

Women Health Nurse Practitioner (WHNP) Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

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 would be documented as a finding in a normal breast examination?**
 - A. No dimpling or retraction; no masses palpated**
 - B. Right breast larger with tenderness and discharge**
 - C. 1 cm hard, fixed mass with pain**
 - D. Pendulous breasts with noted tubercles and no masses**
- 2. What is the most likely diagnosis for a patient with palpitations and anxiety six weeks post-delivery?**
 - A. Postpartum depression**
 - B. Excess production of estrogen**
 - C. Postpartum thyroiditis**
 - D. Postpartum anxiety disorder**
- 3. Women diagnosed with PCOS are often encouraged to engage in which form of therapy?**
 - A. Cognitive behavioral therapy**
 - B. Art therapy**
 - C. Group physical exercise**
 - D. None of the above**
- 4. Which of the following is a common treatment option for endometriosis?**
 - A. Antidepressants**
 - B. Nonsteroidal anti-inflammatory drugs (NSAIDs)**
 - C. Antibiotics**
 - D. Hormonal therapy**
- 5. How does hormone replacement therapy affect cardiovascular health in postmenopausal women?**
 - A. It can decrease the risk of coronary heart disease if started early**
 - B. It increases the risk of cardiovascular events**
 - C. It has no significant impact on cardiovascular health**
 - D. It is harmful regardless of timing**

- 6. What is the recommended weight gain during pregnancy for a woman with a BMI of 18.5-24.9 kg/m²?**
- A. 15 lbs-25 lbs (6.8-11.3 kg)**
 - B. 11 lbs-20 lbs (5.0-9.1 kg)**
 - C. 25 lbs-35 lbs (11.3-15.9 kg)**
 - D. 28 lbs-40 lbs (12.7-18.1 kg)**
- 7. If a pregnancy occurs with a copper IUD in place, which complication is least likely to increase?**
- A. Cesarean section delivery**
 - B. Miscarriage**
 - C. Placental abruption**
 - D. Preterm birth**
- 8. What is a common cause of infertility in women?**
- A. Endometriosis**
 - B. Fallopian tube blockage**
 - C. Ovulatory disorders**
 - D. Uterine fibroids**
- 9. How often should women be screened for breast cancer after age 55 according to current guidelines?**
- A. Every year**
 - B. Every 2 years**
 - C. Every 3 years**
 - D. Only after symptoms appear**
- 10. When treating acute bacterial rhinosinusitis in a pregnant patient, which medication should be avoided?**
- A. Amoxicillin**
 - B. Azithromycin**
 - C. Levofloxacin**
 - D. Doxycycline**

Answers

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

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Explanations

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1. What would be documented as a finding in a normal breast examination?

- A. No dimpling or retraction; no masses palpated**
- B. Right breast larger with tenderness and discharge**
- C. 1 cm hard, fixed mass with pain**
- D. Pendulous breasts with noted tubercles and no masses**

In a normal breast examination, the presence of pendulous breasts with noted tubercles and no masses is consistent with a typical finding. Tubercles, which are small bumps or glands (specifically Montgomery tubercles), are normal anatomical variations that can be observed on the surface of the areola. The absence of any palpable masses indicates a healthy breast tissue, aligning with the expectations for a normal examination. While pendulous breasts may be a variation in breast shape and size, they do not signify pathology. The presence of tubercles is common and can be a normal physiological feature, reflecting the breast's developmental stage rather than any underlying issue. By contrast, conditions such as tenderness, discharge, hard or fixed masses, or any other significant changes in texture, shape, or size often point to pathology that would warrant further investigation. Therefore, the correct characterization of normal findings in this context revolves around the lack of abnormalities, which fits well with the description given.

2. What is the most likely diagnosis for a patient with palpitations and anxiety six weeks post-delivery?

- A. Postpartum depression**
- B. Excess production of estrogen**
- C. Postpartum thyroiditis**
- D. Postpartum anxiety disorder**

The most likely diagnosis for a patient experiencing palpitations and anxiety six weeks after delivery is postpartum thyroiditis. This condition is characterized by inflammation of the thyroid gland that can lead to fluctuating levels of thyroid hormones, often resulting in symptoms such as palpitations, anxiety, fatigue, and mood swings. The postpartum period is a time when women can be susceptible to thyroid dysfunction, especially if there's a history of autoimmune thyroid disease. In postpartum thyroiditis, hyperthyroid symptoms (such as anxiety and palpitations) can occur due to the initial release of stored thyroid hormones before the onset of potential hypothyroid symptoms later. Recognizing this condition is crucial because it can often go undiagnosed if thyroid function tests are not performed. The other diagnoses, while relevant in the context of postpartum mental health and physiological changes, do not specifically align with the combination of palpitations and anxiety to the same extent. For example, postpartum depression primarily involves depressive symptoms rather than physical signs like palpitations. Excess production of estrogen can occur postpartum, but it does not specifically cause these symptoms and is less likely to be the sole contributing factor. Postpartum anxiety disorder does involve anxiety, but it may not necessarily include physiological symptoms like palpitations that

3. Women diagnosed with PCOS are often encouraged to engage in which form of therapy?

- A. Cognitive behavioral therapy**
- B. Art therapy**
- C. Group physical exercise**
- D. None of the above**

Women diagnosed with Polycystic Ovary Syndrome (PCOS) often face a variety of physical and psychological challenges, such as hormonal imbalances, weight management issues, and symptoms of anxiety or depression. Cognitive behavioral therapy (CBT) is recognized as a beneficial approach for managing the psychological aspects of PCOS. This form of therapy helps individuals identify and change negative thought patterns and behaviors that can affect their emotional well-being. CBT is particularly effective for women with PCOS as it can assist them in coping with the stress associated with their condition, enhancing their ability to manage symptoms like anxiety and depression. Additionally, it can support lifestyle changes, such as improving diet and exercise habits, which are crucial elements in managing PCOS. While physical activity, such as group exercise, may also be advised for women with PCOS, the specific emphasis on cognitive behavioral therapy addresses the mental health dimensions related to this syndrome, making it a central aspect of comprehensive care. Therefore, acknowledging the role of CBT is critical in therapeutic regimens for enhancing the overall quality of life for these women.

4. Which of the following is a common treatment option for endometriosis?

- A. Antidepressants**
- B. Nonsteroidal anti-inflammatory drugs (NSAIDs)**
- C. Antibiotics**
- D. Hormonal therapy**

Hormonal therapy is a common and effective treatment option for endometriosis. This condition occurs when tissue similar to the lining of the uterus grows outside of the uterus, often leading to pain and other symptoms. Hormonal therapy works by regulating or suppressing the hormones responsible for the menstrual cycle, which in turn can help reduce or eliminate the growth of endometrial-like tissue. The use of hormonal contraceptives, such as birth control pills, patches, or hormonal IUDs, can help ease symptoms by providing a consistent level of hormones that prevent the cyclical hormonal fluctuations associated with menstruation. Other hormonal treatments may include GnRH agonists, progestins, or aromatase inhibitors, all aimed at mitigating the symptoms and slowing the progression of the disease. While antidepressants, NSAIDs, and antibiotics may be used to address specific symptoms or complications associated with endometriosis, such as pain management or secondary infections, they do not directly target the hormonal aspect of the disease itself. Thus, these options are not primary treatments for the condition as hormonal therapy is.

5. How does hormone replacement therapy affect cardiovascular health in postmenopausal women?

- A. It can decrease the risk of coronary heart disease if started early**
- B. It increases the risk of cardiovascular events**
- C. It has no significant impact on cardiovascular health**
- D. It is harmful regardless of timing**

Hormone replacement therapy (HRT) can have varying effects on cardiovascular health in postmenopausal women, and research indicates that if HRT is initiated around the time of menopause, it may actually reduce the risk of coronary heart disease. This is believed to be related to the beneficial effects of estrogen on endothelial function and lipoprotein profiles, which can help mitigate the risk of atherosclerosis. When HRT is started early in the menopausal transition, the timing may align with a time of increased cardiovascular health due to the protective effects of estrogen on blood vessels and metabolism. However, the overall effect of HRT on cardiovascular health is nuanced and can depend on individual health factors and the specific type of hormones used in therapy. Timing is crucial in determining how HRT affects cardiovascular health. Starting HRT too late, particularly in women who have existing cardiovascular conditions, may lead to increased risks instead. Thus, while HRT can offer protective benefits if implemented early, it requires careful consideration of the overall health profile and individual risk factors of each woman. Therefore, the assertion that HRT may decrease the risk of coronary heart disease when started early is well-supported by current evidence in the field.

6. What is the recommended weight gain during pregnancy for a woman with a BMI of 18.5-24.9 kg/m²?

- A. 15 lbs-25 lbs (6.8-11.3 kg)**
- B. 11 lbs-20 lbs (5.0-9.1 kg)**
- C. 25 lbs-35 lbs (11.3-15.9 kg)**
- D. 28 lbs-40 lbs (12.7-18.1 kg)**

For a woman with a Body Mass Index (BMI) of 18.5-24.9 kg/m², which is classified as normal weight, the recommended weight gain during pregnancy is typically between 25-35 pounds (11.3-15.9 kg). This range is supported by guidelines from various health organizations, including the American College of Obstetricians and Gynecologists (ACOG), which indicate that women in this BMI category should aim for this specific weight gain to promote healthy fetal development and minimize complications for both mother and baby. This amount of weight gain is designed to support the growth of the fetus and the placenta, as well as to provide sufficient energy reserves for breastfeeding post-delivery. It emphasizes balanced nutrition and healthy lifestyle choices to support maternal and fetal health throughout pregnancy. The guidelines allow for some flexibility based on individual circumstances, but the stated range serves as the standard recommendation for optimal outcomes for women in this BMI range.

7. If a pregnancy occurs with a copper IUD in place, which complication is least likely to increase?

A. Cesarean section delivery

B. Miscarriage

C. Placental abruption

D. Preterm birth

The likelihood of complications associated with a pregnancy occurring while a copper IUD is in place is an important consideration in women's health. When a copper IUD fails and pregnancy occurs, studies indicate that certain complications tend to be associated with this scenario. Cesarean section delivery is the complication least likely to increase because the presence of a copper IUD does not inherently affect the mode of delivery. Cesarean sections are typically performed for reasons such as fetal distress, abnormal presentation, or maternal health issues, rather than complications related to an IUD. While the IUD can lead to risks such as miscarriage or preterm birth, it does not have a direct correlation with the need for a cesarean delivery. In contrast, complications like miscarriage and preterm birth are more common among pregnancies with an IUD because foreign body presence can lead to structural or biochemical changes that might affect the pregnancy. Placental abruption, which involves the premature separation of the placenta from the uterus, can also be influenced by the presence of the IUD, although this is less frequent than miscarriage or preterm delivery. Overall, cesarean section delivery remains unaffected by the presence of a copper IUD during pregnancy, making it the least likely to increase compared to other complications

8. What is a common cause of infertility in women?

A. Endometriosis

B. Fallopian tube blockage

C. Ovulatory disorders

D. Uterine fibroids

Ovulatory disorders are indeed a common cause of infertility in women. These disorders can lead to irregular or absent ovulation, which means that a woman might not release eggs regularly, making conception difficult. Factors such as polycystic ovary syndrome (PCOS), thyroid issues, and hormonal imbalances can contribute to ovulatory disorders. By affecting the regularity and quality of ovulation, these conditions significantly hinder a woman's ability to conceive. While other conditions such as endometriosis, fallopian tube blockage, and uterine fibroids can also cause infertility, ovulatory disorders are particularly significant because they directly influence the fundamental process of egg release, which is essential for fertilization. All these factors contribute to infertility; however, issues related to ovulation are frequently encountered in clinical practice and are a primary consideration in the evaluation and management of women experiencing difficulties with conception.

9. How often should women be screened for breast cancer after age 55 according to current guidelines?

- A. Every year
- B. Every 2 years**
- C. Every 3 years
- D. Only after symptoms appear

Current guidelines recommend that women aged 55 and older should be screened for breast cancer every 2 years. This follows the evidence-based approach that considers both the benefits of early detection and the potential harms of over-screening. Regular biannual screening helps to balance the detection of breast cancer at an early stage when treatment is most effective while minimizing unnecessary anxiety and procedures that can arise from more frequent screening. The recommendation to screen every 2 years is supported by various health organizations, which suggest that this frequency provides adequate surveillance for breast cancer risk in this age group. It also aligns with the understanding of breast cancer's incidence and the effectiveness of mammography in this population. Screening every year could lead to increased medical costs, unnecessary biopsies, and heightened anxiety without significantly improving the overall mortality rates from breast cancer. Screening every 3 years may miss some cases that could have been detected earlier. Waiting until symptoms appear overlooks the advantages of proactive screening and could delay diagnosis at a crucial time.

10. When treating acute bacterial rhinosinusitis in a pregnant patient, which medication should be avoided?

- A. Amoxicillin
- B. Azithromycin
- C. Levofloxacin**
- D. Doxycycline

Acute bacterial rhinosinusitis in pregnant patients requires careful consideration when choosing appropriate medications due to potential risks to the fetus. Levofloxacin, which is a fluoroquinolone antibiotic, is generally avoided during pregnancy. This is primarily because fluoroquinolones have been associated with risks such as cartilage damage in developing joints and potential effects on the fetus's musculoskeletal development. In contrast, both amoxicillin and azithromycin are often considered safe for use during pregnancy, as they have established safety profiles. Doxycycline, however, is typically avoided in pregnant patients because it can affect the development of teeth and bones in the fetus due to its action as a tetracycline antibiotic. Understanding the safety profiles of these antibiotics is crucial for effective treatment while minimizing risks during pregnancy.

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://womenhealthnursepractitioner.examzify.com>

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