

Rosh Women's Health Practice Exam (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. What should be monitored closely in a patient diagnosed with inflammatory breast cancer?**
 - A. Fluid intake**
 - B. Growth of the mass**
 - C. Response to treatment**
 - D. Bone density**
- 2. What is the estimated gestational age of a patient with a quantitative hCG level of 80,000 mIU/mL?**
 - A. 3 weeks**
 - B. 4.5-5 weeks**
 - C. 5-6 weeks**
 - D. 9-12 weeks**
- 3. What additional finding would confirm a diagnosis of preeclampsia in a woman with elevated blood pressure?**
 - A. Repeat blood pressure measurement of 135/84 mm Hg and elevated liver transaminases**
 - B. Repeat blood pressure measurement of 145/92 mm Hg with 2+ protein on urine dipstick**
 - C. Repeat blood pressure measurement of 152/108 mm Hg with patient postictal from seizure**
 - D. Repeat blood pressure measurement of 155/105 mm Hg with no new symptoms**
- 4. What hormone is primarily responsible for mammary gland development during pregnancy?**
 - A. Progesterone**
 - B. Testosterone**
 - C. Estrogen**
 - D. Prolactin**
- 5. What is the preferred imaging modality for evaluating pelvic pain in women?**
 - A. CT Scan**
 - B. MRI**
 - C. Pelvic Ultrasound**
 - D. X-ray**

- 6. What is the main function of the fallopian tubes in reproduction?**
- A. To support the ovaries**
 - B. To transport ova to the uterus and act as the site of fertilization**
 - C. To produce hormones**
 - D. To enhance sperm motility**
- 7. In a pregnant woman with a history of macrosomia, which diagnostic study is important to reduce perinatal complications?**
- A. Diabetes screening**
 - B. HIV antigen/antibody immunoassay**
 - C. Thyroid-stimulating hormone**
 - D. Urine culture**
- 8. What is the best next step in managing a woman diagnosed with a hydatidiform mole?**
- A. A Dilation and suction curettage**
 - B. B Hysterectomy**
 - C. C Methotrexate**
 - D. D Repeat serum beta-human chorionic gonadotropin level in 1 week**
- 9. What is the most appropriate treatment for a 17-year-old girl with a foul-smelling vaginal discharge and presence of clue cells?**
- A. Benzathine penicillin G 2.4 million units intramuscularly once**
 - B. Fluconazole 150 mg orally once**
 - C. Metronidazole 2 g orally once**
 - D. Metronidazole 500 mg orally twice daily for 7 days**
- 10. What are the two phases of the menstrual cycle?**
- A. Follicular phase and luteal phase**
 - B. Menstrual phase and premenstrual phase**
 - C. Ovulatory phase and luteal phase**
 - D. Follicular phase and ovulatory phase**

Answers

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

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Explanations

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1. What should be monitored closely in a patient diagnosed with inflammatory breast cancer?

- A. Fluid intake**
- B. Growth of the mass**
- C. Response to treatment**
- D. Bone density**

In patients diagnosed with inflammatory breast cancer, closely monitoring the response to treatment is crucial for several reasons. Inflammatory breast cancer is an aggressive form of breast cancer characterized by rapid progression and a higher likelihood of metastasis compared to other types. Therefore, timely assessment of how well the cancer responds to treatment is essential for guiding further therapeutic decisions. Regular evaluations, such as imaging studies and biomarker tests, enable healthcare professionals to determine the effectiveness of chemotherapy, targeted therapies, or any new treatment approaches the patient may be undergoing. If the cancer shows resistance or if there's progression despite treatment, it may warrant adjustments in the therapeutic regimen. While monitoring fluid intake, growth of the mass, and bone density are important in the comprehensive care of cancer patients, they do not address the immediate need to track the efficacy of the treatment in this aggressive cancer type. Effective treatment response monitoring directly influences patient outcomes, making it a priority in the management of inflammatory breast cancer.

2. What is the estimated gestational age of a patient with a quantitative hCG level of 80,000 mIU/mL?

- A. 3 weeks**
- B. 4.5-5 weeks**
- C. 5-6 weeks**
- D. 9-12 weeks**

The estimated gestational age can be assessed through quantitative hCG levels, which rise predictably during early pregnancy. Human chorionic gonadotropin (hCG) levels can provide insights into how far along a pregnancy is, as specific ranges are associated with certain gestational ages. A quantitative hCG level of 80,000 mIU/mL typically corresponds to a gestational age around 9 to 12 weeks. During this period, hCG levels generally peak and can reach values between 50,000 and over 100,000 mIU/mL. This peak typically occurs around the end of the first trimester, correlating with the rapid increase in the number of trophoblastic cells producing hCG. For other ranges, lower hCG values align with much earlier gestational ages. For instance, levels of around 1,000 - 5,000 mIU/mL might suggest approximately 4-5 weeks of gestation, and 6,000 to 15,000 mIU/mL might indicate around 5-6 weeks. Hence, the value of 80,000 mIU/mL aligns closely with the later part of the first trimester, confirming the estimated gestational age of 9-12 weeks.

3. What additional finding would confirm a diagnosis of preeclampsia in a woman with elevated blood pressure?
- A. Repeat blood pressure measurement of 135/84 mm Hg and elevated liver transaminases
 - B. Repeat blood pressure measurement of 145/92 mm Hg with 2+ protein on urine dipstick**
 - C. Repeat blood pressure measurement of 152/108 mm Hg with patient postictal from seizure
 - D. Repeat blood pressure measurement of 155/105 mm Hg with no new symptoms

To confirm a diagnosis of preeclampsia, the presence of elevated blood pressure must be accompanied by specific additional findings. In this instance, the correct answer involves a repeat blood pressure measurement showing hypertension along with proteinuria, which is a key diagnostic criterion for preeclampsia. Elevated blood pressure alone does not confirm preeclampsia; it is crucial to demonstrate another condition such as proteinuria or evidence of organ dysfunction. The scenario that includes a blood pressure measurement of 145/92 mm Hg with 2+ protein on urine dipstick indicates both hypertension and proteinuria, thus satisfying the diagnostic criteria for preeclampsia. In contrast, the other indices mentioned do not provide the correct combination for a preeclampsia diagnosis. Elevated liver transaminases, while they may indicate the severity of the condition, do not replace the need for proteinuria in the diagnosis. A postictal state from a seizure indicates a more severe complication (e.g., eclampsia) rather than preeclampsia without additional context. Lastly, a repeat blood pressure measurement showing continued hypertension without new symptoms does not confirm preeclampsia since it lacks the necessary proteinuria or signs of organ dysfunction.

4. What hormone is primarily responsible for mammary gland development during pregnancy?
- A. Progesterone
 - B. Testosterone
 - C. Estrogen**
 - D. Prolactin

The hormone primarily responsible for mammary gland development during pregnancy is estrogen. During pregnancy, estrogen levels rise significantly, which stimulates the growth of the mammary ducts and contributes to the development of the glandular tissue necessary for milk production. This hormonal action is critical as it prepares the breasts for lactation after delivery. Estrogen works in conjunction with progesterone, which also plays a role in mammary gland development, particularly in supporting the alveolar cells that will produce milk. However, estrogen's influence on the growth and branching of ductal structures in the mammary glands is central to the overall development process during pregnancy. Prolactin, while crucial for milk production postpartum and for encouraging lactation, primarily acts after delivery. Testosterone does not have a significant role in mammary gland development in females. Understanding these hormonal interactions provides insight into the biological preparations the body undergoes for breastfeeding and maternal health during pregnancy.

5. What is the preferred imaging modality for evaluating pelvic pain in women?

A. CT Scan

B. MRI

C. Pelvic Ultrasound

D. X-ray

Pelvic ultrasound is the preferred imaging modality for evaluating pelvic pain in women for several reasons. It is non-invasive, does not involve ionizing radiation, and is particularly effective in assessing gynecological structures such as the uterus and ovaries. Ultrasound can vividly visualize conditions such as ovarian cysts, pelvic masses, and abnormalities related to pregnancy, which are common causes of pelvic pain. Additionally, transvaginal ultrasound enhances the diagnostic capability by providing clearer images of pelvic organs compared to transabdominal ultrasound, especially in early pregnancy. In contrast, while CT scans and MRI can provide detailed images, they are typically reserved for specific situations where ultrasound is inconclusive or when looking for non-gynecological causes of pelvic pain. X-ray imaging is not useful for pelvic pain assessment, as it provides limited information about soft tissue structures and does not effectively visualize the pelvic organs. Overall, pelvic ultrasound's accessibility, safety profile, and effectiveness in addressing gynecological conditions associated with pelvic pain make it the most suitable option for initial evaluation.

6. What is the main function of the fallopian tubes in reproduction?

A. To support the ovaries

B. To transport ova to the uterus and act as the site of fertilization

C. To produce hormones

D. To enhance sperm motility

The primary function of the fallopian tubes in the context of reproduction is to transport ova from the ovaries to the uterus and serve as the site where fertilization occurs. After an ovary releases an egg during ovulation, the egg is picked up by the fimbriae, the finger-like projections at the end of the fallopian tubes. The movement of the cilia lining the fallopian tubes assists in guiding the egg toward the uterus. Additionally, if sperm are present in the female reproductive tract, fertilization typically occurs within the fallopian tube. This allows for the sperm to meet the egg in a suitable environment before the fertilized egg (embryo) is transported down to the uterus for implantation. Understanding this function highlights the crucial role of the fallopian tubes in reproductive processes, including conception and early stage embryo development.

7. In a pregnant woman with a history of macrosomia, which diagnostic study is important to reduce perinatal complications?

- A. Diabetes screening**
- B. HIV antigen/antibody immunoassay**
- C. Thyroid-stimulating hormone**
- D. Urine culture**

In a pregnant woman with a history of macrosomia, performing diabetes screening is particularly important as it can help identify gestational diabetes mellitus (GDM). Women with a previous pregnancy that resulted in macrosomia are at an increased risk of developing GDM, which can lead to larger fetal size and associated complications during delivery, as well as adverse outcomes for both the mother and the baby. Identifying and managing gestational diabetes can significantly decrease the likelihood of complications such as shoulder dystocia, cesarean delivery, and neonatal hypoglycemia. Proper screening allows for timely interventions, including dietary changes, exercise recommendations, blood glucose monitoring, and sometimes insulin therapy, which can help manage blood sugar levels and reduce the risk of macrosomia in the current pregnancy. Other diagnostic studies, while beneficial in certain contexts, do not directly address the issues related to fetal weight and perinatal complications that are specifically associated with a history of macrosomia.

8. What is the best next step in managing a woman diagnosed with a hydatidiform mole?

- A. A Dilation and suction curettage**
- B. B Hysterectomy**
- C. C Methotrexate**
- D. D Repeat serum beta-human chorionic gonadotropin level in 1 week**

The best next step in managing a woman diagnosed with a hydatidiform mole is to perform a dilation and suction curettage. This procedure is crucial for removing the molar tissue from the uterus, which is essential in the management of complete and partial hydatidiform moles. Dilation and suction curettage is indicated because hydatidiform moles represent abnormal trophoblastic growth, and it is important to ensure the removal of this tissue to prevent complications such as persistent gestational trophoblastic disease or development of choriocarcinoma. This procedure not only helps in the evacuation of the molar tissue but also allows for further histopathological examination to confirm the diagnosis and assess for any residual disease. Other options, such as hysterectomy or the use of methotrexate, are not the preferred initial management steps. Hysterectomy would be considered in cases where there are severe complications or in women who are not planning future pregnancies, but it's not the first-line approach for hydatidiform mole. Methotrexate is typically reserved for treating gestational trophoblastic neoplasia following a molar pregnancy if there is evidence of invasive disease. Repeating the serum beta-human chorionic gonadotropin level without

9. What is the most appropriate treatment for a 17-year-old girl with a foul-smelling vaginal discharge and presence of clue cells?

- A. Benzathine penicillin G 2.4 million units intramuscularly once**
- B. Fluconazole 150 mg orally once**
- C. Metronidazole 2 g orally once**
- D. Metronidazole 500 mg orally twice daily for 7 days**

In a case involving a 17-year-old girl with foul-smelling vaginal discharge and the presence of clue cells, the most appropriate treatment is Metronidazole, specifically the regimen of 500 mg orally twice daily for 7 days. This treatment approach targets bacterial vaginosis (BV), which is often associated with the presence of clue cells on microscopic examination. Clue cells are vaginal epithelial cells that have a stippled appearance due to the presence of bacteria, and their presence is a hallmark of BV. Metronidazole is effective against the anaerobic bacteria that are typically involved in this condition. The extended full 7-day course ensures that the bacterial overgrowth is adequately treated, reducing the likelihood of recurrence and complications. While a single 2 g dose of Metronidazole can also be effective, the longer course is often preferred to improve treatment success and minimize potential side effects for patients presenting with more significant symptoms or symptoms that have persisted. In this context, other treatments would not adequately address the underlying issue of bacterial vaginosis. Benzathine penicillin G is not effective for bacterial vaginosis, as it primarily targets infections caused by certain bacteria such as syphilis. Fluconazole is an antifungal that treats

10. What are the two phases of the menstrual cycle?

- A. Follicular phase and luteal phase**
- B. Menstrual phase and premenstrual phase**
- C. Ovulatory phase and luteal phase**
- D. Follicular phase and ovulatory phase**

The correct identification of the two primary phases of the menstrual cycle is rooted in the physiological changes that occur in response to hormonal regulation. The menstrual cycle is generally divided into two main phases: the follicular phase and the luteal phase. The follicular phase starts on the first day of menstruation and continues until ovulation. During this phase, the follicles in the ovaries mature due to the increasing levels of follicle-stimulating hormone (FSH). This phase is characterized by the development of several ovarian follicles, but typically only one will become dominant and be released during ovulation. The luteal phase begins after ovulation and lasts until the start of menstruation. This phase is marked by the formation of the corpus luteum from the follicle that has released the egg. The corpus luteum secretes progesterone, which helps prepare the endometrial lining for a potential implantation of a fertilized egg. If pregnancy does not occur, the corpus luteum degenerates, leading to a decrease in progesterone levels and the eventual onset of menstruation, transitioning back to the follicular phase. The other options contain phases that are either not recognized as primary phases or are subsets of the menstrual cycle rather than the main divisions. For instance,

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://rosh-womenshealth.examzify.com>

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