

Reproductive Physician Assistant National Certifying Examination (PANCE) 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

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- 1. Which classification system is used to categorize uterine fibroids?**
 - A. The FIGO classification**
 - B. The ACOG classification**
 - C. The TNM classification**
 - D. The BIRADS classification**

- 2. 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**

- 3. Which lifestyle factor is known to negatively impact fertility in women?**
 - A. Regular exercise**
 - B. High levels of stress**
 - C. Balanced diet**
 - D. Taking prenatal vitamins**

- 4. What is the most common pathogen that causes mastitis?**
 - A. Escherichia coli**
 - B. Staphylococcus aureus**
 - C. Streptococcus pneumoniae**
 - D. Clostridium perfringens**

- 5. What is the leading cause of ectopic pregnancy?**
 - A. Hormonal imbalance**
 - B. Adhesions**
 - C. Genetic factors**
 - D. Endometriosis**

6. What is the classic triad of preeclampsia?

- A. HTN, edema, and proteinuria**
- B. Fevers, chills, and rigors**
- C. Nausea, vomiting, and abdominal pain**
- D. Diarrhea, weight loss, and fatigue**

7. What is the primary mechanism of action of combined oral contraceptives?

- A. Stimulate ovulation**
- B. Prevent ovulation and thicken cervical mucus**
- C. Regulate menstrual cycles only**
- D. Increase uterine lining thickness**

8. What is endometrial hyperplasia and its primary concern?

- A. A thickening of the uterine lining**
- B. Inflammation of the endometrial lining**
- C. Development of ovarian cysts**
- D. Excessive menstrual bleeding**

9. What is the average age of onset for menopause in women?

- A. 45 years old**
- B. 50 years old**
- C. Approximately 51 years old**
- D. 55 years old**

10. What is the most frequent benign condition of the breast?

- A. Intraductal papilloma**
- B. Fibrocystic Breast Disease**
- C. Fibroadenoma**
- D. Breast cysts**

Answers

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

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Explanations

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1. Which classification system is used to categorize uterine fibroids?

- A. The FIGO classification**
- B. The ACOG classification**
- C. The TNM classification**
- D. The BIRADS classification**

The FIGO classification system is specifically designed to categorize uterine fibroids, also known as leiomyomas. It organizes fibroids based on their location within the uterus, which can be critical for management and treatment decisions. This classification divides fibroids into subserosal, intramural, and submucosal types, each having different implications for symptoms, potential complications, and approaches to treatment. The emphasis on the anatomical position in the FIGO classification aids clinicians in predicting patient outcomes and selecting appropriate surgical techniques or medical management. Understanding the location and type of fibroids is essential, as submucosal fibroids, for example, are often associated with heavier menstrual bleeding and infertility, whereas subserosal fibroids may lead to different clinical presentations. In contrast, the other classification systems mentioned do not pertain specifically to uterine fibroids. The ACOG classification primarily addresses various obstetric and gynecological conditions, the TNM classification is used for staging cancers based on tumor size, lymph node involvement, and metastasis, and the BIRADS classification focuses on breast imaging assessments. Therefore, the FIGO classification is uniquely suited for categorizing uterine fibroids based on clinically relevant criteria.

2. 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.

3. Which lifestyle factor is known to negatively impact fertility in women?

- A. Regular exercise**
- B. High levels of stress**
- C. Balanced diet**
- D. Taking prenatal vitamins**

High levels of stress are known to negatively impact fertility in women for several reasons. Stress can lead to hormonal imbalances that disrupt the regular menstrual cycle and ovulation process. Specifically, increased stress can elevate cortisol levels, which in turn affects the hypothalamus — the brain region responsible for regulating hormones related to the reproductive system. These hormonal disruptions may result in irregular periods or amenorrhea (absence of menstruation), making it more difficult for a woman to conceive. Additionally, chronic stress can influence a woman's decision-making abilities regarding health behaviors, potentially leading to lifestyle choices that further affect fertility, such as poor diet and lack of exercise. Addressing stress through various means, such as therapy or lifestyle changes, can be an important component of improving fertility. In contrast, regular exercise generally promotes overall health and can improve fertility by maintaining a healthy weight, while a balanced diet provides essential nutrients that support reproductive health. Taking prenatal vitamins is beneficial for ensuring that a woman's body has adequate nutrients necessary for a healthy pregnancy, but they do not directly address fertility issues related to lifestyle factors like stress.

4. What is the most common pathogen that causes mastitis?

- A. Escherichia coli**
- B. Staphylococcus aureus**
- C. Streptococcus pneumoniae**
- D. Clostridium perfringens**

Mastitis, particularly in breastfeeding women, is most commonly associated with *Staphylococcus aureus*. This pathogen is prevalent on skin and mucous membranes, making it a prime candidate for causing infections when there are any breaks in the skin or when milk stasis occurs in the breast tissues. *Staphylococcus aureus* can lead to localized breast infections, marked by swelling, redness, and pain, and is often associated with the formation of an abscess. In cases of lactational mastitis, the presence of this bacterium is consistent with the the risk factors involved, such as skin colonization and nipple trauma, which can predispose women to bacterial invasion. While other pathogens can cause mastitis, they are less frequently encountered. For instance, *Escherichia coli*, while it can lead to various infections, is not the primary causative organism for mastitis. Similarly, *Streptococcus pneumoniae* and *Clostridium perfringens* are associated with other types of infections and are not commonly linked to mastitis in the context of lactation. Therefore, *Staphylococcus aureus* stands out as the most prevalent organism in this condition.

5. What is the leading cause of ectopic pregnancy?

- A. Hormonal imbalance**
- B. Adhesions**
- C. Genetic factors**
- D. Endometriosis**

The leading cause of ectopic pregnancy is adhesions, often resulting from previous pelvic infections, surgical scars, or endometriosis. These adhesions can create an abnormal environment in the fallopian tubes, making it difficult for a fertilized egg to travel through the tube to the uterus, thereby leading to implantation in the tube itself. Conditions that cause pelvic inflammatory disease, such as sexually transmitted infections, can also contribute significantly to the formation of adhesions. Hormonal imbalances may play a role in reproduction but are not a primary factor in ectopic pregnancies. Genetic factors can influence various reproductive health issues, but they do not prominently contribute to the risk of ectopic pregnancy. Endometriosis can also lead to ectopic pregnancies but is more often associated with internal lesions rather than the external scarring that creates adhesions. Therefore, while some options might have relevance, adhesions stand out as the primary cause of ectopic pregnancies, emphasizing how previous damage or alteration in the reproductive tract can significantly impact pregnancy outcomes.

6. What is the classic triad of preeclampsia?

- A. HTN, edema, and proteinuria**
- B. Fevers, chills, and rigors**
- C. Nausea, vomiting, and abdominal pain**
- D. Diarrhea, weight loss, and fatigue**

The classic triad of preeclampsia includes hypertension, edema, and proteinuria. Preeclampsia is a pregnancy-related condition typically occurring after the 20th week of gestation, characterized by high blood pressure and signs of damage to other organ systems, often the kidneys. Hypertension is a key feature, as blood pressure readings of 140/90 mm Hg or higher can indicate this condition. Edema, or swelling, is common due to fluid retention associated with changes in vascular permeability. Proteinuria, the presence of excess protein in the urine, signifies kidney involvement that is a hallmark of preeclampsia. Understanding this triad is crucial for the timely diagnosis and management of preeclampsia, as it can lead to serious complications for both the mother and fetus if left untreated. The other groups of symptoms in the choices do not relate to preeclampsia, which further solidifies the significance of the hypertension, edema, and proteinuria triad in this condition.

7. What is the primary mechanism of action of combined oral contraceptives?

- A. Stimulate ovulation
- B. Prevent ovulation and thicken cervical mucus**
- C. Regulate menstrual cycles only
- D. Increase uterine lining thickness

Combined oral contraceptives (COCs) primarily function by preventing ovulation and thickening cervical mucus. The mechanism starts with the hormonal components of the pill—estrogen and progestin—working together to inhibit the release of luteinizing hormone (LH) from the pituitary gland, which is essential for ovulation. When ovulation is suppressed, the ovaries do not release an egg, which prevents potential fertilization. Additionally, the progestin component contributes to thickening the cervical mucus, making it more viscous and less permeable to sperm, further reducing the likelihood of fertilization. This dual-action approach not only offers effective contraception but also contributes to menstrual cycle regulation and can alleviate symptoms associated with menstruation for some users. While additional actions include regulation of menstrual cycles and effects on the endometrial lining, the primary efficacy in preventing pregnancy essentially revolves around the prevention of ovulation and the alteration of cervical mucus. Therefore, the correct answer highlights the most significant mechanisms through which combined oral contraceptives exert their contraceptive effects.

8. What is endometrial hyperplasia and its primary concern?

- A. A thickening of the uterine lining**
- B. Inflammation of the endometrial lining
- C. Development of ovarian cysts
- D. Excessive menstrual bleeding

Endometrial hyperplasia refers to the thickening of the endometrial lining, which is the inner layer of the uterus. This condition arises due to an overgrowth of cells in the endometrium, typically in response to prolonged exposure to estrogen without the balancing effect of progesterone. The primary concern associated with endometrial hyperplasia is that it can increase the risk of developing endometrial cancer. As the endometrium thickens, particularly in cases of atypical hyperplasia, there is a greater potential for abnormal cells to develop. Understanding this risk is crucial for managing patients with endometrial hyperplasia, as early detection and intervention can significantly reduce the likelihood of progression to cancer. While excessive menstrual bleeding can be a symptom of endometrial hyperplasia, it is a secondary concern compared to the risk of malignancy. Inflammation of the endometrial lining and the development of ovarian cysts are separate conditions that do not directly define endometrial hyperplasia, as they involve different processes and structures within the reproductive system.

9. What is the average age of onset for menopause in women?

- A. 45 years old
- B. 50 years old
- C. Approximately 51 years old**
- D. 55 years old

The average age of onset for menopause is approximately 51 years old, which aligns with extensive research on reproductive health and hormonal changes in women. Menopause represents the end of a woman's menstrual cycles, typically occurring 12 months after the last menstrual period. The range for natural menopause can vary; however, it most commonly appears between the ages of 45 and 55, making 51 a well-accepted figure for this transition point in a woman's life. Despite variations due to genetic, environmental, and lifestyle factors, numerous population studies show that around this age, fluctuations in hormone levels result in the cessation of ovulation and menstruation, marking the transition into menopause. This understanding is crucial for healthcare providers as they counsel women on managing symptoms and health implications related to this natural biological process.

10. What is the most frequent benign condition of the breast?

- A. Intraductal papilloma
- B. Fibrocystic Breast Disease**
- C. Fibroadenoma
- D. Breast cysts

Fibrocystic breast disease is considered the most frequent benign condition of the breast, affecting a significant portion of women at various stages of life, particularly those in their reproductive years. This condition is characterized by the presence of non-cancerous lumps and can include various symptoms such as breast tenderness, swelling, and changes in lump size in relation to the menstrual cycle. The term "fibrocystic" encompasses a range of findings that may include cysts, fibrosis, and adenosis, which all contribute to the overall prevalence of this condition. The hormonal changes that occur during the menstrual cycle often exacerbate these symptoms, making them more noticeable to individuals experiencing this condition. In contrast, while intraductal papillomas, fibroadenomas, and breast cysts are also benign breast conditions, they are less commonly encountered than fibrocystic breast disease. Intraductal papillomas involve growths within the ducts but are not as prevalent in the general population. Fibroadenomas are solid tumors and, while common in younger women, do not have the same widespread occurrence as fibrocystic changes. Breast cysts are fluid-filled sacs that can develop but often arise as part of the broader scope of fibrocystic changes rather than

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://reproductivepance.examzify.com>

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

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