily responsible for stimulating the synthesis of milk?

- A. Prolactin**
- B. Aldosterone
- C. Estrogen
- D. Progesterone

Prolactin is the hormone that plays a key role in stimulating the synthesis of milk in the mammary glands. It is produced by the anterior pituitary gland and its levels increase significantly during pregnancy and after childbirth, preparing the breast tissue for lactation. Prolactin not only encourages the growth of mammary glands but also directly promotes the production of milk following delivery. This hormone's action is crucial during the early stages of breastfeeding, facilitating the establishment and maintenance of milk supply in response to the infant's needs. By binding to specific receptors in the mammary glands, prolactin induces the transcription of genes necessary for milk protein production, thereby ensuring that nursing infants receive the nourishment they require. In contrast, other hormones listed, such as aldosterone, estrogen, and progesterone, play various roles in the body but are not directly responsible for milk synthesis. Aldosterone primarily regulates sodium and potassium levels and influences blood pressure. Estrogen and progesterone are involved in the menstrual cycle and pregnancy, contributing to changes in breast tissue but do not directly stimulate milk production.

7. Which diagnosis is characterized by a vesicular rash that is intensely itchy?

- A. Flea bites
- B. Pediculosis
- C. Eczema
- D. Scabies**

*The diagnosis characterized by a vesicular rash that is intensely itchy is scabies. This condition is caused by an infestation of the skin by the *Sarcoptes scabiei* mite. The crawling motion of the mites under the skin leads to a strong immune response, which manifests as a severe itch, particularly at night. The rash often presents as small vesicles and may also develop into pustules or crusting in response to scratching. Scabies lesions typically appear in specific areas such as between the fingers, on the wrists, elbows, and genital region, often where the mite burrows into the skin. The intense itching and the nature of the rash can be quite distressing for individuals, leading to the characteristic presentation of scabies. While flea bites and pediculosis (lice infestation) can cause itchy rashes, they tend to present differently than scabies and typically do not result in the same type of vesicular rash. Eczema, on the other hand, is a chronic inflammatory skin condition that can cause itchiness and varied types of rashes but usually does not primarily present as a vesicular rash nor is it associated with the specific mite-induced itchy reaction that characterizes scabies.*

8. At what age can a child first walk backwards?

- A. 12 months
- B. 15 months
- C. 18 months**
- D. 24 months

The ability for a child to walk backwards typically develops around 15 to 18 months of age, which aligns with developmental milestones observed in early childhood. By this stage, children have usually developed sufficient balance, coordination, and muscle strength to engage in more complex movements like walking backward. While some children might begin experimenting with moving backwards slightly before 18 months, this skill is generally considered fully developed by that age. Walking backward involves coordination of balance, spatial awareness, and motor skill integration, which improves over time as children gain experience with various forms of movement. In summary, while the average range for walking backwards begins around 15 months, it is more consistently achieved by 18 months, making that the most accurate choice for when a child can first walk backward independently.

9. What physiological change allows the uterus to be palpable at the symphysis pubis?

- A. Increased blood volume
- B. Hormonal changes
- C. Uterine enlargement**
- D. Fetal movement

The correct answer relates to the physiological change of uterine enlargement, which is a key factor that enables the uterus to be palpable at the symphysis pubis during pregnancy. As the pregnancy progresses, the uterus undergoes significant growth to accommodate the developing fetus. This enlargement is noticeable as the uterus expands upward and outward, effectively pushing against the abdominal wall and becoming accessible for palpation at the symphysis pubis, which is the joint located at the front of the pelvis. Other factors, such as increased blood volume and hormonal changes, play important roles during pregnancy, but they do not directly result in the uterus being palpable at the symphysis pubis. Increased blood volume primarily supports enhanced circulation and nutrient delivery but does not contribute to the physical size of the uterus. Likewise, while hormonal changes are crucial for sustaining pregnancy and promoting uterine growth, they are not the direct cause of the uterus being felt at this specific anatomical point. Fetal movement may indicate a developing pregnancy, but it does not impact the ability to palpate the size or position of the uterus in relation to the symphysis pubis. Hence, uterine enlargement is the primary physiological change responsible for this palpable finding.

10. 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.

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!

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