

NAPLEX CONTRACEPTION AND INFERTILITY PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

<https://naplexcontraceptioninfertility.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. What is the duration of effectiveness for the LNG-releasing intrauterine system?**
 - A. 3 years
 - B. Up to 5 years
 - C. 7 years
 - D. 10 years
- 2. Drospirenone-containing formulations are associated with which diuretic effect?**
 - A. Mild potassium-sparing diuretic effect
 - B. Potassium-wasting diuretic effect
 - C. Loop diuretic effect
 - D. No diuretic effect
- 3. Compared with combined oral contraceptives, estrogen exposure from vaginal rings is typically:**
 - A. Lower
 - B. Higher
 - C. About the same
 - D. Not applicable
- 4. During the luteal phase, which hormone is dominant?**
 - A. Progesterone
 - B. Estrogen
 - C. LH
 - D. FSH
- 5. In PCOS, which features are commonly seen in infertility?**
 - A. Oligo/anovulation, hyperandrogenism, and polycystic ovaries
 - B. Regular ovulation, normal androgen levels
 - C. Hypogonadism and uterine anomalies
 - D. Ovarian failure

- 6. To reduce nausea associated with oral contraceptives, which of the following is recommended?**
- A. Take at night with food
 - B. Take first thing in the morning on an empty stomach
 - C. Double the dose during the first cycle
 - D. Switch to a non-oral method immediately
- 7. Which estrogen-related adverse effect is specifically linked to fluid retention?**
- A. HTN (due to fluid retention)
 - B. Nausea
 - C. Melasma
 - D. Acne
- 8. Which progestin is contained in the Mirena intrauterine device?**
- A. Levonorgestrel
 - B. Etonogestrel
 - C. Norgestimate
 - D. Desogestrel
- 9. After initiating combined hormonal contraception, patients should be counseled to monitor for which warning signs?**
- A. Symptoms such as unilateral leg swelling, chest pain, or sudden severe headache with focal deficits.
 - B. Mild fatigue only.
 - C. Itchy skin only.
 - D. Weight gain.
- 10. Preconception health includes avoiding hazardous drugs.**
- A. Avoid hazardous drugs
 - B. No changes needed
 - C. Only avoid if pregnant
 - D. Hazardous drugs are recommended

Answers

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

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Explanations

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1. What is the duration of effectiveness for the LNG-releasing intrauterine system?

- A. 3 years
- B. Up to 5 years**
- C. 7 years
- D. 10 years

The LNG-releasing intrauterine system is designed as a long-acting, locally acting contraceptive with a defined period of reliable use. It steadily releases levonorgestrel for about five years, long enough to consistently thin the endometrium and thicken cervical mucus, creating an environment hostile to fertilization and implantation. Because the hormone release tapers over time, efficacy is considered reliable for up to five years; after that, the amount released may drop below the level needed for effective contraception, so removal or replacement is recommended if continued contraception is desired. Shorter durations, such as three years, would miss the labeled window for most LNG-IUS products, while longer durations (seven or ten years) exceed the typical labeling unless a specific device is approved for that extended use.

2. Drospirenone-containing formulations are associated with which diuretic effect?

- A. Mild potassium-sparing diuretic effect**
- B. Potassium-wasting diuretic effect
- C. Loop diuretic effect
- D. No diuretic effect

Drospirenone has anti-mineralocorticoid activity, similar to spironolactone, which leads to a mild potassium-sparing diuretic effect. In the kidney, blocking aldosterone receptors in the collecting ducts reduces sodium reabsorption (and thus water retention) while conserving potassium. Because of this mechanism, the diuretic effect is present but mild and tends to spare potassium, rather than causing potassium loss. This differs from potassium-wasting diuretics or loop diuretics, which promote potassium excretion or produce more pronounced diuresis. Clinically, the mild diuretic effect can help with fluid retention, but there's a risk of hyperkalemia in patients with renal impairment or those taking other potassium-sparing agents.

3. Compared with combined oral contraceptives, estrogen exposure from vaginal rings is typically:

- A. Lower**
- B. Higher
- C. About the same
- D. Not applicable

Estrogen exposure depends on how much estrogen reaches the circulation and how it's delivered. The vaginal ring releases estrogen steadily at a lower daily amount directly into the bloodstream (about 15 micrograms of ethinyl estradiol per day) and bypasses the liver on first absorption. In contrast, most combined oral contraceptives provide a higher daily dose of estrogen (commonly 20–35 micrograms per tablet) taken every day, which leads to greater overall estrogen exposure over the cycle. The ring's lower daily dose and delivery route mean less estrogen circulating systemically compared with typical oral contraceptives, so estrogen exposure is typically lower.

4. During the luteal phase, which hormone is dominant?

A. Progesterone

B. Estrogen

C. LH

D. FSH

Progesterone is the dominant hormone during the luteal phase. After ovulation, the ruptured follicle becomes the corpus luteum, which primarily secretes progesterone (with some estrogen). This progesterone drives the endometrium into a secretory state, preparing it for possible implantation and helping sustain a early pregnancy. It also provides negative feedback to the hypothalamus and pituitary, reducing GnRH and suppressing further LH and FSH to prevent another ovulation this cycle. Estrogen is present but its effect is secondary during this phase, while LH and FSH are relatively low after the ovulation trigger. If pregnancy occurs, hCG from the implanted embryo maintains the corpus luteum and progesterone production; if not, the corpus luteum regresses, progesterone falls, and menses begins.

5. In PCOS, which features are commonly seen in infertility?

A. Oligo/anovulation, hyperandrogenism, and polycystic ovaries

B. Regular ovulation, normal androgen levels

C. Hypogonadism and uterine anomalies

D. Ovarian failure

Infertility in PCOS is driven by irregular ovulation, elevated androgens, and a polycystic-appearing ovaries pattern. Oligo/anovulation means eggs aren't released regularly, so conception opportunities are infrequent. Hyperandrogenism reflects excess androgens that disrupt normal follicle development and the hormonal balance that governs ovulation, further reducing ovulatory cycles. The ultrasound finding of multiple small follicles—polycystic ovaries—shows arrested follicle maturation, supporting why ovulation is unreliable. This combination is characteristic of PCOS and directly explains fertility challenges. In contrast, regular ovulation or normal androgen levels wouldn't fit PCOS infertility, and hypogonadism, uterine anomalies, or ovarian failure point to different infertility causes.

6. To reduce nausea associated with oral contraceptives, which of the following is recommended?

A. Take at night with food

B. Take first thing in the morning on an empty stomach

C. Double the dose during the first cycle

D. Switch to a non-oral method immediately

Nausea from combined oral contraceptives is often related to the estrogen component and how the drug is absorbed. Taking the pill at night with food helps because food slows gastric emptying and absorption, which lowers the peak estrogen exposure that can trigger nausea. The bedtime timing also means any potential discomfort occurs while you're resting, making the symptoms feel less bothersome during the day. If nausea continues, options include trying a lower-estrogen formulation or another method, but this approach—taking with a meal at night—addresses the common GI upset without changing the regimen.

7. Which estrogen-related adverse effect is specifically linked to fluid retention?

A. HTN (due to fluid retention)

- B. Nausea
- C. Melasma
- D. Acne

Estrogen can promote fluid retention by increasing hepatic production of angiotensinogen, which elevates RAAS activity and leads to sodium and water retention. This expansion of extracellular fluid can raise blood pressure, so hypertension is the adverse effect most directly linked to fluid retention. Nausea is a common GI/CNS effect of estrogen-containing regimens, melasma is a pigmentary change from estrogen exposure and UV light, and acne relates to androgenic effects and hormonal balance rather than fluid retention.

8. Which progestin is contained in the Mirena intrauterine device?

A. Levonorgestrel

- B. Etonogestrel
- C. Norgestimate
- D. Desogestrel

Mirena is a progestin-releasing intrauterine device that uses levonorgestrel. This progestin is released locally into the uterus, where it primarily thickens cervical mucus and thins the endometrium, creating a hostile environment for sperm and reducing the chance of implantation. It may also suppress ovulation in some cycles, but its main contraceptive effect comes from the local action in the uterus with relatively low systemic hormone levels. Levonorgestrel is the progestin contained in Mirena, unlike the other progestins listed—etonogestrel is used in the subdermal implant, while norgestimate and desogestrel are used in various combined hormonal contraceptives or progestin-containing products. This is why levonorgestrel is the correct answer for Mirena.

9. After initiating combined hormonal contraception, patients should be counseled to monitor for which warning signs?

A. Symptoms such as unilateral leg swelling, chest pain, or sudden severe headache with focal deficits.

- B. Mild fatigue only.
- C. Itchy skin only.
- D. Weight gain.

Estrogen-containing combined hormonal contraception increases the risk of venous thromboembolism, so patients must watch for signs that a clot could be forming or traveling to the lungs or brain. The most critical warning signs are unilateral leg swelling with pain or warmth (suggesting deep vein thrombosis), chest pain or new or worsening shortness of breath (suggesting pulmonary embolism), and a sudden severe headache with focal neurological symptoms (suggesting a stroke). Other symptoms like mild fatigue, itchy skin, or general weight gain are nonspecific and not reliable indicators of a clot, though any new or concerning symptoms should be discussed with a clinician. If any warning signs occur, discontinue the contraception and seek urgent medical evaluation to assess for VTE.

10. Preconception health includes avoiding hazardous drugs.

A. Avoid hazardous drugs

B. No changes needed

C. Only avoid if pregnant

D. Hazardous drugs are recommended

When planning pregnancy, addressing medication safety is essential because exposure to certain drugs can harm the developing embryo. Hazardous drugs are often teratogenic or can disrupt fetal development, so preconception health emphasizes avoiding or substituting these medications before conception to reduce the risk of birth defects, miscarriage, or other fetal harm. This is why clinicians review all medications during preconception counseling and may arrange safer alternatives or washout periods so conception can occur after the drug is cleared. Examples commonly considered hazardous include isotretinoin, methotrexate, and certain anticancer or anticoagulant therapies, which require careful planning or avoidance before pregnancy. It wouldn't be appropriate to proceed with no changes or to recommend continuing hazardous drugs during preconception, since the goal is to minimize fetal exposure and protect both maternal and fetal health.

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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!

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