Reproductive Health 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. Which factor related to the uterus is listed as a contributor to female infertility?

A. Uterine factors.

B. Cervical infections only.

C. Fallopian tube patency.

D. Testicular dysfunction.

2. If fallopian tubes are blocked, what outcome may occur?

A. Egg cannot travel to the uterus.

B. Egg production stops.

C. Sperm production increases.

D. Ovaries stop producing hormones.

3. Which genetic abnormality can cause anovulation by limiting ovarian tissue available to produce ova?

A. Turner syndrome

B. Klinefelter syndrome

C. Down syndrome

D. Triple X syndrome

4. Which type of uterine tumor is mentioned as a potential factor in subfertility?

A. Fibromas

B. Ovarian cysts

C. Endometrial cancer

D. Cervical polyps

5. Metabolic syndrome in relation to PCOS is associated with increased risk of what health issue?

A. Cardiac disease

B. Kidney stones

C. Migraine

D. Visual impairment

6. What is the minimum number of motile sperm counts considered normal?

A. 10 million

B. 20 million

C. 25 million

D. 40 million

7. Which procedure involves placing fertilized eggs directly into the fallopian tube?

A. IVF

B. GIFT

C. ZIFT

D. IUI

8. Which of the following is NOT listed as a factor that can cause a limited sperm count?

A. Chronic infections

B. Congenital abnormalities

C. Regular exercise

D. Varicocele

9. Which cervical or vaginal issue can lead to female subfertility?

A. Sperm-immobilizing antibodies

B. Endometrial polyps

C. Ovarian torsion

D. Pelvic inflammatory disease

10. Which condition is a known contributor to tubal transport problems besides chronic PID?

A. Ruptured appendix

B. Endometriosis

C. Ovarian cyst

D. Fibroids

Answers

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

Explanations

1. Which factor related to the uterus is listed as a contributor to female infertility?

A. Uterine factors.

B. Cervical infections only.

C. Fallopian tube patency.

D. Testicular dysfunction.

Uterine factors are a major category of contributors to female infertility because the uterus must provide a suitable environment for embryo implantation and early pregnancy. Problems inside the uterus—such as fibroids that distort the cavity, congenital uterine anomalies, intrauterine adhesions (Asherman syndrome), or endometrial pathology—can prevent implantation or lead to early pregnancy loss, reducing the chances of achieving or maintaining pregnancy. That's why a factor related to the uterus is the best fit. Cervical infections affect fertility by altering cervical mucus and sperm passage, not the uterine environment itself. Patency of the fallopian tubes concerns the tubal pathway, which is a different anatomical factor. Testicular dysfunction is a male factor and not related to uterine conditions.

2. If fallopian tubes are blocked, what outcome may occur?

A. Egg cannot travel to the uterus.

B. Egg production stops.

C. Sperm production increases.

D. Ovaries stop producing hormones.

The key idea is that natural conception depends on the egg traveling from the ovary through the fallopian tube to meet sperm and then allowing a fertilized egg to reach the uterus. If the fallopian tube is blocked, the egg cannot reach the uterus, so fertilization and implantation in the uterus are highly unlikely. This is why blockage often leads to infertility with natural conception. Ovulation still occurs because the ovaries continue to release eggs and produce hormones like estrogen and progesterone; the blockage doesn't stop egg production itself. Sperm production happens in the testes and is not affected by tubal status, so it isn't increased by a tubal blockage. Similarly, ovarian hormone production isn't halted by blocked tubes.

3. Which genetic abnormality can cause anovulation by limiting ovarian tissue available to produce ova?

A. Turner syndrome

B. Klinefelter syndrome

C. Down syndrome

D. Triple X syndrome

Turner syndrome is the genetic abnormality that leads to gonadal dysgenesis with streak ovaries, meaning the ovaries contain very few follicles. This drastically limits the ovarian reserve, so there aren't enough oocytes to ovulate, resulting in anovulation and often infertility. In Turner's, loss or dysfunction of one X chromosome disrupts normal ovarian development, producing fibrous, underdeveloped gonads. In contrast, Klinefelter is a male-associated condition with infertility due to azoospermia, Down syndrome is not typically linked to ovarian tissue limitation, and Triple X syndrome can have normal or variably affected ovarian function but does not classically cause the severe ovarian reserve reduction seen in Turner.

4. Which type of uterine tumor is mentioned as a potential factor in subfertility?

A. Fibromas

B. Ovarian cysts

C. Endometrial cancer

D. Cervical polyps

Fibromas, a type of benign uterine tumor, can affect fertility because they distort the uterine cavity and can alter blood flow and uterine contractions. When fibroids grow into or near the cavity (submucosal fibroids), they directly interfere with embryo implantation and can raise the risk of early pregnancy loss. This is why fibromas are a known factor in subfertility. Ovarian cysts come from the ovary and mainly affect fertility through ovulation, not by altering the uterine environment. Endometrial cancer is a malignant condition of the uterine lining with broader health implications beyond subfertility, and cervical polyps are not uterine tumors and are less related to implantation issues.

5. Metabolic syndrome in relation to PCOS is associated with increased risk of what health issue?

A. Cardiac disease

B. Kidney stones

C. Migraine

D. Visual impairment

Metabolic syndrome in PCOS centers on a cluster of cardiovascular risk factors—insulin resistance, central obesity, high triglycerides with low HDL, and elevated blood pressure. This combination drives accelerated atherosclerosis and raises the likelihood of cardiovascular disease, including heart attacks and strokes, in women with PCOS who meet metabolic syndrome criteria. While PCOS itself involves hormonal and metabolic disturbances, the presence of metabolic syndrome specifically signals a higher risk of cardiac problems. The other options aren't the primary risks tied to metabolic syndrome in PCOS. Kidney stones aren't a direct consequence of this syndrome in this context, nor are migraines or visual impairment typically linked to the metabolic derangements seen in PCOS.

6. What is the minimum number of motile sperm counts considered normal?

A. 10 million

B. 20 million

C. 25 million

D. 40 million

Motility is essential because fertilization requires sperm that can move through the female reproductive tract to reach the egg. When we look at semen, the total motile sperm count reflects both how many sperm are present and how many can actually move. Historically, a minimum total motile sperm count of about 25 million in the ejaculate has been used as the lower limit for normal fertility potential. This threshold balances giving couples a reasonable chance of natural conception with the natural variability in semen quality and the challenges sperm face on the way to fertilization. Think of it this way: motility percentage tells you what portion are moving, but the overall fertilization potential depends on the actual number of moving sperm, which is the product of concentration, volume, and motility. So a sample with enough total sperm but low motility, or a sample with good motility but very few sperm, may both fail to achieve pregnancy, whereas reaching around 25 million motile sperm in total indicates a level historically considered compatible with normal fertility potential. Modern guidelines also use different references (percent motility or different total motile thresholds), but 25 million motile sperm per ejaculate has long stood as the traditional minimum for a normal sample.

7. Which procedure involves placing fertilized eggs directly into the fallopian tube?

A. IVF

B. GIFT

C. ZIFT

D. IUI

Focusing on where fertilization or early development occurs in these fertility techniques helps distinguish them. ZIFT, or Zygote Intrafallopian Transfer, involves placing a fertilized egg (a zygote) directly into the fallopian tube, allowing it to travel to the uterus and implant there. This is different from in vitro fertilization, where fertilization happens in a lab dish and the resulting embryo is placed into the uterus; from gamete intrafallopian transfer, where eggs and sperm are placed into the fallopian tube for fertilization in the body; and from intrauterine insemination, where sperm is placed directly into the uterus. Therefore, the procedure described is ZIFT.

8. Which of the following is NOT listed as a factor that can cause a limited sperm count?

A. Chronic infections

B. Congenital abnormalities

C. Regular exercise

D. Varicocele

The key idea is what can and cannot lower sperm numbers. Chronic infections of the male reproductive tract can inflame or obstruct pathways, leading to reduced sperm production or quality. Congenital abnormalities can disrupt the structure or flow of sperm, also lowering count. Varicocele raises the scrotal temperature and can impair testicular function, decreasing spermatogenesis. Regular exercise, on the other hand, is not typically listed as a cause of a limited sperm count; it generally supports overall health and fertility, with only extreme overtraining or unusual heat exposure potentially having a negative effect in rare cases. So regular exercise is the factor that does not belong among those that can cause a reduced sperm count.

9. Which cervical or vaginal issue can lead to female subfertility?

A. Sperm-immobilizing antibodies

B. Endometrial polyps

C. Ovarian torsion

D. Pelvic inflammatory disease

Subfertility can result from factors in the cervix or vagina that block or impair the sperm before it meets the egg. Sperm-immobilizing antibodies in cervical or vaginal secretions attach to sperm and stop their movement or cause clumping. This immune reaction inside the cervix/vagina directly reduces the chances of fertilization by preventing sperm from effectively traveling through cervical mucus to reach the egg, making it the most relevant cervical/vaginal cause. Endometrial polyps are uterine and mainly affect implantation rather than the initial sperm–egg encounter. Ovarian torsion is an acute ovarian emergency with no bearing on fertilization. Pelvic inflammatory disease involves the upper genital tract and can cause infertility via tubal damage, but it's not a cervical or vaginal issue.

10. Which condition is a known contributor to tubal transport problems besides chronic PID?

A. Ruptured appendix

B. Endometriosis

C. Ovarian cyst

D. Fibroids

Tubal transport depends on patency and proper fimbrial function, and endometriosis is a major contributor to its disruption. Pelvic endometriosis creates a chronic inflammatory environment that promotes adhesions around the fallopian tubes and ovaries, distorting pelvic anatomy and often fixing or narrowing the fimbrial end. These changes can hinder the capture of the oocyte, impede movement into the tube, or affect tubal motility and ciliary function, all of which reduce the likelihood of successful transport of the ovum to the uterus. Although a ruptured appendix can lead to pelvic adhesions via peritoneal infection, it is not classically described as a primary cause of tubal transport impairment in the way endometriosis is. Ovarian cysts and fibroids influence fertility mainly through hormonal effects or uterine environment, rather than direct tubal transport disruption.

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://reproductivehealthinfertility.examzify.com

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