

Reproductive Physician Assistant National Certifying Examination (PANCE) Practice test (Sample)

Study Guide



Everything you need from our exam experts!

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Questions

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- 1. How does an ultrasound appear in a patient with Polycystic ovarian syndrome?**
 - A. Solid mass**
 - B. Sting of pearls or oyster ovaries**
 - C. Complex cysts**
 - D. Normal ovarian size**
- 2. What is clomiphene citrate used for in reproductive health?**
 - A. To prevent sexually transmitted infections**
 - B. To induce ovulation**
 - C. To treat endometriosis**
 - D. To enhance sperm production**
- 3. What is meant by the term 'gestational age' in pregnancy?**
 - A. The estimated birth weight**
 - B. The length of pregnancy from conception**
 - C. The length of time since the last menstrual period**
 - D. The number of weeks pregnant**
- 4. What medication is commonly used to decrease blood loss by stimulating uterine contractions?**
 - A. Pitocin**
 - B. Magnesium sulfate**
 - C. Oxytocin**
 - D. Prostaglandin**
- 5. At 20 weeks of gestation, where should the uterus be located?**
 - A. Above the pubic symphysis**
 - B. At the level of the umbilicus**
 - C. Below the umbilicus**
 - D. At the xiphoid process**

- 6. What is a major risk factor for premature rupture of membranes?**
- A. High cholesterol**
 - B. Multiple pregnancies**
 - C. Infection**
 - D. Diabetes**
- 7. In what situation is hysterosalpingography (HSG) primarily used?**
- A. To induce ovulation**
 - B. To evaluate fertility issues**
 - C. To treat ovarian cysts**
 - D. To diagnose STIs**
- 8. What is the name of the procedure commonly used to evaluate the uterus and fallopian tubes for abnormalities?**
- A. Hysteroscopy**
 - B. Ultrasound**
 - C. Hysterosalpingography (HSG)**
 - D. Laparoscopy**
- 9. What is the major symptom associated with abruptio placenta?**
- A. Painless vaginal bleeding**
 - B. Severe abdominal cramping**
 - C. Painful vaginal bleeding**
 - D. Fever and chills**
- 10. What is the distinction between true and false labor?**
- A. True labor leads to placental detachment**
 - B. False labor is characterized by regular contractions**
 - C. True labor involves contractions leading to cervical dilation**
 - D. False labor only occurs during the third trimester**

Answers

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

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Explanations

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1. How does an ultrasound appear in a patient with Polycystic ovarian syndrome?

- A. Solid mass**
- B. Sting of pearls or oyster ovaries**
- C. Complex cysts**
- D. Normal ovarian size**

An ultrasound findings in a patient with Polycystic Ovarian Syndrome (PCOS) typically shows a characteristic appearance referred to as a "string of pearls" or "oyster ovaries." This visual representation is due to the presence of multiple small cysts, or follicles, located around the periphery of the ovaries. These cysts usually measure between 2-9 mm and may appear as small, fluid-filled sacs on the ultrasound. The "string of pearls" phenomenon is a distinct and defining feature of PCOS, helping in the differential diagnosis of the condition. Clinicians often look for this characteristic pattern when assessing a patient suspected of having PCOS, alongside other symptoms such as irregular menstrual cycles and signs of hyperandrogenism. In contrast, while solid masses, complex cysts, and normal ovarian sizes are all possible ultrasound findings, they do not specifically represent the typical presentation of PCOS. In solid masses, rather than small cysts, there would be denser tissue found on the ultrasound, which is not typical for PCOS. Complex cysts consist of larger or more complicated structures and could indicate other pathological conditions. Normal ovarian size does not correlate with the hormonal and symptomatic irregularities observed in PCOS and does

2. What is clomiphene citrate used for in reproductive health?

- A. To prevent sexually transmitted infections**
- B. To induce ovulation**
- C. To treat endometriosis**
- D. To enhance sperm production**

Clomiphene citrate is primarily used to induce ovulation in women who are experiencing infertility due to anovulation or irregular ovulatory cycles. It functions as a selective estrogen receptor modulator, which acts on the hypothalamus to increase the release of gonadotropin-releasing hormone (GnRH). This increased GnRH stimulates the pituitary gland to release follicle-stimulating hormone (FSH) and luteinizing hormone (LH), which are crucial for the maturation and release of the ovum (egg). As a result, clomiphene citrate is commonly prescribed for women with conditions such as polycystic ovary syndrome (PCOS) or other issues that prevent ovulation. Additionally, clomiphene is well-acknowledged in reproductive medicine as an initial treatment option for women seeking to conceive, making it a critical medication in fertility treatment protocols. Its role in inducing ovulation can lead to increased chances of achieving pregnancy for those facing fertility challenges.

3. What is meant by the term 'gestational age' in pregnancy?

- A. The estimated birth weight
- B. The length of pregnancy from conception
- C. The length of time since the last menstrual period**
- D. The number of weeks pregnant

Gestational age refers to the length of time since the last menstrual period. This measurement is used in obstetrics to determine how far along a pregnancy is, as it provides a clear and standardized point of reference. The typical duration of a pregnancy is about 40 weeks, calculated from the first day of the last menstrual period (LMP). This method of calculation accounts for the fact that ovulation and conception usually occur about two weeks after the LMP, allowing healthcare providers to estimate the timing of key developmental milestones in utero. Using gestational age based on the last menstrual period is a well-established practice in prenatal care because it helps in monitoring fetal development, planning for appropriate prenatal screenings, and determining the due date. Additionally, this terminology is critical when discussing any complications or interventions that may arise during pregnancy since gestational age can influence clinical decisions, such as the timing of delivery. In the context of the other options: the estimated birth weight does not indicate the pregnancy's duration, the length of pregnancy from conception is often shorter and more variable, and the number of weeks pregnant could imply gestational age but does not specifically denote the standardized reference point of the last menstrual period. Therefore, relating gestational age to the last menstrual period is the most

4. What medication is commonly used to decrease blood loss by stimulating uterine contractions?

- A. Pitocin
- B. Magnesium sulfate
- C. Oxytocin**
- D. Prostaglandin

The medication commonly used to decrease blood loss by stimulating uterine contractions is oxytocin. This hormone is crucial in initiating and sustaining labor as it causes the uterine muscles to contract. In the context of postpartum management, oxytocin is administered to minimize bleeding by helping the uterus to contract effectively and thereby reduce the risk of hemorrhage. The enhancing effect on uterine tone promotes the expulsion of retained placental tissue, which can further contribute to blood loss if not addressed. While Pitocin is a brand name for oxytocin, which can also be used for these purposes, the term "oxytocin" itself refers to the active substance responsible for the physiological effects. Thus, in the context of the question, identifying oxytocin as the answer focuses on the drug's mechanism rather than its commercial designation. Magnesium sulfate, while useful in treating certain complications during pregnancy, such as preeclampsia or eclampsia, does not directly promote uterine contractions or blood loss reduction. Prostaglandins can play a role in cervical ripening and initiating contractions, but they are more commonly associated with labor induction rather than directly addressing blood loss in a postpartum scenario. Overall, oxytocin is a well-established choice for

5. At 20 weeks of gestation, where should the uterus be located?

- A. Above the pubic symphysis**
- B. At the level of the umbilicus**
- C. Below the umbilicus**
- D. At the xiphoid process**

At 20 weeks of gestation, the uterus is typically located at the level of the umbilicus. This is an important developmental milestone in pregnancy, as by this point, the uterus has expanded significantly to accommodate the growing fetus. By approximately 20 weeks, the fundal height, which is the distance from the pubic symphysis to the top of the uterus, usually correlates with the gestational age in weeks. Therefore, at 20 weeks, the fundus is expected to rise to the level of the navel. This localization of the uterus allows healthcare providers to assess fetal growth and development as well as to evaluate potential complications during the mid-point of pregnancy. At earlier stages, such as before 12 weeks, the uterus is typically found below the pubic symphysis, gradually rising as the pregnancy progresses. By the time the pregnancy has reached its midpoint, the uterus not only has moved up to the level of the umbilicus, but this positioning also becomes a reference point for monitoring further growth and any potential deviations from expected growth patterns in the subsequent weeks.

6. What is a major risk factor for premature rupture of membranes?

- A. High cholesterol**
- B. Multiple pregnancies**
- C. Infection**
- D. Diabetes**

Premature rupture of membranes (PROM) occurs when the amniotic sac breaks before labor begins, and several factors can contribute to this complication. One of the major risk factors is the presence of infection, which can lead to inflammation and changes in the membranes that may increase the likelihood of rupture. Infections in the genital tract, such as chorioamnionitis, can weaken the amniotic membranes, making them more susceptible to rupture. Additionally, systemic infections and certain sexually transmitted infections can also play a role in increasing the risk of PROM. The body's inflammatory response to an infection can lead to the premature breakdown of membranes, resulting in PROM. The other choices, while they have their own associated risks in pregnancy, do not directly correlate with the incidence of premature rupture of membranes in the same direct manner that infections do. High cholesterol is not typically linked to PROM, and although multiple pregnancies and diabetes can complicate pregnancies and increase risks in general, they are not as closely associated with PROM as infection is. Understanding the connection between infections and PROM can help healthcare providers implement preventive measures and provide appropriate monitoring for at-risk patients.

7. In what situation is hysterosalpingography (HSG) primarily used?

- A. To induce ovulation**
- B. To evaluate fertility issues**
- C. To treat ovarian cysts**
- D. To diagnose STIs**

Hysterosalpingography (HSG) is primarily used to evaluate fertility issues, making it a crucial diagnostic tool in infertility assessments. This procedure involves injecting a contrast dye into the uterine cavity and fallopian tubes and taking X-rays to visualize any blockages or abnormalities. By assessing the patency of the fallopian tubes and the shape of the uterine cavity, HSG can identify structural or functional issues that may be hindering conception, such as blockages caused by scarring or fibroids. While it has other uses, such as ruling out certain uterine abnormalities, its main application is in fertility evaluation. The other options, such as inducing ovulation or treating ovarian cysts, are managed through different therapeutic approaches. Diagnosing sexually transmitted infections (STIs) typically involves specific tests that do not include HSG; therefore, it is not utilized in that context. Understanding HSG's role in evaluating fertility is essential for recognizing how it fits into the broader landscape of reproductive health care.

8. What is the name of the procedure commonly used to evaluate the uterus and fallopian tubes for abnormalities?

- A. Hysteroscopy**
- B. Ultrasound**
- C. Hysterosalpingography (HSG)**
- D. Laparoscopy**

The procedure known as Hysterosalpingography (HSG) is specifically designed to evaluate the uterus and fallopian tubes for any abnormalities. During HSG, a contrast dye is injected into the uterine cavity through the cervix and then radiographic images are taken. This not only allows visualization of the uterine shape and structure but also confirms whether the fallopian tubes are open and functioning correctly, which is crucial for fertility evaluation. In contrast, hysteroscopy is primarily focused on directly visualizing the inside of the uterus using a thin, lighted telescope (hysteroscope) inserted through the cervix, which is more suited for direct examination and possible interventions within the uterine cavity itself but does not evaluate tubal patency. Ultrasound is a versatile imaging tool often used to look at the ovaries, uterus, and surrounding structures, but it does not specifically assess tubal patency as HSG does. Laparoscopy is an invasive procedure where a camera is inserted into the abdominal cavity to evaluate the pelvic organs and may involve visualizing the external environment of the uterus and tubes, but again, it does not specifically serve the same purpose as HSG, which is targeted at determining the status of the fallopian

9. What is the major symptom associated with abruptio placenta?

- A. Painless vaginal bleeding**
- B. Severe abdominal cramping**
- C. Painful vaginal bleeding**
- D. Fever and chills**

Abruptio placenta, or placental abruption, is characterized by the premature separation of the placenta from the uterus, which can lead to significant complications for both the mother and fetus. One of the hallmark symptoms of this condition is painful vaginal bleeding. Patients may experience sudden onset of uterine pain or tenderness, along with bleeding, which can vary in amount. The pain is typically described as severe and can occur alongside contractions. In contrast, painless vaginal bleeding is more commonly associated with placenta previa, where the placenta is located low in the uterus and partially or totally covers the cervix. Severe abdominal cramping could occur in various conditions, but it is not the defining symptom of abruptio placenta. Fever and chills might suggest an infection, which isn't a primary symptom of placental abruption but could be seen in other obstetric emergencies. Therefore, painful vaginal bleeding stands out as the primary and most significant symptom associated with abruptio placenta, indicating an urgent situation that requires prompt medical evaluation and intervention.

10. What is the distinction between true and false labor?

- A. True labor leads to placental detachment**
- B. False labor is characterized by regular contractions**
- C. True labor involves contractions leading to cervical dilation**
- D. False labor only occurs during the third trimester**

True labor is defined by the occurrence of contractions that not only become progressively more frequent and intense but also lead to cervical changes, specifically dilation and effacement. This process is an integral part of labor and delivery, indicating that the body is preparing for childbirth. In true labor, contractions typically grow stronger and more regular over time, causing the cervix to begin to open and thin out, a critical process for delivering the baby. This physical change is what ultimately signifies true labor as it demonstrates that the body is actively engaging in the labor process. In contrast, false labor, often referred to as Braxton Hicks contractions, is characterized by irregular contractions that do not effect change in the cervix. These contractions can occur at any point during pregnancy, but they do not indicate that labor is imminent. Thus, the distinction lies in the presence of cervical dilation during true labor, which is not observed in false labor.