

Women's Health End of Rotation (EOR) 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

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- 1. What is a primary purpose of prenatal vitamins?**
 - A. To enhance skin complexion**
 - B. To prevent gestational diabetes**
 - C. To ensure adequate nutrient intake for fetal development**
 - D. To control maternal weight gain**

- 2. Which of the following markers is used in prenatal screening for Down syndrome?**
 - A. Alpha-fetoprotein**
 - B. Human chorionic gonadotropin**
 - C. Inhibin A**
 - D. All of the above**

- 3. What is the primary treatment for an infected Bartholin's duct cyst?**
 - A. Acyclovir**
 - B. Azithromycin**
 - C. Warm compresses**
 - D. Incision and drainage**

- 4. Which test is used to diagnose whether a woman is pregnant?**
 - A. X-ray examination**
 - B. Urine or blood hCG test**
 - C. Ultrasound scan**
 - D. Pelvic exam**

- 5. What is a significant risk factor for developing breast cancer?**
 - A. Age over 40**
 - B. Family history of breast cancer**
 - C. Obesity**
 - D. Nulliparity**

- 6. What are the hallmark symptoms commonly associated with premenstrual syndrome (PMS)?**
- A. Mood swings, irritability, and bloating**
 - B. Fatigue, weight gain, and headaches**
 - C. Severe abdominal pain and heavy bleeding**
 - D. Changes in appetite, insomnia, and fever**
- 7. What condition is associated with a hormonal imbalance causing heavy menstrual bleeding?**
- A. Polycystic ovary syndrome**
 - B. Amenorrhea**
 - C. Endometriosis**
 - D. Menorrhagia**
- 8. What is the typical first-line treatment for menopausal symptoms?**
- A. Antidepressants**
 - B. Hormone replacement therapy (HRT) if appropriate**
 - C. Vitamin D supplements**
 - D. Oral contraceptives**
- 9. A 30-week pregnant patient has sudden painless vaginal bleeding. What is the likely diagnosis?**
- A. Abruptio placentae**
 - B. Uterine rupture**
 - C. Placenta previa**
 - D. Disseminated intravascular coagulation**
- 10. In the absence of any significant findings, how should primary dysmenorrhea be managed?**
- A. With hormonal therapy**
 - B. With lifestyle changes**
 - C. With NSAIDs**
 - D. With oral contraceptives**

Answers

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

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Explanations

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1. What is a primary purpose of prenatal vitamins?

- A. To enhance skin complexion
- B. To prevent gestational diabetes
- C. To ensure adequate nutrient intake for fetal development**
- D. To control maternal weight gain

The primary purpose of prenatal vitamins is to ensure adequate nutrient intake for fetal development. During pregnancy, the mother's nutritional needs increase significantly to support the growth and development of the fetus. Prenatal vitamins are specifically formulated to provide essential nutrients that may be lacking in the mother's diet, such as folic acid, iron, calcium, and DHA. Folic acid is particularly important as it helps prevent neural tube defects and supports cellular division and growth. Iron is crucial for the increased blood volume and to prevent anemia, while calcium supports the development of the baby's bones and teeth. By taking these vitamins, mothers can better support the health of their developing child and reduce the risk of certain pregnancy complications. While aspects such as skin complexion, gestational diabetes, and maternal weight control may have some relevance to pregnancy, they are not the primary focus of prenatal vitamin supplementation. Instead, the key aim is to ensure both the mother and the fetus receive the necessary nutrients for optimal health outcomes during pregnancy.

2. Which of the following markers is used in prenatal screening for Down syndrome?

- A. Alpha-fetoprotein
- B. Human chorionic gonadotropin
- C. Inhibin A
- D. All of the above**

When screening for Down syndrome during prenatal care, a combination of several biomarkers is utilized to improve the accuracy of the screening. Alpha-fetoprotein (AFP), human chorionic gonadotropin (hCG), and inhibin A are each important components of the multiple-marker screening tests. Alpha-fetoprotein is a protein produced by the fetal liver, and abnormal levels can suggest the presence of chromosomal abnormalities, including Down syndrome. Human chorionic gonadotropin is a hormone produced during pregnancy, and elevated levels are often associated with increased risk for Down syndrome. Inhibin A is another hormone that is measured during pregnancy and is also associated with Down syndrome risk—higher levels can indicate an increased likelihood of this condition. Using these three markers together in a combined screening test enhances the predictive ability for identifying pregnancies at increased risk for Down syndrome. Therefore, recognizing that all of these individual markers play a role in the screening process highlights the importance of a multifaceted approach to prenatal screening.

3. What is the primary treatment for an infected Bartholin's duct cyst?

- A. Acyclovir
- B. Azithromycin
- C. Warm compresses
- D. Incision and drainage**

The primary treatment for an infected Bartholin's duct cyst is incision and drainage. This procedure is essential because when a Bartholin's cyst becomes infected, it can lead to the formation of an abscess, which is a collection of pus that causes significant pain and discomfort. Incision and drainage allow for the removal of the infected material, facilitating healing and alleviating symptoms. Once the cyst is incised, the infected fluid can drain out, and the clinician may also place a catheter or drain to ensure that the area remains open for further drainage, which helps prevent the cyst from refilling. This approach directly addresses the problem rather than simply managing symptoms. Other treatments, such as warm compresses, may provide symptomatic relief, but they do not resolve the underlying infection or the cyst. Antiviral or antibiotic medications, like acyclovir or azithromycin, would be indicated only if there was a specific viral or bacterial infection present unrelated to the cyst itself. However, these medications would not be first-line treatments for an infected Bartholin's duct cyst. Thus, incision and drainage is the most effective and direct method to treat this condition.

4. Which test is used to diagnose whether a woman is pregnant?

- A. X-ray examination
- B. Urine or blood hCG test**
- C. Ultrasound scan
- D. Pelvic exam

The urine or blood hCG test is utilized to diagnose pregnancy due to its ability to specifically detect the presence of human chorionic gonadotropin (hCG), a hormone produced shortly after a fertilized egg attaches to the uterine lining. In early pregnancy, hCG is released into the bloodstream and can be measured in both blood and urine samples, making these tests highly effective for confirming pregnancy. These tests can provide reliable results even before a missed menstrual period in some cases, particularly the blood test, which can detect lower levels of hCG compared to urine tests. The hCG test is considered the most sensitive and widely used method for confirming pregnancy, allowing for early diagnosis and monitoring of the pregnancy. Other tests and methods mentioned, such as X-rays and ultrasound scans, are not primarily used for confirming a pregnancy. X-rays can pose risks to the developing fetus and are generally avoided during pregnancy. Ultrasound is used to visualize the fetus and confirm the viability of a pregnancy but is not typically the first-line test for diagnosing pregnancy. A pelvic exam can assess various reproductive health issues but does not provide a specific diagnosis of pregnancy. Thus, the urine or blood hCG test is the most appropriate and accurate choice for determining whether a woman is pregnant.

5. What is a significant risk factor for developing breast cancer?

- A. Age over 40**
- B. Family history of breast cancer**
- C. Obesity**
- D. Nulliparity**

A family history of breast cancer is a significant risk factor for developing the disease due to the genetic and familial linkages associated with various mutations, like those in the BRCA1 and BRCA2 genes. Individuals with close relatives who have had breast cancer are at a higher risk, as genetic predispositions can be inherited, contributing to increased susceptibility. While other factors such as age, obesity, and nulliparity also play roles in breast cancer risk, a family history often indicates a hereditary component that can substantially influence a person's risk profile. For instance, individuals with a direct family history, such as a mother or sister affected by breast cancer, may need more vigilant screening and management strategies compared to those without such a familial link. Understanding the significance of this risk factor is crucial in determining appropriate preventive measures and monitoring for individuals who may be at increased risk due to their family history.

6. What are the hallmark symptoms commonly associated with premenstrual syndrome (PMS)?

- A. Mood swings, irritability, and bloating**
- B. Fatigue, weight gain, and headaches**
- C. Severe abdominal pain and heavy bleeding**
- D. Changes in appetite, insomnia, and fever**

The hallmark symptoms commonly associated with premenstrual syndrome (PMS) include mood swings, irritability, and bloating. PMS is a condition that occurs in the luteal phase of the menstrual cycle, typically one to two weeks before menstruation begins. The symptoms are primarily related to hormonal fluctuations, particularly changes in estrogen and progesterone levels, which can significantly affect mood and physical well-being. Mood swings and irritability are particularly notable as they can be quite disruptive to a woman's emotional state during this time. Bloating is also a very common physical symptom experienced by many women, and it is often attributed to fluid retention and changes in gastrointestinal function as a result of these hormonal variations. In contrast, the other options include symptoms that are not typically associated with PMS; for example, severe abdominal pain and heavy bleeding are more indicative of conditions like dysmenorrhea or endometriosis rather than PMS. Changes in appetite and insomnia can occur, but fever is not a typical symptom of PMS and suggests an underlying infection or other systemic issue. These distinctions help clarify why mood swings, irritability, and bloating are considered the key characteristics of PMS.

7. What condition is associated with a hormonal imbalance causing heavy menstrual bleeding?

- A. Polycystic ovary syndrome**
- B. Amenorrhea**
- C. Endometriosis**
- D. Menorrhagia**

Menorrhagia refers specifically to heavy menstrual bleeding, which can be attributed to various underlying conditions, including hormonal imbalances. This condition is often characterized by prolonged bleeding, bleeding between periods, or bleeding that occurs in a higher volume than what is typically considered normal. In many cases, hormonal imbalances - such as those involving estrogen and progesterone levels - play a significant role in causing the excessive uterine lining buildup, which results in heavier menstrual flows during menses. While the other options relate to menstrual cycle irregularities, they do not specifically refer to the condition characterized by heavy menstrual bleeding. Polycystic ovary syndrome can lead to irregular menstrual cycles, and while amenorrhea describes the absence of menstruation, it does not involve heavy bleeding. Endometriosis is associated with painful periods and potential heavy bleeding, but it is not primarily defined by excessive menstrual flow like menorrhagia is. Therefore, identifying menorrhagia as the condition linked to heavy menstrual bleeding due to hormonal imbalance is accurate and aligned with clinical definitions and understanding of these conditions.

8. What is the typical first-line treatment for menopausal symptoms?

- A. Antidepressants**
- B. Hormone replacement therapy (HRT) if appropriate**
- C. Vitamin D supplements**
- D. Oral contraceptives**

Hormone replacement therapy (HRT) is recognized as the typical first-line treatment for menopausal symptoms, particularly for moderate to severe symptoms such as hot flashes, night sweats, and vaginal dryness. This approach aims to alleviate the physiological changes that occur during menopause due to decreased estrogen levels. HRT can significantly improve the quality of life for many women by addressing both physical and psychological symptoms associated with menopause. HRT can include various combinations of estrogen, progesterone, and sometimes testosterone, tailored to the individual's specific health profile and symptomatic needs. For example, women with an intact uterus are often prescribed a combination of estrogen and progesterone to reduce the risk of endometrial cancer associated with unopposed estrogen therapy. In contrast, while antidepressants can offer relief for some women, particularly those with mood disorders, they are not the primary therapy for menopausal symptoms. Vitamin D supplements play a role in bone health and preventing osteoporosis but do not address the common vasomotor and genitourinary symptoms of menopause. Oral contraceptives can be used in younger women who are perimenopausal, but they are not typically indicated for menopausal symptom management in the broader context of HRT during the menopausal transition. Thus, HRT stands

9. A 30-week pregnant patient has sudden painless vaginal bleeding. What is the likely diagnosis?

- A. Abruptio placentae**
- B. Uterine rupture**
- C. Placenta previa**
- D. Disseminated intravascular coagulation**

In this scenario, the sudden painless vaginal bleeding in a 30-week pregnant patient is indicative of placenta previa. This condition occurs when the placenta is abnormally positioned low in the uterus, covering part or all of the cervix. As the uterus expands during pregnancy, it can lead to bleeding, particularly in the third trimester, which aligns with the patient's current stage of pregnancy. The bleeding associated with placenta previa is often characterized as painless, which is a key feature that helps distinguish it from other causes of bleeding during pregnancy. In contrast, abruptio placentae typically presents with painful bleeding due to the premature separation of the placenta from the uterine wall. Uterine rupture usually involves severe abdominal pain and significant fetal distress, and disseminated intravascular coagulation (DIC) would likely present with additional systemic symptoms or signs of coagulopathy. Given the presentation of sudden and painless vaginal bleeding, the diagnosis of placenta previa aligns well with the clinical picture of the patient, making it the most probable condition in this situation.

10. In the absence of any significant findings, how should primary dysmenorrhea be managed?

- A. With hormonal therapy**
- B. With lifestyle changes**
- C. With NSAIDs**
- D. With oral contraceptives**

Primary dysmenorrhea, which is defined as menstrual pain not associated with an underlying pelvic pathology, is commonly managed effectively with nonsteroidal anti-inflammatory drugs (NSAIDs). The rationale for using NSAIDs is based on their ability to inhibit the synthesis of prostaglandins, which are compounds in the body that promote uterine contractions and are closely associated with menstrual pain. By reducing the production of prostaglandins, NSAIDs can alleviate cramping and discomfort experienced during menstruation. While hormonal therapy and oral contraceptives are also recognized methods for managing symptoms of dysmenorrhea, particularly in cases where hormonal regulation may be beneficial, they may not be the first-line treatment in the absence of significant findings. Lifestyle changes, although helpful in supporting overall well-being, typically have a more limited effect on the acute symptoms of dysmenorrhea compared to the direct analgesic action of NSAIDs. Thus, NSAIDs remain the most established, immediate, and effective approach to relieve the pain associated with primary dysmenorrhea in patients who do not have underlying conditions necessitating other forms of intervention.

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://womenshealthor.examzify.com>

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

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