

ROSH WOMEN'S HEALTH PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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. What condition is characterized by the presence of fibroids in the uterus?**
 - A. Endometriosis
 - B. Uterine Leiomyoma
 - C. Uterine Polyp
 - D. Pelvic Inflammatory Disease

- 2. What is the most appropriate treatment for a painful ulcer on the labia diagnosed during a clinic visit?**
 - A. Azithromycin 1 g PO once
 - B. Doxycycline 100 mg PO twice daily for 7 days
 - C. Penicillin G benzathine 2.4 million units IM once
 - D. Valaciclovir 1 g PO twice daily for 7 days

- 3. What is a potential complication of untreated bacterial vaginosis?**
 - A. Endometriosis
 - B. Pelvic inflammatory disease (PID)
 - C. Ovarian cancer
 - D. Uterine fibroids

- 4. What is the most appropriate treatment for a woman presenting with malodorous cervical discharge and possible cervicitis?**
 - A. Azithromycin 1 g PO for one dose and ceftriaxone 500 mg IM for one dose
 - B. Benzathine penicillin G 2.4 million units IM for one dose
 - C. Doxycycline 100 mg PO twice a day for 7 days and ceftriaxone 500 mg IM for one dose
 - D. Metronidazole 500 mg PO twice a day for 7 days

- 5. Which vitamin deficiency is linked to the development of neural tube defects in pregnancy?**
 - A. Vitamin D Deficiency
 - B. Vitamin B12 Deficiency
 - C. Folic Acid Deficiency
 - D. Vitamin C Deficiency

- 6. In a case of pelvic floor dysfunction with anterior vaginal wall fullness, what is the best next step in management?**
- A. Observation
 - B. Pelvic floor therapy
 - C. Pessary insertion
 - D. Surgical repair
- 7. Which of the following findings is consistent with a diagnosis of endometriosis in a patient presenting with pelvic pain?**
- A. A Adhesions on pelvic examination
 - B. B Ovarian cysts seen on ultrasound
 - C. C Deep dyspareunia
 - D. D All of the above
- 8. For a patient experiencing urinary incontinence when coughing or sneezing, what is the most appropriate initial management?**
- A. Midurethral sling procedure
 - B. Topical vaginal estrogen
 - C. Use of pessary
 - D. Weight loss
- 9. What is the recommended treatment for a patient with eclampsia experiencing a seizure at 35 weeks of gestation?**
- A. Administer magnesium sulfate immediately and perform induction for trial of labor
 - B. Administer magnesium sulfate immediately and proceed for prompt cesarean delivery
 - C. Perform induction and administer magnesium sulfate if the patient begins to seize again
 - D. Proceed for prompt cesarean delivery and administer magnesium sulfate after delivery
- 10. Following a normal delivery, what may indicate the development of a postpartum hemorrhage?**
- A. Hypotension and bradycardia
 - B. Tachycardia and vaginal bleeding
 - C. Elevated temperature and dry skin
 - D. Decreased urinary output and pallor

Answers

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

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Explanations

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1. What condition is characterized by the presence of fibroids in the uterus?

- A. Endometriosis
- B. Uterine Leiomyoma**
- C. Uterine Polyp
- D. Pelvic Inflammatory Disease

The condition characterized by the presence of fibroids in the uterus is known as Uterine Leiomyoma. This term specifically refers to benign tumors that develop from the smooth muscle tissue of the uterus. Fibroids can vary in size, number, and location, and they are often asymptomatic, although they can sometimes lead to symptoms such as heavy menstrual bleeding, pelvic pain, or pressure. While other conditions mentioned, like endometriosis, uterine polyps, and pelvic inflammatory disease, involve various abnormalities of the reproductive system, they do not specifically refer to the fibrous tumors found in the uterus. Endometriosis involves the presence of endometrial-like tissue outside the uterus, uterine polyps are growths on the inner lining of the uterus, and pelvic inflammatory disease refers to an infection of the female reproductive organs, none of which involve uterine fibroids.

2. What is the most appropriate treatment for a painful ulcer on the labia diagnosed during a clinic visit?

- A. Azithromycin 1 g PO once**
- B. Doxycycline 100 mg PO twice daily for 7 days
- C. Penicillin G benzathine 2.4 million units IM once
- D. Valaciclovir 1 g PO twice daily for 7 days

The most appropriate treatment for a painful ulcer on the labia diagnosed during a clinic visit is Valaciclovir 1 g PO twice daily for 7 days. This choice is correct because a painful ulcer in this area is likely symptomatic of a herpes simplex virus (HSV) infection. Valaciclovir is an antiviral medication specifically effective against HSV, and it helps to reduce the duration and severity of symptoms during an outbreak. It works by inhibiting viral replication, which can alleviate pain, promote healing, and reduce the risk of transmission to sexual partners. The options involving azithromycin, doxycycline, and penicillin G benzathine are more commonly indicated for bacterial infections, such as chlamydia, gonorrhea, or syphilis, rather than viral infections like herpes. Given the presentation of a painful ulcer, the clinical suspicion would lean more towards a herpes infection, making the use of an antiviral like valaciclovir the most suitable treatment.

3. What is a potential complication of untreated bacterial vaginosis?

- A. Endometriosis
- B. Pelvic inflammatory disease (PID)**
- C. Ovarian cancer
- D. Uterine fibroids

Bacterial vaginosis (BV) is characterized by an imbalance in the normal bacteria found in the vagina. If left untreated, one of the potential complications of bacterial vaginosis is the development of pelvic inflammatory disease (PID). PID occurs when bacteria ascend from the vagina into the upper reproductive organs, including the uterus, fallopian tubes, and ovaries. This can lead to serious reproductive health issues such as chronic pelvic pain, infertility, and ectopic pregnancy. The connection between untreated bacterial vaginosis and PID is particularly significant because bacterial vaginosis can create an environment that is conducive to ascending infections. Recognizing and treating BV is crucial to prevent these complications and maintain overall reproductive health. The other conditions listed—endometriosis, ovarian cancer, and uterine fibroids—are not direct complications of untreated BV, making PID the most relevant concern in this context.

4. What is the most appropriate treatment for a woman presenting with malodorous cervical discharge and possible cervicitis?

- A. Azithromycin 1 g PO for one dose and ceftriaxone 500 mg IM for one dose
- B. Benzathine penicillin G 2.4 million units IM for one dose
- C. Doxycycline 100 mg PO twice a day for 7 days and ceftriaxone 500 mg IM for one dose**
- D. Metronidazole 500 mg PO twice a day for 7 days

The most appropriate treatment for a woman who presents with malodorous cervical discharge and possible cervicitis typically involves addressing potential bacterial infections that can cause cervicitis. In this case, the recommended treatment would include doxycycline, which is an effective first-line option for chlamydial infections, and ceftriaxone, which is effective against gonorrhea. Cervicitis is often caused by sexually transmitted infections (STIs), particularly chlamydia and gonorrhea. Doxycycline is effective for treating chlamydial infections, which is crucial since they are often asymptomatic and can lead to complications if left untreated. The inclusion of ceftriaxone provides coverage against gonorrhea, another common cause of cervicitis. Combining these two antibiotics ensures broad-spectrum coverage for the most prevalent STIs associated with cervicitis, particularly in scenarios where discharge is foul-smelling, indicating a possible infection. The treatment regimen also reflects current guidelines that emphasize dual therapy in the context of potential co-infections. Together, the combination of doxycycline and ceftriaxone effectively addresses the potential etiological factors for the symptoms presented, making it an appropriate choice for this clinical scenario.

5. Which vitamin deficiency is linked to the development of neural tube defects in pregnancy?

- A. Vitamin D Deficiency
- B. Vitamin B12 Deficiency
- C. Folic Acid Deficiency**
- D. Vitamin C Deficiency

Folic acid deficiency is directly linked to the development of neural tube defects (NTDs) during pregnancy. Folic acid, also known as vitamin B9, plays a crucial role in DNA synthesis, repair, and methylation, as well as cell division and growth, which are essential processes during the early stages of fetal development. Deficiency in folic acid during the periconceptional period can lead to improper closure of the neural tube, resulting in defects such as spina bifida and anencephaly. Health authorities recommend that women who are planning to become pregnant take a daily supplement containing folic acid, in addition to obtaining it from dietary sources. This supplementation significantly reduces the risk of NTDs, highlighting the importance of sufficient folic acid levels before conception and during early pregnancy.

6. In a case of pelvic floor dysfunction with anterior vaginal wall fullness, what is the best next step in management?

- A. Observation
- B. Pelvic floor therapy**
- C. Pessary insertion
- D. Surgical repair

In cases of pelvic floor dysfunction presenting with anterior vaginal wall fullness, pelvic floor therapy is typically considered the best next step in management. This approach focuses on strengthening the pelvic floor muscles, improving coordination, and addressing any dysfunction that may contribute to symptoms. Pelvic floor physical therapy can help alleviate the symptoms associated with pelvic organ prolapse—for example, by educating the patient on exercises that enhance muscle support and understanding the biomechanics of their condition. This conservative management can lead to substantial improvement in symptoms for many patients, and it is often recommended before considering more invasive options like pessary insertion or surgical repair. While observation might be appropriate in certain cases, it generally does not actively address the symptoms. Pessary insertion is a valid management option for those who demonstrate significant symptoms or wish to avoid surgery but might not be the immediate next step for all patients. Surgical repair is considered a definitive treatment but is usually reserved for cases where conservative measures have failed or when the patient's symptoms are more severe. Thus, pelvic floor therapy strikes the right balance by offering an effective first-line treatment for managing the condition.

7. Which of the following findings is consistent with a diagnosis of endometriosis in a patient presenting with pelvic pain?

- A. A Adhesions on pelvic examination
- B. B Ovarian cysts seen on ultrasound
- C. C Deep dyspareunia
- D. D All of the above**

Endometriosis is a condition characterized by the presence of endometrial-like tissue outside the uterus, which can lead to various symptoms, most notably pelvic pain. Each of the findings listed in the options can be associated with endometriosis. The presence of adhesions on pelvic examination is a common finding in patients with endometriosis because the ectopic endometrial tissue can cause inflammation and fibrosis, leading to the formation of adhesions that bind pelvic organs together. This can contribute to the characteristic pain associated with the condition. Ovarian cysts, specifically endometriomas, are often seen on ultrasound in patients with endometriosis. These cysts are formed from blood that collects within endometrial tissue on the ovaries and are referred to as "chocolate cysts" due to their appearance. Their presence supports the diagnosis of endometriosis. Deep dyspareunia, or pain during deep penetration during sexual intercourse, is another symptom frequently reported by women with endometriosis. This pain is thought to be related to the presence of ectopic tissue, which can affect the pelvic organs and increase pain during certain movements or positions. Given that all these findings are consistent with endometriosis, the most comprehensive answer reflects that each individual finding

8. For a patient experiencing urinary incontinence when coughing or sneezing, what is the most appropriate initial management?

- A. Midurethral sling procedure
- B. Topical vaginal estrogen
- C. Use of pessary

D. Weight loss

The appropriate initial management for a patient experiencing urinary incontinence related to coughing or sneezing, known as stress urinary incontinence, should focus on conservative measures that can effectively alleviate symptoms. Weight loss is particularly significant in this context, as excess body weight increases intra-abdominal pressure, which can exacerbate urinary incontinence during physical activities such as coughing or sneezing. Research indicates that losing weight can lead to a reduction in symptoms for individuals with stress urinary incontinence, as it lessens the pressure on the pelvic floor and urinary bladder. Additionally, adopting a healthier weight can improve overall health outcomes and reduce the risk of developing other related complications, enhancing the effectiveness of any further treatments if necessary. In contrast, surgical options like a midurethral sling procedure might be considered later if conservative measures fail, and topical vaginal estrogen could be beneficial in postmenopausal women with urethral atrophy but isn't the first line in this scenario. A pessary, while useful for some conditions, is not typically the first approach for managing stress urinary incontinence without prior lifestyle modifications. Thus, weight loss stands out as a practical and effective initial management strategy for stress urinary incontinence.

9. What is the recommended treatment for a patient with eclampsia experiencing a seizure at 35 weeks of gestation?

- A. Administer magnesium sulfate immediately and perform induction for trial of labor
- B. Administer magnesium sulfate immediately and proceed for prompt cesarean delivery**
- C. Perform induction and administer magnesium sulfate if the patient begins to seize again
- D. Proceed for prompt cesarean delivery and administer magnesium sulfate after delivery

The recommended treatment for a patient with eclampsia experiencing a seizure at 35 weeks of gestation is to administer magnesium sulfate immediately and proceed for prompt cesarean delivery. This approach is critical for several reasons. First, magnesium sulfate is the first-line treatment for preventing further seizures in women with eclampsia. Administering it immediately after a seizure not only helps to stabilize the mother but also mitigates the risk of complications for both the mother and the fetus, as ongoing seizures can lead to severe maternal and neonatal morbidity. Secondly, when a patient with eclampsia presents in active seizure, especially at a gestational age of 35 weeks, delivery of the fetus is generally indicated due to the increased risks associated with continued pregnancy and the condition of eclampsia. A prompt cesarean delivery allows for the immediate removal of the fetus, which can alleviate the mother's condition and protect her health. While other options may suggest administering magnesium sulfate, they do not prioritize the safety of both the mother and the fetus as effectively as the chosen course of action. Inducing labor, especially under unstable conditions like ongoing seizures, may not be advisable if the well-being of the mother is compromised. Additionally, delaying cesarean delivery can

10. Following a normal delivery, what may indicate the development of a postpartum hemorrhage?

- A. Hypotension and bradycardia
- B. Tachycardia and vaginal bleeding**
- C. Elevated temperature and dry skin
- D. Decreased urinary output and pallor

Tachycardia and vaginal bleeding are critical indicators that may suggest the occurrence of postpartum hemorrhage. Following a normal delivery, the body undergoes significant changes, and the loss of blood volume can lead to compensatory mechanisms such as an increased heart rate, or tachycardia. This response is the body's way of trying to maintain adequate perfusion and blood pressure despite the loss of blood. Vaginal bleeding following delivery is also a direct sign that hemorrhage may be occurring. Normal postpartum bleeding, known as lochia, should gradually decrease over a short period. If there is an increase in the volume or change in the character of vaginal bleeding, it may signal that bleeding from the uterine site or from retained placental fragments is taking place, which could lead to postpartum hemorrhage. Other options do not specifically align with the common clinical indicators of postpartum hemorrhage. For instance, hypotension and bradycardia are not typical findings in this context, and while decreased urinary output and pallor may indicate other significant issues, they are not as direct a measure of postpartum hemorrhage as tachycardia and vaginal bleeding. Elevated temperature and dry skin may suggest infection or dehydration but do not directly indicate hemorrhage. Therefore, observing tach

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.

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

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