

NAPLEX Contraception and Infertility 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

- 1. For a progestin-only pill, if a dose is missed by more than 3 hours, what should you do?**
 - A. Stop all contraception for the cycle**
 - B. Take at the next scheduled dose**
 - C. Take ASAP and backup for 48 hours; consider Plan B if unprotected sex in past 5 days**
 - D. Double the next dose**
- 2. What do ovulation kits test for?**
 - A. Estrogen in the urine**
 - B. LH in the urine**
 - C. hCG in urine**
 - D. Progesterone in blood**
- 3. Multiphasic formulations include which of the following?**
 - A. Monophasic**
 - B. Biphasic, Triphasic, Quadruphasic**
 - C. Continuous-use**
 - D. Placebo-phase only**
- 4. Which of the following describes the typical initial steps in an infertility evaluation?**
 - A. Confirm ovulation in the female, assess tubal patency and uterine anatomy as indicated, and perform semen analysis for the male partner.**
 - B. Assess tubal patency only.**
 - C. Confirm ovulation in the female.**
 - D. Perform semen analysis for the male partner.**
- 5. What is the primary purpose of folic acid supplementation in pregnancy?**
 - A. Improve fertility**
 - B. Reduce morning sickness**
 - C. Prevent neural tube defects**
 - D. Treat iron deficiency anemia**

- 6. Progestin-only pills are safe in patients who have migraines with aura.**
- A. Not studied**
 - B. False**
 - C. Only with aspirin**
 - D. True**
- 7. How is breakthrough bleeding on combined oral contraceptives typically managed?**
- A. Resolves within 1-2 weeks**
 - B. Often persistent for 3-6 months**
 - C. Requires immediate discontinuation**
 - D. Requires surgical evaluation**
- 8. What surge triggers ovulation?**
- A. LH surge resulting in release of egg (oocyte)**
 - B. FSH surge**
 - C. Progesterone surge**
 - D. Estrogen surge**
- 9. What is a documented concern with long-term use of DMPA injections?**
- A. Calcium alone**
 - B. Vitamin D supplementation only**
 - C. Vitamin D and calcium supplementation**
 - D. Vitamin C and calcium supplementation**
- 10. Which of the following is a common adverse effect of clomiphene citrate?**
- A. Increased blood pressure**
 - B. Hyperglycemia**
 - C. Hair loss**
 - D. Visual disturbances**

Answers

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

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Explanations

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1. For a progestin-only pill, if a dose is missed by more than 3 hours, what should you do?

A. Stop all contraception for the cycle

B. Take at the next scheduled dose

C. Take ASAP and backup for 48 hours; consider Plan B if unprotected sex in past 5 days

D. Double the next dose

When using a progestin-only pill, timing is crucial because these pills rely on consistent, near-daily dosing to maintain cervical mucus thickening and, in some cases, ovulation suppression. If a dose is missed by more than about 3 hours, the protection window is considered compromised, so the recommended approach is to take the missed pill as soon as you remember and then use backup contraception for the next 48 hours to cover that period of increased pregnancy risk. If there has been unprotected sex in the past several days, you should consider emergency contraception (Plan B-type options) within that same window to further reduce the chance of pregnancy. Doubling the next dose or stopping contraception for the cycle isn't appropriate; the goal is to restore protection promptly and reduce the risk of pregnancy with temporary backup and, if needed, emergency contraception.

2. What do ovulation kits test for?

A. Estrogen in the urine

B. LH in the urine

C. hCG in urine

D. Progesterone in blood

Ovulation kits detect the surge of luteinizing hormone in the urine. That LH spike triggers ovulation, typically about 24 to 36 hours later, so a positive test signals the fertile window is about to begin. The kit uses antibodies that detect LH when its level rises above a threshold, letting you predict when to time intercourse. Estrogen rises earlier in the cycle, but standard ovulation kits aren't measuring it. hCG is the pregnancy hormone and is what pregnancy tests look for after implantation, not for predicting ovulation. Progesterone rises after ovulation and can help confirm that ovulation occurred, but home ovulation kits target the LH surge, not progesterone.

3. Multiphasic formulations include which of the following?

A. Monophasic

B. Biphasic, Triphasic, Quadruphasic

C. Continuous-use

D. Placebo-phase only

Multiphasic oral contraceptives vary hormone doses across the cycle to mimic natural fluctuations and optimize bleeding patterns and tolerability. This category includes regimens with two, three, or four different hormone dose levels within the active pills—biphasic, triphasic, and quadruphasic formulations. A monophasic pill delivers the same dose every day, so it is not multiphasic. Continuous-use regimens refer to extending the active-pill period or avoiding a hormone-free interval, which is a different concept and does not define multiphasic dosing. Placebo-phase only does not describe a multiphasic dosing pattern.

4. Which of the following describes the typical initial steps in an infertility evaluation?

A. Confirm ovulation in the female, assess tubal patency and uterine anatomy as indicated, and perform semen analysis for the male partner.

B. Assess tubal patency only.

C. Confirm ovulation in the female.

D. Perform semen analysis for the male partner.

Confirming that ovulation occurs in the female is the starting point in infertility evaluation because it directly identifies a common and treatable cause of infertility. If ovulation is not occurring, addressing ovulatory dysfunction can often restore fertility without needing invasive tests. Verifying ovulation guides the next steps: once ovulatory status is established, you can pursue further assessment of the uterus and fallopian tubes or evaluate the male partner with a semen analysis as indicated. While testing tubal patency or performing a semen analysis are important parts of a full workup, they are typically pursued after confirming that the female is ovulating. If ovulation is confirmed, subsequent testing can be targeted based on the clinical picture.

5. What is the primary purpose of folic acid supplementation in pregnancy?

A. Improve fertility

B. Reduce morning sickness

C. Prevent neural tube defects

D. Treat iron deficiency anemia

The main idea is that folic acid supplementation during pregnancy is aimed at preventing neural tube defects. Neural tube formation happens very early, often before a woman knows she's pregnant—about the first 3-4 weeks after conception, with final closure usually by day 28. Folate is essential for DNA synthesis and rapid cell division, especially in the developing neural tissue. If folate is insufficient during this critical period, defects like anencephaly or spina bifida can occur. Providing adequate folate beforehand and in early pregnancy reduces the risk of these neural tube defects. Because of this timing, the recommended approach is to ensure sufficient folate intake before conception and during early pregnancy (for most women, about 400-800 mcg daily preconception and around 600 mcg daily during pregnancy; higher-dose regimens, such as 4 mg daily, are considered for those at very high risk). Folate also participates in red blood cell formation, but the primary reason for supplementation in pregnancy is neural tube defect prevention, not treating iron deficiency anemia or altering fertility or morning sickness.

6. Progestin-only pills are safe in patients who have migraines with aura.

- A. Not studied**
- B. False**
- C. Only with aspirin**
- D. True**

Migraines with aura are a scenario where estrogen-containing contraception raises the risk of ischemic stroke, so avoiding estrogen is important. Progestin-only pills do not contain estrogen, so they do not add that same stroke risk. That makes them a safer contraceptive option for patients with migraines with aura. They are effective when taken consistently every day, though they can cause irregular bleeding or other progestin-related effects. Because of this, progestin-only methods are often recommended as an alternative to combined hormonal methods for people who have migraines with aura. So the statement that progestin-only pills are safe in patients with migraines with aura is true.

7. How is breakthrough bleeding on combined oral contraceptives typically managed?

- A. Resolves within 1-2 weeks**
- B. Often persistent for 3-6 months**
- C. Requires immediate discontinuation**
- D. Requires surgical evaluation**

Breakthrough bleeding with combined oral contraceptives is a common early finding as the endometrium adjusts to the steady levels of estrogen and progestin. The typical course is that this irregular bleeding can persist for several cycles, often around 3 to 6 months, before the bleeding pattern stabilizes. The safest and most appropriate management is to continue the same OC regimen, reassuring the patient that the bleeding often improves with time. Immediate discontinuation or surgical evaluation is not routinely needed unless there are red flags or persistent heavy bleeding after several cycles. If bleeding continues longer than a few cycles or is particularly bothersome, clinicians may reassess regimen—such as adjusting the estrogen dose or changing the progestin—to help the endometrium adapt, or check for factors like adherence or drug interactions.

8. What surge triggers ovulation?

A. LH surge resulting in release of egg (oocyte)

B. FSH surge

C. Progesterone surge

D. Estrogen surge

Ovulation is triggered by a surge of luteinizing hormone (LH) from the anterior pituitary. As a mature follicle produces more estrogen, this rising estrogen exerts positive feedback on the hypothalamus and pituitary, causing a sharp LH peak just before mid-cycle. That LH surge prompts the final maturation of the follicle and rupture of its wall, releasing the oocyte. FSH supports follicle growth and estrogen production but does not initiate the release. After ovulation, the corpus luteum forms and produces progesterone to support the luteal phase; thus a progesterone surge occurs after ovulation, not to trigger it. Estrogen levels rise before ovulation and help drive the LH surge, but the actual trigger for ovulation is the LH surge.

9. What is a documented concern with long-term use of DMPA injections?

A. Calcium alone

B. Vitamin D supplementation only

C. Vitamin D and calcium supplementation

D. Vitamin C and calcium supplementation

Long-term DMPA use can lead to a decrease in bone mineral density, raising concern for weaker bones over time, especially in younger patients who are still building peak bone mass. To help counteract this, maintaining adequate calcium and vitamin D intake is recommended because calcium supplies the mineral for bone formation, while vitamin D improves calcium absorption and bone mineralization. The combination addresses the two key factors in bone health. Calcium alone may improve mineral availability but without sufficient vitamin D, absorption can be limited. Vitamin D alone helps with absorption but, without enough calcium, bones still lack the necessary mineral. Vitamin C doesn't play a primary role in preventing DMPA-associated bone loss. Therefore, the option that includes both vitamin D and calcium supplementation best matches the documented concern and its management.

10. Which of the following is a common adverse effect of clomiphene citrate?

A. Increased blood pressure

B. Hyperglycemia

C. Hair loss

D. Visual disturbances

Visual disturbances are a recognized adverse effect of clomiphene citrate, which is a selective estrogen receptor modulator used to induce ovulation by blocking estrogen receptors in the hypothalamus and increasing GnRH, FSH, and LH. Along with the drug's antiestrogenic effects, patients commonly experience hot flashes, abdominal discomfort, nausea, breast tenderness, and headaches. Visual disturbances—such as blurred vision or spots—are typically dose-related and reversible after stopping therapy. The other listed adverse effects, like increased blood pressure, hyperglycemia, or hair loss, are not commonly associated with clomiphene.

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://naplexcontraceptioninfertility.examzify.com>

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