

# NCC Women's Health Care Nurse Practitioner (WHNP) Practice Exam (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. How frequently should women with a T-score between -1.49 and +1 receive a bone density scan?**
  - A. Every year**
  - B. Every 2 years**
  - C. Every 10-15 years**
  - D. Every 3-5 years**
  
- 2. Upon examination, a patient with adenomyosis is likely to show which characteristic of the uterus?**
  - A. Normal size**
  - B. Globular and boggy texture**
  - C. Firm consistency**
  - D. Smaller than normal size**
  
- 3. What is the main goal of prenatal care?**
  - A. To ensure maximum weight gain during pregnancy**
  - B. To ensure the health of the mother and fetus throughout pregnancy**
  - C. To prepare for childbirth**
  - D. To monitor fetal movements only**
  
- 4. What is a key characteristic of acute hepatitis C according to screening results?**
  - A. HCV antibody nonreactive**
  - B. HCV antibody reactive and HCV RNA detected**
  - C. HCV antibody reactive and HCV RNA not detected**
  - D. No antibodies present**
  
- 5. Widened mediastinum on a chest X-ray is an indication of what condition?**
  - A. Pneumothorax**
  - B. Aortic dissection**
  - C. Pneumonia**
  - D. Heart failure**

- 6. What is the normal range for platelet (PLT) counts in a healthy individual?**
- A. 100-300**
  - B. 153-361**
  - C. 150-400**
  - D. 200-450**
- 7. Which emergency contraceptive may be used after unprotected intercourse?**
- A. Levonorgestrel**
  - B. Ulipristal Acetate**
  - C. Estrogen-Progesterone Combination Pills**
  - D. Mifepristone**
- 8. Which of the following conditions is associated with elevated risk during pregnancy?**
- A. Appendicitis**
  - B. Cholecystitis**
  - C. Dyspnea**
  - D. Peritonitis**
- 9. Which of the following commonly contributes to macrocytic anemia?**
- A. Iron deficiency**
  - B. Vitamin B12 deficiency**
  - C. Chronic disease**
  - D. Thalassemia**
- 10. What are the signs and symptoms of premenstrual syndrome (PMS)?**
- A. Hot flashes, weight gain, fatigue**
  - B. Mood swings, bloating, irritability, and breast tenderness**
  - C. Joint pain, fever, and nausea**
  - D. Severe headaches and dizziness**

## Answers

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

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## **Explanations**

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**1. How frequently should women with a T-score between -1.49 and +1 receive a bone density scan?**

- A. Every year
- B. Every 2 years
- C. Every 10-15 years**
- D. Every 3-5 years

Women with a T-score between -1.49 and +1 are typically considered to have normal bone density or low bone mass, which may not necessitate frequent monitoring. In guidelines for managing osteoporosis and monitoring bone density, women in this range are often advised to undergo a bone density scan every 10-15 years, given that their risk for fractures remains relatively low and stable. This frequency allows for adequate monitoring without the need for unnecessary repeated tests, considering that significant changes in bone density within such a timeframe are uncommon in women without other risk factors for osteoporosis. Other choices suggest more frequent monitoring, but those recommendations generally apply to women at higher risk for significant bone density loss, such as those with lower T-scores or additional risk factors for osteoporosis. The focus is on balancing the need for monitoring with the practicality and cost-effectiveness of testing so that individuals do not undergo more scans than necessary.

**2. Upon examination, a patient with adenomyosis is likely to show which characteristic of the uterus?**

- A. Normal size
- B. Globular and boggy texture**
- C. Firm consistency
- D. Smaller than normal size

The characteristic of the uterus in a patient with adenomyosis is typically described as having a globular and boggy texture. Adenomyosis occurs when the endometrial tissue, which normally lines the uterus, grows into the muscular wall of the uterus, causing it to become enlarged and distorted. As this condition progresses, the affected uterine wall becomes thickened and may feel softer or boggy upon palpation due to the presence of endometrial tissue within the myometrium. The "globular" aspect refers to the rounded shape and enlargement of the uterus, which is a common finding in adenomyosis. In contrast, other options do not accurately represent the physical traits of the uterus in this condition. A normal-sized uterus would not suggest adenomyosis, as the condition typically results in enlargement. A firm consistency is more characteristic of a healthy uterus, and a smaller than normal size would be inconsistent with the proliferation of tissue associated with adenomyosis. Thus, the description of the uterus as globular and boggy is aligned with the clinical presentation of patients suffering from adenomyosis.

### 3. What is the main goal of prenatal care?

- A. To ensure maximum weight gain during pregnancy
- B. To ensure the health of the mother and fetus throughout pregnancy**
- C. To prepare for childbirth
- D. To monitor fetal movements only

The primary goal of prenatal care is to ensure the health of the mother and fetus throughout pregnancy. This encompasses a comprehensive approach to monitor and manage any potential complications while providing education and support for the mother. Regular prenatal visits allow healthcare providers to assess the physical and emotional well-being of the mother, monitor fetal growth and development, and provide necessary screenings and tests. In doing so, prenatal care aims to promote positive health outcomes for both the mother and baby, address nutritional needs, and prepare for any birthing plans. This proactive approach is essential for identifying any issues that may arise during pregnancy, allowing for timely interventions. While weight gain during pregnancy is an important consideration, it is not the main objective of prenatal care; rather, it is one aspect of a woman's overall health. Preparing for childbirth is also part of prenatal care, but the broader focus on the health of both mother and fetus highlights the comprehensive nature of prenatal services. Lastly, monitoring fetal movements is a component of care that indicates fetal well-being but does not encompass the full scope of prenatal care goals.

### 4. What is a key characteristic of acute hepatitis C according to screening results?

- A. HCV antibody nonreactive
- B. HCV antibody reactive and HCV RNA detected**
- C. HCV antibody reactive and HCV RNA not detected
- D. No antibodies present

A key characteristic of acute hepatitis C is the presence of HCV antibodies along with detectable HCV RNA in the blood. During the early stages of acute hepatitis C infection, it is usually too soon for antibodies to develop, which means that a significant number of patients can have negative antibody tests initially. Therefore, the detection of HCV RNA is critical as it confirms the presence of the virus. The combination of reactive HCV antibodies and detectable HCV RNA indicates a current infection. This contrasts with other states of infection, where only antibodies may be present or only RNA may be detected without antibodies due to the timing of the immune response. This characteristic is essential for diagnosing acute hepatitis C, as it helps differentiate between chronic infection, recent exposure, and resolved or cleared infection. In terms of understanding the sequence of events, the presence of HCV RNA before the appearance of antibodies illustrates why this result is significant in the context of acute hepatitis C.

**5. Widened mediastinum on a chest X-ray is an indication of what condition?**

- A. Pneumothorax**
- B. Aortic dissection**
- C. Pneumonia**
- D. Heart failure**

A widened mediastinum on a chest X-ray is most commonly associated with aortic dissection. This condition involves a tear in the innermost layer of the aorta, leading to the spreading of blood between the layers of the aortic wall. As blood accumulates, the aorta may create a bulging appearance on imaging, thereby widening the mediastinum. In the evaluation of chest X-rays, health care providers look for the position and width of the mediastinum to assess for potential serious conditions. A widened mediastinum can serve as a critical indicator of several life-threatening issues, most notably aortic dissection, which requires immediate medical attention and intervention. Other conditions listed do not typically present with a widened mediastinum on chest X-ray. Pneumothorax is characterized by the presence of air in the pleural space, which often appears as a visceral pleural line without significant mediastinal widening. Pneumonia generally presents as localized opacities due to consolidation or infiltrates, and heart failure is predominantly associated with findings such as cardiomegaly and pulmonary congestion, rather than a widened mediastinum.

**6. What is the normal range for platelet (PLT) counts in a healthy individual?**

- A. 100-300**
- B. 153-361**
- C. 150-400**
- D. 200-450**

The normal range for platelet counts in a healthy individual typically falls between 150,000 to 450,000 platelets per microliter of blood. This measurement is crucial as it plays a significant role in hemostasis and the overall clotting process. The range indicated as 153-361 reflects a narrower subset within the standard range but does not encompass the complete normative limits. It may overlook cases that would still be deemed healthy outside of that narrow count, such as individuals who may have counts between 150 and 153 or those above 361 but still within the normal limits of 400,000. In a clinical setting, recognizing the full range of 150-400 is important as it captures the normal variability seen in the population, accounting for differences in age, sex, and physiological conditions. Therefore, the standard range for platelet counts (150,000 to 450,000) enables practitioners to better assess and interpret a patient's health status and potential pathologies related to clotting disorders.

**7. Which emergency contraceptive may be used after unprotected intercourse?**

- A. Levonorgestrel**
- B. Ulipristal Acetate**
- C. Estrogen-Progesterone Combination Pills**
- D. Mifepristone**

Levonorgestrel is an emergency contraceptive that can be effectively used after unprotected intercourse to reduce the risk of pregnancy. It is most effective when taken as soon as possible within 72 hours after the event, but can still be taken up to five days after unprotected sex, with decreasing efficacy over time. Levonorgestrel works primarily by inhibiting or delaying ovulation, preventing fertilization, and altering the endometrial lining to prevent implantation, if ovulation has already occurred. Ulipristal acetate, while also an emergency contraceptive, is not the only option available and is usually preferred if it is taken within 120 hours post-intercourse due to its ability to delay ovulation more effectively even closer to ovulation. Estrogen-progesterone combination pills can be used off-label for emergency contraception, but using them specifically for this purpose is less common and involves a different dosing regimen. Mifepristone is primarily used for medical abortion rather than emergency contraception, as it works by blocking the action of progesterone necessary for the continuation of a pregnancy rather than preventing one after intercourse. Thus, Levonorgestrel stands out as a well-established emergency contraceptive option for use immediately after unprotected intercourse

**8. Which of the following conditions is associated with elevated risk during pregnancy?**

- A. Appendicitis**
- B. Cholecystitis**
- C. Dyspnea**
- D. Peritonitis**

Cholecystitis is indeed associated with elevated risk during pregnancy due to several physiological changes that occur in a woman's body. During pregnancy, hormonal shifts, particularly the increase in progesterone, can lead to slowed gastrointestinal motility. This delayed emptying can increase the likelihood of bile accumulation and the formation of gallstones, which are common precursors to cholecystitis. Additionally, the growing uterus can exert pressure on the gallbladder and bile ducts, further predisposing pregnant individuals to gallbladder-related complications. Consequently, if cholecystitis occurs, it can lead to serious complications such as pancreatitis, infections, or the need for surgical intervention, which poses additional risks to both the mother and the developing fetus. Other conditions, while they may present challenges during pregnancy, do not carry the same heightened risk profile as cholecystitis. For example, appendicitis can occur during pregnancy but its incidence is relatively low compared to cholecystitis. Dyspnea may arise due to normal physiological changes or underlying conditions, but it is not typically classified as a condition that induces significant risk directly. Peritonitis, while serious, is usually a secondary complication rather than a primary concern in the context of pregnancy-related

**9. Which of the following commonly contributes to macrocytic anemia?**

- A. Iron deficiency**
- B. Vitamin B12 deficiency**
- C. Chronic disease**
- D. Thalassemia**

Vitamin B12 deficiency is a well-known contributor to macrocytic anemia because it plays a crucial role in DNA synthesis and the production of red blood cells. When there is a deficiency of vitamin B12, the body is unable to produce red blood cells effectively, leading to a larger-than-normal size of the cells (macrocytes) that are produced. This results in macrocytic anemia, characterized by the presence of fewer but larger red blood cells. In contrast, iron deficiency typically causes microcytic anemia, characterized by smaller red blood cells due to inadequate hemoglobin synthesis. Chronic disease can lead to anemia of inflammation or chronic disease, which is usually normocytic rather than macrocytic. Thalassemia, a genetic blood disorder affecting the production of hemoglobin, is also associated with microcytic anemia rather than macrocytic. Thus, the connection of vitamin B12 deficiency to macrocytic anemia is established through its critical role in normal red blood cell development and function.

**10. What are the signs and symptoms of premenstrual syndrome (PMS)?**

- A. Hot flashes, weight gain, fatigue**
- B. Mood swings, bloating, irritability, and breast tenderness**
- C. Joint pain, fever, and nausea**
- D. Severe headaches and dizziness**

Premenstrual syndrome (PMS) is characterized by a range of physical and emotional symptoms that typically occur in the luteal phase of the menstrual cycle, just before menstruation begins. The correct option highlights key symptoms commonly associated with PMS, including mood swings, bloating, irritability, and breast tenderness. Mood swings are a well-documented emotional symptom that can arise due to changes in hormone levels, particularly estrogen and progesterone, during the menstrual cycle. Bloating is also frequently experienced, often related to fluid retention that can occur due to hormonal fluctuations. Irritability is another emotional symptom linked to PMS, which can impact a person's overall mood and behavior. Breast tenderness is a physical symptom that many women report, resulting from hormonal changes affecting breast tissue. The other options include symptoms that are not characteristic of PMS, such as hot flashes and joint pain, which are more indicative of menopause or other conditions. Fever and nausea are generally not associated with PMS either, and severe headaches and dizziness may suggest other medical issues rather than the typical symptoms of PMS. This distinction is crucial for accurate diagnosis and appropriate management of symptoms related to the menstrual cycle.

## 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://nccwhnp.examzify.com>**

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

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