

Rosh Women's Health End of Rotation (EOR) Practice Exam (Sample)

Study Guide



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SAMPLE

Questions

SAMPLE

- 1. What is the most common benign tumor of the uterus?**
 - A. Uterine fibroids**
 - B. Ovarian cysts**
 - C. Uterine leiomyoma**
 - D. Endometrial polyps**
- 2. What is the quantitative measure of adequate contractions during labor?**
 - A. 150 Montevideo units**
 - B. 200 Montevideo units**
 - C. 250 Montevideo units**
 - D. 300 Montevideo units**
- 3. What is the most appropriate STI screening for a 16-year-old sexually active female in a monogamous relationship?**
 - A. Chlamydia trachomatis nucleic acid amplification test**
 - B. HIV test**
 - C. Rapid plasma reagin for syphilis**
 - D. Pap test**
- 4. Which condition is characterized by the presence of endometrial tissue outside the uterus?**
 - A. Uterine fibroids**
 - B. Endometriosis**
 - C. Ovarian cysts**
 - D. Pelvic adhesions**
- 5. At what gestational age is cesarean delivery recommended for placenta previa?**
 - A. 34 0/7 - 35 6/7 weeks**
 - B. 36 0/7 - 37 6/7 weeks**
 - C. 38 0/7 - 39 6/7 weeks**
 - D. 40 0/7 - 41 6/7 weeks**

- 6. What is the primary complication associated with untreated amenorrhea?**
- A. Cardiovascular disease**
 - B. Osteoporosis**
 - C. Reproductive cancer**
 - D. Diabetes**
- 7. During menopause, women may experience a decrease in what hormone?**
- A. Insulin**
 - B. Estrogen**
 - C. Thyroid hormone**
 - D. Testosterone**
- 8. Which guideline recommends universal screening for gestational diabetes between 24-28 weeks of pregnancy?**
- A. ACOG**
 - B. ADA**
 - C. USPSTF**
 - D. WHO**
- 9. Which of the following is NOT a feature of gestational hypertension?**
- A. New onset hypertension**
 - B. Proteinuria**
 - C. Diagnosis after 20 weeks of gestation**
 - D. Two separate readings 4 hours apart**
- 10. Atypical glandular cells on cervical cytology are most often associated with which management step in women over 35?**
- A. Colposcopy with endometrial biopsy**
 - B. Endometrial and endocervical sampling without colposcopy**
 - C. Human papillomavirus testing**
 - D. Loop electrosurgical excision procedure**

Answers

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

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Explanations

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1. What is the most common benign tumor of the uterus?

- A. Uterine fibroids
- B. Ovarian cysts
- C. Uterine leiomyoma**
- D. Endometrial polyps

Uterine leiomyomas, commonly known as uterine fibroids, represent the most prevalent benign tumors found in the female reproductive system. These tumors arise from the smooth muscle layer of the uterus (myometrium) and can vary in size, number, and location. They can range from small, undetectable lesions to large masses that can cause significant symptoms, including heavy menstrual bleeding, pelvic pain, and pressure effects. Most women will experience fibroids at some point in their lives, making them a common clinical finding, especially in women of reproductive age. While other options mention conditions such as ovarian cysts and endometrial polyps, these are not classified in the same category as uterine leiomyomas. Ovarian cysts are fluid-filled sacs that develop on the ovaries and are often transient, while endometrial polyps are localized growths in the lining of the uterus. Neither has the same ubiquity or benign fibromatous characteristics as leiomyomas, which directly relate to their histological origin and clinical significance. Therefore, the recognition of uterine leiomyomas as the foremost benign tumor is grounded in their prevalence, symptomatology, and gynecological relevance.

2. What is the quantitative measure of adequate contractions during labor?

- A. 150 Montevideo units
- B. 200 Montevideo units**
- C. 250 Montevideo units
- D. 300 Montevideo units

The quantitative measure of adequate contractions during labor is often defined by the Montevideo units (MVUs), which assess the strength and number of contractions over a specified period. Adequate contractions are important for effective labor progression as they play a crucial role in cervical dilation and fetal descent. A Montevideo unit is calculated by summing the intensity of each contraction measured in millimeters of mercury (mmHg) over a 10-minute window. A threshold of at least 200 Montevideo units is generally accepted as indicative of sufficient uterine activity to promote labor progression. When contractions reach this level, it suggests that they are strong and frequent enough to be effective for labor advancement and delivery. Understanding this measure is critical for evaluating labor progression and determining whether interventions may be necessary in case of inadequate contractions. The selection of 200 MVUs reflects the clinical consensus and guidelines related to effective uterine activity during labor.

3. What is the most appropriate STI screening for a 16-year-old sexually active female in a monogamous relationship?

A. Chlamydia trachomatis nucleic acid amplification test

B. HIV test

C. Rapid plasma reagin for syphilis

D. Pap test

For a 16-year-old sexually active female in a monogamous relationship, the most appropriate STI screening is the Chlamydia trachomatis nucleic acid amplification test. This choice is important because chlamydia is one of the most common sexually transmitted infections, and adolescents are at a higher risk for infection due to various factors including biological susceptibility and behavioral patterns. The U.S. Preventive Services Task Force recommends routine screening for chlamydia and gonorrhea in sexually active women under the age of 25. The nucleic acid amplification test (NAAT) is highly sensitive and specific for detecting Chlamydia trachomatis and is considered the gold standard for screening. It can be performed using urine or vaginal samples, making it both convenient and effective. While other testing options, such as HIV testing, syphilis screening, and Pap tests, are also important components of sexual health care, they serve different purposes. HIV testing is indeed crucial, particularly if risk factors are present, but it is typically not the primary screening protocol for asymptomatic adolescents in a monogamous relationship. Syphilis testing is important in high-risk populations and pregnant women but is not part of routine screening for all sexually active teens. Additionally, Pap

4. Which condition is characterized by the presence of endometrial tissue outside the uterus?

A. Uterine fibroids

B. Endometriosis

C. Ovarian cysts

D. Pelvic adhesions

Endometriosis is characterized by the presence of endometrial-like tissue situated outside the uterine cavity, which commonly affects areas such as the ovaries, fallopian tubes, and the pelvic lining. This abnormal growth can lead to symptoms such as chronic pelvic pain, dysmenorrhea, and infertility. In endometriosis, the tissue responds to hormonal changes similar to the endometrial tissue within the uterus, which can cause inflammation, scarring, and the formation of adhesions. The specific locations where this tissue grows and the response to hormonal fluctuations are key aspects of the condition, distinguishing it from other gynecological issues. Conditions like uterine fibroids, ovarian cysts, and pelvic adhesions involve different types of tissue or pathophysiological changes. Uterine fibroids are benign tumors made of smooth muscle and connective tissue, ovarian cysts generally involve fluid-filled sacs on the ovaries rather than endometrial tissue, and pelvic adhesions are bands of scar tissue that can form after surgery or inflammation but do not involve endometrial tissue. Each of these conditions presents different pathologies and symptoms, highlighting why endometriosis is uniquely defined by the presence of endometrial tissue outside its normal location.

5. At what gestational age is cesarean delivery recommended for placenta previa?

- A. 34 0/7 - 35 6/7 weeks
- B. 36 0/7 - 37 6/7 weeks**
- C. 38 0/7 - 39 6/7 weeks
- D. 40 0/7 - 41 6/7 weeks

Cesarean delivery is typically recommended for women with placenta previa between 36 0/7 and 37 6/7 weeks of gestation due to the increased risk of hemorrhage associated with this condition as the pregnancy progresses. By this gestational age range, the fetus is likely sufficiently developed for delivery while minimizing complications for both the mother and the baby. Scheduling the cesarean at this time allows for planning and preparation, reducing the chances of an unexpected emergency situation that could arise with the onset of labor or bleeding if the placenta remains positioned over the cervix. Delivering before 36 weeks may increase the risk of neonatal complications due to prematurity. Conversely, waiting until after 37 weeks might expose the mother to greater risks if there are no medical indications for delaying delivery. In summary, the timing of cesarean delivery for placenta previa is aimed at balancing the risks of maternal hemorrhage and ensuring adequate fetal maturity, which is why the range of 36 0/7 - 37 6/7 weeks is considered optimal.

6. What is the primary complication associated with untreated amenorrhea?

- A. Cardiovascular disease
- B. Osteoporosis**
- C. Reproductive cancer
- D. Diabetes

Untreated amenorrhea can lead to significant hormonal imbalances, primarily involving estrogen deficiency, which is crucial for maintaining bone density. When menstruation stops and is not addressed, the lack of estrogen can result in decreased bone mineral density over time, predisposing individuals to osteoporosis. This condition makes bones weak and susceptible to fractures, particularly in postmenopausal women or individuals with longstanding amenorrhea. Although untreated amenorrhea can have other health complications, such as those relating to cardiovascular disease and reproductive cancers, osteoporosis is a direct consequence of long-term estrogen deficiency and is a primary concern, particularly in younger individuals who may not recognize the ongoing effects of amenorrhea on bone health. Therefore, focusing on the primary complication associated with untreated amenorrhea, osteoporosis stands out due to its long-term consequences and the relation to hormonal changes.

7. During menopause, women may experience a decrease in what hormone?

- A. Insulin**
- B. Estrogen**
- C. Thyroid hormone**
- D. Testosterone**

During menopause, women experience a significant decline in estrogen levels. Estrogen is a crucial hormone produced primarily by the ovaries, and its levels naturally decrease as menopause occurs, typically marking the end of a woman's reproductive years. This decrease can lead to various symptoms associated with menopause, including hot flashes, mood swings, and vaginal dryness, due to the hormone's role in regulating numerous bodily functions. The transition of menopause involves hormonal changes that signal the body to cease ovulation and reduce the production of reproductive hormones, particularly estrogen. Other hormones such as testosterone may not decrease in the same significant manner as estrogen during menopause. Insulin and thyroid hormone levels are also not primarily affected by the menopausal transition in the same way estrogen is. Understanding the role of estrogen during menopause is critical for recognizing the physical and psychological changes that women may encounter during this phase of life.

8. Which guideline recommends universal screening for gestational diabetes between 24-28 weeks of pregnancy?

- A. ACOG**
- B. ADA**
- C. USPSTF**
- D. WHO**

The correct answer is ACOG (American College of Obstetricians and Gynecologists) because this organization has established guidelines that recommend universal screening for gestational diabetes mellitus (GDM) for all pregnant individuals between 24 to 28 weeks of gestation. This screening is crucial as GDM can lead to several complications for both the mother and the unborn child if not appropriately diagnosed and managed. ACOG emphasizes the importance of this timing for screening because many women may not show symptoms, and the physiological changes of pregnancy can mask diabetes prior to this period. By screening during this window, healthcare providers can identify those who may require interventions, such as lifestyle changes or insulin therapy, leading to better maternal and fetal outcomes. Other organizations, such as the ADA (American Diabetes Association), also recommend similar screening practices, but ACOG's guidelines specifically direct this universal approach within the gestational timeframe. The USPSTF (United States Preventive Services Task Force) and WHO (World Health Organization) provide recommendations on diabetes screening but do not universally advocate for screening specifically during the 24-28 week period as strongly as ACOG does, nor do they outline the specific parameters as clearly in the context of pregnancy.

9. Which of the following is NOT a feature of gestational hypertension?

- A. New onset hypertension**
- B. Proteinuria**
- C. Diagnosis after 20 weeks of gestation**
- D. Two separate readings 4 hours apart**

Gestational hypertension is characterized primarily by new onset hypertension that occurs after 20 weeks of gestation. A defining feature is the elevation of blood pressure (typically defined as 140/90 mmHg or greater) that occurs without the presence of proteinuria or other signs of severe preeclampsia. A significant point of differentiating gestational hypertension from preeclampsia is that proteinuria is not a feature of gestational hypertension; it is associated with preeclampsia. Diagnosis criteria can include obtaining two separate blood pressure readings that confirm the presence of high blood pressure taken at least four hours apart, which is a diagnostic measure intended to confirm the diagnosis rather than just sporadic high readings. Since proteinuria is not involved in gestational hypertension, identifying it as a feature would inaccurately classify the condition and misrepresent its clinical characteristics. Thus, the correct answer stands out as accurate in that proteinuria does not belong to the features of gestational hypertension.

10. Atypical glandular cells on cervical cytology are most often associated with which management step in women over 35?

- A. Colposcopy with endometrial biopsy**
- B. Endometrial and endocervical sampling without colposcopy**
- C. Human papillomavirus testing**
- D. Loop electrosurgical excision procedure**

Atypical glandular cells found on cervical cytology indicate potential abnormalities that could be linked to a range of cervical and endometrial pathologies. In women over the age of 35, the presence of these cells raises particular concern due to the higher risk for both cervical and endometrial neoplasia. The preferred management step for women in this age group involves a colposcopy combined with endometrial biopsy. This approach allows for both a thorough examination of the cervix through colposcopy and the opportunity to sample the endometrium for any abnormalities. This dual approach is critical, as atypical glandular cells can arise not only from cervical lesions but also from endometrial issues, making it vital to rule out malignancies or pre-cancerous changes in both areas. Colposcopy facilitates direct visualization of the cervix, enabling targeted biopsies of any suspicious areas. Meanwhile, the endometrial biopsy addresses the potential for endometrial pathology that could be indicated by the atypical glandular cells. In summary, the correct management step for women over 35 with atypical glandular cells on cervical cytology is to perform colposcopy with endometrial biopsy to ensure comprehensive evaluation and appropriate follow-up.