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PEARSON VUE EXAM POCKET GUIDE 2025 1st Edition

Welcome Speech by
Ratna Sari Dewi SS, MM
Labour Attaché - Embassy of the Republic of Indonesia in Doha (Qatar)

Pearson Vue Exam **POCKET GUIDE 2025**

1st Edition

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Pearson Vue Exam Pocket Guide 2025 - 1st Edition

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WELCOME SPEECH OF THE LABOUR ATTACHE OF INDONESIAN EMBASSY IN DOHA, QATAR

I am honored to introduce the Pearson VUE Exam Pocket Guide 2025, a timely and practical resource for nurses, midwives, and allied health professionals preparing for the Saudi Commission for Health Specialties (SCFHS) licensure exam via the Prometric system.

In my role as a Labour Attaché, I have witnessed the growing demand for qualified healthcare professionals—especially midwives—across the Middle East. Countries such as Saudi Arabia, the UAE, Qatar, and Oman are experiencing workforce gaps due to population growth and rising healthcare standards. According to recent regional assessments, the Arab States face a projected shortage of over 60,000 midwives by 2030, creating significant opportunities for skilled expatriate practitioners.

However, the road to employment is not without challenges. Many applicants struggle with navigating the complex processes of DataFlow verification, Mumaris Plus registration, and exam preparation under Pearson VUE. This guide offers exactly what is needed: a clear, concise, and clinically relevant companion that supports both regulatory

understanding and exam readiness. With high-yield strategies, scenario-based question banks, and practical tips, it bridges the gap between theory and application.

I fully endorse this publication as a trusted review companion for professionals pursuing careers in the GCC. May it serve not only as a study tool but as a symbol of your dedication to safe, competent, and compassionate care.

Best wishes on your journey toward global healthcare service.

Ratna Sari Dewi, SS, MM

Labour Attache

Embassy of the Republic of Indonesia in Doha

[Qatar]

2025

FOREWORD OF THE INDONESIAN MIDWIVES ASSOCIATION (IMA) IN SAUDI ARABIA

It is a great privilege to offer this Foreword for the **Pearson Vue Exam Pocket Guide 2025**, a publication I believe will become a beacon of guidance for nurses, midwives, and allied health professionals preparing for their SCFHS licensure.

As Chairperson of the Indonesian Midwives Association (IMA/IBI) Overseas in Saudi Arabia, I have witnessed firsthand the incredible determination shown by our fellow healthcare workers who dream of contributing to global health systems, especially in the Kingdom of Saudi Arabia. This guide stands as more than a resource; it is a companion through one of the most crucial professional journeys in healthcare.

To every candidate holding this book, I share this heartfelt message:

“Never give up! Never lose hope!”

Your success in this Pearson Vue Exam is not measured solely by intellect, but by the strength of your persistence, the power of your belief, and the size of the dreams that propel you

forward. The journey may feel daunting, but every step is a reflection of your courage to try and keep trying.

Let this pocket guidebook inspire your study. Let your aspirations fuel your effort. And let your commitment to care lead you across any challenge that comes your way.

On behalf of IBI and as a fellow midwife, I salute your dedication and wish you clarity, confidence, and success.

With warmest regards,

Dilla Fauziah
Chairperson
Indonesian Midwives Association (IMA/IBI)
– Overseas, Saudi Arabia

FOREWORD

OF THE AUTHORS

With great enthusiasm and a profound sense of purpose, we present to you the *Pearson VUE Exam Pocket Guide 2025 – First Edition*. This book was born out of our collective vision to provide a concise, practical, and empowering resource for midwives preparing for the Pearson VUE licensure examinations especially in Saudi Arabia.

In recent years, the global demand for highly competent healthcare professionals has grown significantly. We believe that midwives from around the world, especially from regions with untapped potential, deserve access to resources that not only inform—but also inspire. This guide was meticulously designed with that belief in mind.

Each chapter in this pocket guide is grounded in evidence-based practice and aligned with international exam standards. We have tailored the content to focus on high-yield topics, clinical reasoning, and test-taking strategies—all essential to succeed in a fast-paced exam environment. More importantly, the tone of this guide is intentionally motivational, encouraging you to stay confident and focused throughout your journey.

This book is not just a study tool—it is a companion in your pursuit of professional excellence. It reflects the passion,

commitment, and tireless effort of educators, clinical experts, and exam coaches who genuinely care about your success.

To all future midwives holding this guide:

May this book be a bridge between your dreams and your achievements. Remember, every great nurse and midwife once stood where you are now—anxious, hopeful, and determined.

You are not alone. You are capable. You are ready.

Warm regards,

The Author Team

Pearson VUE Exam Pocket Guide 2025 – First Edition

Jakarta, Indonesia

2025

GLOSSARY

No	Abbreviations	Explanation
1.	SNLE	Saudi Nursing Licensing Examination
2.	SNLE-Midwifery	Saudi Nursing-Midwifery Licensing Examination
3.	SCFHS	Saudi Commission for Health Specialities
4.	OMSB	Oman Medical Speciality Board
5.	DHA	Dubai Health Authority
6.	QCHP	Qatar Council Health Practitioner
7.	NHRA	National Health Regulatory Authority
8.	MOH	Ministry of Health
9.	CBT	Computer Based Test
10.	MTKI	Majelis Tenaga Kesehatan Indonesia
11.	STR	Surat Tanda Registrasi
12.	Passing rate	Angka derajat minimal kelulusan
13.	KMLE	Kuwait Medical Licensure Examination
14.	HAAD	Health Authority - Abu Dhabi

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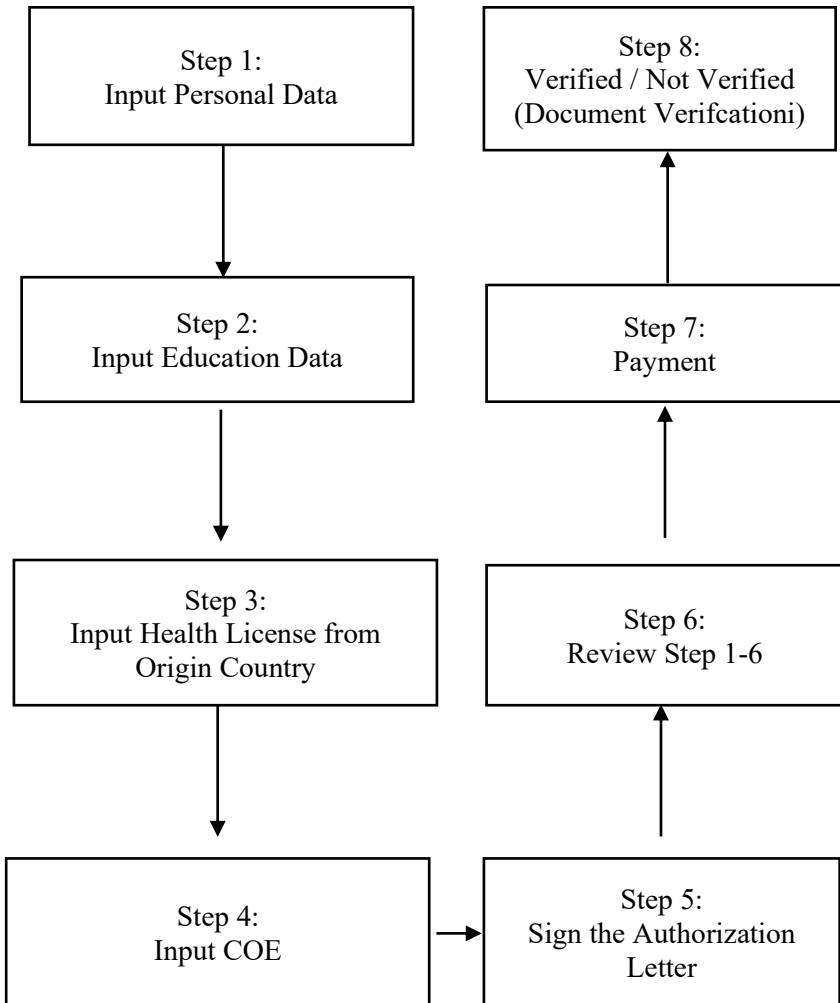
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APPENDIX LIST

Figure 1: Data Verification Flow via Dataflow Group and Quadrabay Company



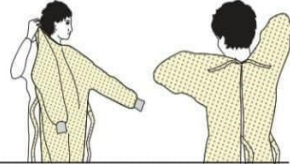
**MNEMONIC PPE
PERSONAL PROTECTIVE
EQUIPMENT**

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

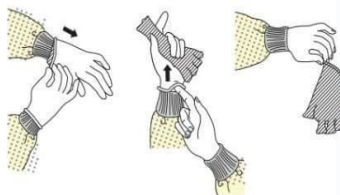


SEQUENCE FOR REMOVING PERSONAL PROTECTIVE EQUIPMENT (PPE)

Except for respirator, remove PPE at doorway or in anteroom. Remove respirator after leaving patient room and closing door.

1. GLOVES

- Outside of gloves is contaminated!
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist
- Peel glove off over first glovet
- Discard gloves in waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield is contaminated!
- To remove, handle by head band or ear pieces
- Place in designated receptacle for reprocessing or in waste container



3. GOWN

- Gown front and sleeves are contaminated!
- Unfasten ties
- Pull away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard



4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- Grasp bottom, then top ties or elastics and remove
- Discard in waste container



**PERFORM HAND HYGIENE BETWEEN STEPS
IF HANDS BECOME CONTAMINATED AND
IMMEDIATELY AFTER REMOVING ALL PPE**



CS200872-A

**MNEMONIC
MATERNAL & CHILD
HEALTH**

NURSING MNEMONICS & TIPS

POST-PARTUM ASSESSMENT

"BUBBLE HE"

- B** BREAST
- U** UTERUS
- B** BOWEL
- B** BLADDER
- L** LOCHIA
- E** EPISIOTOMY
- H** HOMAN'S SIGN
- E** EMOTIONAL STATUS

LEARN MORE: POST-PARTUM ASSESSMENT

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Nurses need to be aware of the normal physiologic and psychological changes that take place in women's bodies and minds in order to provide comprehensive care during this period. The postpartum period covers the time period from birth until approximately six weeks after delivery. So it is important to remember the mnemonic BUBBLE-HE to denote the components of the postpartum maternal nursing assessment.

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NURSING MNEMONICS & TIPS

SEVERE PRE-ECLAMPSIA "HELLP SYNDROME"

H

HEMOLYSIS

E

ELEVATED

L

LIVER ENZYMES

L

LOW

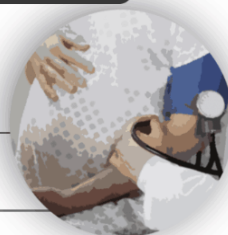
P

PLATELET COUNT

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LEARN MORE: HELLP SYNDROME

HELLP syndrome is a life-threatening pregnancy complication usually considered to be a variant of preeclampsia. Both conditions usually occur during the later stages of pregnancy, or sometimes after childbirth.



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NURSING MNEMONICS & TIPS

FETAL NONSTRESS TEST

"NNN"

N NON-REACTIVE

N NON-STRESS TEST IS

N NOT GOOD!

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LEARN MORE: FETAL NON-STRESS TEST

A nonstress test is a common prenatal test used to check on a baby's health. Results of a nonstress test are considered reactive or nonreactive. Results are considered normal (reactive) if the baby's heartbeat accelerates to a certain level twice or more. If the baby's heartbeat doesn't meet the criteria described, the results are considered nonreactive.



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NURSING MNEMONICS & TIPS

FETAL WELL-BEING
ASSESSMENT TESTS"ALONE"**A****AMNIOCENTESIS**

Amniocentesis is a prenatal test where a small amount of amniotic fluid is removed from the sac surrounding the fetus for testing.

**L****L/S RATIO**

The lecithin-sphingomyelin ratio (aka L-S or L/S ratio) is a test of fetal amniotic fluid to assess for fetal lung immaturity.

**O****OXYTOCIN TEST**

Oxytocin Test or Challenge (a.k.a. Contraction Test) involves the intravenous administration of exogenous oxytocin to the pregnant woman.

**N****NONSTRESS TEST**

A nonstress test is used to evaluate a fetus' health before birth. It provides useful information how the fetus' oxygen supply by checking its heart rate and how it responds to the fetus' movement.

**E****ESTRIOL LEVELS**

Estriol blood levels is used in triple or quadruple maternal screening test to help estimate the chance the baby may have certain problems or birth defects.



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LEARN MORE: FETAL WELL-BEING TESTS

Assessment of fetal well-being is crucial not only for high risk patients but also for other pregnant women who might develop unexpected complications in the course of otherwise normal pregnancies. The primary goal of antenatal evaluation is to identify fetuses at risk for intrauterine injury and death so that intervention and timely delivery can prevent progression to stillbirth.

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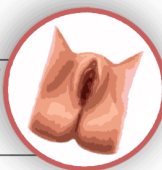
EVALUATION OF
EPISIOTOMY HEALING"REEDDA"

- R** REDNESS
- E** EDEMA
- E** ECCHYMOSIS
- D** DISCHARGES
- D** DRAINAGE
- A** APPROXIMATION

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LEARN MORE: **EPISIOTOMY HEALING**

If the mother had an episiotomy or vaginal tear during delivery, the wound might hurt for a few weeks. Extensive tears might take longer to heal. The patient will have a vaginal discharge (lochia) for a number of weeks after delivery. Expect a bright red, heavy flow of blood for the first few days. The discharge will gradually taper off, becoming watery and changing from pink or brown to yellow or white. So it is always important to check for REEDDA.



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NURSING MNEMONICS & TIPS

CHORIONIC VILLI SAMPLING & ALPHAFETOPROTEIN

"9 AND 16"

CHORIONIC

HAS **9 LETTERS** AND IS
PERFORMED AT **9 WEEKS** AOG

ALPHAFETOPROTEIN

HAS **16 LETTERS** AND IS
MEASURED AT **16 WEEKS** AOG

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LEARN MORE: **CHORIONIC VILLI SAMPLING & ALPHA-FETOPROTEIN**

Chorionic villus sampling (CVS) is a first-trimester (10 to 12 weeks) alternative to amniocentesis for prenatal diagnosis of genetic abnormalities. This procedure is accomplished by needle aspiration of a sample of chorionic villi, either by the transcervical or transabdominal route. Alpha-fetoprotein is a fetal protein produced in the yolk sac during the first 6 weeks of gestation and later by the fetal liver. AFP is found in the amniotic fluid and maternal serum. If the fetus has neural tube defect, AFP levels are elevated.

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NURSING MNEMONICS & TIPS

PRENATAL CARE ASSESSMENT

"ABCDEF"

A AMNIOTIC FLUID LEAKAGE?

B BLEEDING VAGINALLY?

C CONTRACTIONS?

D DYSURIA?

E EDEMA?

F FETAL MOVEMENT?

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LEARN MORE: **PRENATAL CARE ASSESSMENT**

The first prenatal visit is a time to establish rapport and baseline data relevant to the patient's health. This begins with obtaining a health history, including screening for any presence of teratogens and concerns the woman may be experiencing. If you are lost with your assessment, remember the nursing mnemonic "ABCDEF" for the possible areas you can ask.



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



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NURSING MNEMONICS & TIPS

CAUSES OF ABDOMINAL PAIN DURING PREGNANCY

"LARA CROFT"

L	LABOR Labor contractions usually cause discomfort or a dull ache in a pregnant woman's back and lower abdomen, along with pressure in the pelvis.	
A	ABRUPTIO PLACENTA The premature separation of placenta from the uterus and typically presents with bleeding, uterine contractions, and fetal distress. Puts mother and fetus in serious danger if left untreated.	
R	RUPTURE (ECTOPIC/UTERINE) Ruptured ectopic pregnancy often results in internal bleeding and intense abdominal pain. Rupture of the uterus results in bleeding, rupture of the amniotic sac; it is a serious emergency.	
A	ABORTION (SPONTANEOUS) Spontaneous abortion (a.k.a. miscarriage) is the unintentional expulsion of an embryo or fetus before the 24th week of gestation; manifests with abdominal cramps and vaginal bleeding.	
C	CHOLESTASIS Cholestasis is the impairment of bile flow from the liver that can trigger intense itching and abdominal pain. It poses no risk for the mother but can be dangerous for the developing baby.	
R	RECTUS SHEATH HEMATOMA It is a rare hematoma within the rectus sheath that produces a painful, tender swelling that can mimic an intraperitoneal mass with features of an acute abdomen.	
O	OVARIAN TUMOR Ovarian cysts typically occur in the second trimester and typically do not pose risks to the mother or fetus; can naturally resolve themselves before or soon after childbirth.	
F	FIBROIDS Fibroids are benign tumors that originate in the uterus and are composed of the same smooth muscle fibers as the myometrium; usually poses no problems during pregnancy.	
T	TORSION OF THE UTERUS It is the rotation of more than 45 degrees around the long axis of the uterus; manifests with severe abdominal pain, tense uterus, and fetal distress. It may be due to structural abnormalities in the pelvis.	

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LEARN MORE: ABDOMINAL PAIN DURING PREGNANCY

Intermittent abdominal discomfort or pain is a common pregnancy complaint. While itself may present to be harmless, it can also be a sign of a serious problem. There can be many causes for abdominal pain especially during pregnancy, remember the nursing mnemonic "LARA CROFT" to remind you.



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NURSING MNEMONICS & TIPS

PREECLAMPSIA CLASSIC TRIAD

"PRE" ECLAMPSIA

P

PROTEINURIA

Proteinuria is defined as > 300 mg/24 h. Alternatively, proteinuria is diagnosed based on a protein:creatinine ratio ≥ 0.3 or a dipstick reading of 1+. Absence of proteinuria on less accurate tests (eg, urine dipstick testing, routine urinalysis) does not rule out preeclampsia.



R

RIISING BLOOD PRESSURE

High blood pressure may develop slowly, but more commonly it has a sudden onset. Blood pressure that is 140/90 millimeters of mercury (mm Hg) or greater — documented on two occasions, at least four hours apart — is abnormal.



E

EDEMA

Sudden weight gain and swelling (particularly in the face and hands) often manifests; pitting edema—an unusual swelling, particularly of the hands, feet, or face, notable by leaving an indentation when pressed on.



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LEARN MORE: PREECLAMPSIA

Preeclampsia is a complication characterized by high blood pressure and signs of damage to another organ system (usually the kidneys). The condition usually begins after 20 weeks of pregnancy in a woman whose blood pressure had been normal. Even a slight rise in blood pressure may be a sign of preeclampsia.

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