

NCC WOMEN'S HEALTH CARE NURSE PRACTITIONER (WHNP) PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

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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. Abdominal fullness may often be a symptom of which condition?**
 - A. Uterine fibroids
 - B. Ovarian cancer
 - C. Pelvic inflammatory disease
 - D. Endometriosis
- 2. What symptom might indicate IBS during a diagnosis?**
 - A. Frequent hard stools
 - B. Abdominal distension
 - C. Excessive weight gain
 - D. Persistent nausea
- 3. Which condition is commonly seen in children aged 2-12 years presenting with abdominal pain?**
 - A. Pneumonia
 - B. Diverticulitis
 - C. Appendicitis
 - D. Dysmenorrhea
- 4. What is indicated by dull sound percussed over the spleen during a deep breath?**
 - A. Splenomegaly
 - B. Appendicitis
 - C. Cholecystitis
 - D. PID
- 5. Which symptom is NOT typically associated with appendicitis?**
 - A. RLQ pain
 - B. Fever
 - C. Jaundice
 - D. Peritoneal rigidity

- 6. What is indicated by pain in the RLQ with appendicitis?**
- A. Pain during palpation of the abdomen
 - B. Localized fever and swelling
 - C. Pain in RLQ with hip flexion
 - D. Generalized abdominal pain
- 7. Name the condition characterized by high blood pressure and proteinuria during pregnancy.**
- A. Preeclampsia
 - B. Gestational Diabetes
 - C. Placenta Previa
 - D. Hyperemesis Gravidarum
- 8. What is the recommended cervical cancer screening interval for women aged 30-65?**
- A. Every year with HPV testing
 - B. Every 3 years
 - C. Every 5 years with HPV cotesting
 - D. Every 10 years
- 9. Which symptom occurs frequently in women diagnosed with adenomyosis?**
- A. Frequent urination
 - B. Menstrual irregularity
 - C. Chronic pelvic pain
 - D. Low libido
- 10. What is the recommended weight gain during pregnancy for a woman with a normal pre-pregnancy BMI?**
- A. 15-25 pounds
 - B. 20-30 pounds
 - C. 25-35 pounds
 - D. 30-40 pounds

Answers

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

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Explanations

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1. Abdominal fullness may often be a symptom of which condition?

- A. Uterine fibroids
- B. Ovarian cancer**
- C. Pelvic inflammatory disease
- D. Endometriosis

Abdominal fullness is often a symptom associated with ovarian cancer, primarily due to the growth of tumors that can lead to an accumulation of fluid in the abdomen (ascites) or pressure on surrounding organs. As the ovarian tumors increase in size, they can cause the abdomen to appear distended or feel fuller than usual. This can significantly impact a woman's comfort and may be accompanied by other symptoms such as changes in appetite, weight loss, or abdominal pain. While uterine fibroids can also cause abdominal fullness due to their size and position, and pelvic inflammatory disease may lead to changes in the pelvic area, ovarian cancer is particularly notable for the symptom of abdominal fullness as it can develop insidiously and become more pronounced as the disease progresses. Endometriosis can contribute to abdominal discomfort and fullness due to the presence of endometrial tissue outside the uterus, but it often manifests with specific pain and menstrual irregularities rather than a solitary symptom of abdominal fullness.

2. What symptom might indicate IBS during a diagnosis?

- A. Frequent hard stools
- B. Abdominal distension**
- C. Excessive weight gain
- D. Persistent nausea

Abdominal distension is a key symptom that may indicate Irritable Bowel Syndrome (IBS). This condition is characterized by a combination of abdominal pain and changes in bowel habits, and abdominal distension often accompanies these symptoms. Patients with IBS frequently report a feeling of fullness or bloating in the abdomen, which can be exacerbated by the intake of food or stress. In the context of IBS, abdominal distension can occur due to the altered motility of the intestines, leading to gas accumulation or variations in intestinal transit time. This symptom aligns with the typical presentations seen in individuals diagnosed with IBS, making it significant in the diagnostic process. Other symptoms like frequent hard stools or persistent nausea may occur, but they are not definitive indications of IBS on their own. Excessive weight gain is generally unrelated to IBS, as the condition does not typically lead to changes in weight status; rather, many with IBS experience fluctuations in weight. Thus, abdominal distension serves as a more direct and relevant indicator of Irritable Bowel Syndrome.

3. Which condition is commonly seen in children aged 2-12 years presenting with abdominal pain?

- A. Pneumonia
- B. Diverticulitis
- C. Appendicitis**
- D. Dysmenorrhea

Appendicitis is a condition frequently observed in children within the 2-12 year age group, presenting as abdominal pain. It typically arises from obstruction of the appendiceal lumen, leading to inflammation, which manifests as acute abdominal pain often starting around the umbilical area and migrating to the right lower quadrant. In children, this can be associated with symptoms such as nausea, vomiting, and sometimes fever. The age group specified is critical because appendicitis is particularly prevalent in this demographic, making it a classic consideration when evaluating abdominal pain in pediatric patients. The pain progression, combined with the typical presentation, is a key element that healthcare providers focus on during diagnosis. The other conditions listed are less relevant to this age group and the symptoms presented. For example, while pneumonia can cause abdominal pain due to referred pain or coughing, it is not a common cause of acute abdominal pain in children compared to appendicitis. Diverticulitis, on the other hand, typically occurs in adults, especially those over 40, and is very rare in children. Dysmenorrhea is specifically related to menstruation and, therefore, applies only to female adolescents and is not relevant to the broader child population.

4. What is indicated by dull sound percussed over the spleen during a deep breath?

- A. Splenomegaly**
- B. Appendicitis
- C. Cholecystitis
- D. PID

A dull sound percussed over the spleen during a deep breath indicates splenomegaly, which is an enlargement of the spleen. In healthy individuals, the spleen cannot be easily palpated, and percussion over the area typically results in a resonance sound. However, when the spleen is enlarged, it can extend beyond its normal anatomical boundaries, leading to dullness upon percussion due to the increased solid tissue. This finding can suggest various underlying conditions, including infections, liver diseases, or hematological disorders. As the diaphragm descends during deep breathing, the enlargement can also result in more pronounced dullness, reinforcing the nurse practitioner's suspicion of splenic enlargement. Recognizing splenomegaly is critical, as it may require further evaluation to determine the underlying cause and appropriate management.

5. Which symptom is NOT typically associated with appendicitis?

- A. RLQ pain
- B. Fever
- C. Jaundice**
- D. Peritoneal rigidity

Jaundice is not typically associated with appendicitis. Appendicitis primarily involves inflammation of the appendix and often presents with symptoms localized to the right lower quadrant, including pain, tenderness, and, in many cases, rigidity of the abdominal muscles due to peritoneal irritation. Fever is a common systemic response to the infection and inflammation that occurs in appendicitis. Jaundice, on the other hand, refers to the yellowing of the skin and eyes and is indicative of issues related to liver function, bile duct obstruction, or hemolysis, which are not directly connected to appendicitis. Therefore, recognizing that jaundice does not fit with the typical presentation of appendicitis clarifies why this symptom is the correct choice.

6. What is indicated by pain in the RLQ with appendicitis?

- A. Pain during palpation of the abdomen
- B. Localized fever and swelling
- C. Pain in RLQ with hip flexion**
- D. Generalized abdominal pain

Pain in the right lower quadrant (RLQ) during hip flexion is indicative of appendicitis because this positioning places strain on the psoas muscle, which lies near the appendix. When the appendix is inflamed, movements that stretch or irritate the surrounding structures can reproduce pain in that area, which is often described as the positive psoas sign. While palpation of the abdomen may lead to discomfort in appendicitis, the key feature here is that hip flexion specifically aggravates the pain due to the anatomical relationships involved. Localized fever and swelling can accompany appendicitis but are not specific indicators of pain; they reflect systemic responses rather than directly pointing to the location of pain. Generalized abdominal pain is also common in various abdominal conditions, making it less specific for diagnosing appendicitis compared to the localized pain with hip flexion. Thus, the response to hip flexion provides key symptomatic insight in the diagnosis of appendicitis, supporting the correctness of the selected option.

7. Name the condition characterized by high blood pressure and proteinuria during pregnancy.

- A. Preeclampsia**
- B. Gestational Diabetes
- C. Placenta Previa
- D. Hyperemesis Gravidarum

The condition characterized by high blood pressure and proteinuria during pregnancy is preeclampsia. Preeclampsia typically occurs after the 20th week of pregnancy and can lead to serious complications for both the mother and the baby if not properly managed. The hallmark features of preeclampsia include elevated blood pressure readings (usually $\geq 140/90$ mmHg) and the presence of protein in the urine (proteinuria). This condition is thought to be related to placental factors and is a result of issues with blood vessels and circulation during pregnancy. Preeclampsia can progress to eclampsia, which includes the onset of seizures, making its early diagnosis and management crucial. The symptoms may range from mild to severe, and if untreated, it can lead to significant maternal and fetal morbidity. Management often involves close monitoring, medication to control blood pressure, and in some cases, delivery of the baby to prevent further complications. The other conditions listed do not involve the combination of high blood pressure and proteinuria during pregnancy. Gestational diabetes relates to elevated blood sugar levels, placenta previa involves the placement of the placenta covering the cervix, and hyperemesis gravidarum is characterized by severe nausea and vomiting during pregnancy. Each

8. What is the recommended cervical cancer screening interval for women aged 30-65?

- A. Every year with HPV testing
- B. Every 3 years
- C. Every 5 years with HPV cotesting**
- D. Every 10 years

The recommended cervical cancer screening interval for women aged 30-65 is every 5 years with HPV cotesting. This interval is supported by guidelines from health organizations such as the American College of Obstetricians and Gynecologists (ACOG) and the U.S. Preventive Services Task Force (USPSTF). This approach combines both a Pap smear and HPV (human papillomavirus) testing in a single screening. The presence of HPV is significant, as it is the primary cause of cervical cancer, and testing for it alongside the Pap smear allows for a more comprehensive assessment of cervical health. The 5-year interval is based on evidence that demonstrates this frequency is effective in detecting precancerous changes or cervical cancer in this age group while also minimizing unnecessary procedures and anxiety associated with more frequent screening. The alternatives offered do not reflect the current recommendations or evidence-based practices for cervical cancer screening. For instance, annual screenings can lead to overtreatment and increased healthcare costs without providing added benefits in terms of cancer detection. Screening every 3 years without HPV testing may not adequately account for the risk factors associated with HPV. Lastly, a 10-year interval wouldn't be appropriate, as it could allow for undetected changes that might develop into cancer over a longer

9. Which symptom occurs frequently in women diagnosed with adenomyosis?

- A. Frequent urination
- B. Menstrual irregularity
- C. Chronic pelvic pain**
- D. Low libido

Chronic pelvic pain is a symptom that frequently occurs in women diagnosed with adenomyosis due to the condition's impact on the uterus. Adenomyosis involves the presence of endometrial tissue within the uterine muscle, which can lead to a range of symptoms as the tissue thickens and undergoes cyclical changes related to the menstrual cycle. This condition often causes significant inflammation and can result in intense menstrual cramps and pelvic pain that may persist even outside of menstruation. In contrast, while frequent urination, menstrual irregularity, and low libido might occur in some women with various gynecological conditions, they are not as directly associated with adenomyosis as chronic pelvic pain is. This makes chronic pelvic pain a hallmark symptom that practitioners note when assessing for adenomyosis. Understanding this connection can aid in timely diagnosis and management of the condition.

10. What is the recommended weight gain during pregnancy for a woman with a normal pre-pregnancy BMI?

- A. 15-25 pounds
- B. 20-30 pounds
- C. 25-35 pounds**
- D. 30-40 pounds

The recommended weight gain during pregnancy for a woman with a normal pre-pregnancy Body Mass Index (BMI), which is typically defined as a BMI ranging from 18.5 to 24.9, is 25-35 pounds. This guideline is established to ensure that both the mother and the fetus are provided with the necessary resources for healthy growth and development. Weight gain during pregnancy varies by pre-pregnancy weight status due to different nutritional needs and risk factors associated with underweight and overweight conditions. For women who enter pregnancy at a normal weight, the 25-35 pound gain supports adequate fetal growth, minimizes the risk of complications such as gestational diabetes and hypertension, and prepares the body for postpartum recovery. This gain is distributed across the entire pregnancy period and accounts for the developing fetus, increased blood volume, amniotic fluid, and the enlarging uterus and breasts. Health professionals emphasize not just the total weight gain, but also the rate of gain throughout pregnancy, as a gradual increase is healthier than rapid weight gain, which can lead to complications. The other weight gain ranges are not applicable for women with normal BMI, as they are intended for different weight categories. The recommendation of 15-25 pounds is too low for someone

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://nccwhnp.examzify.com>

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

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