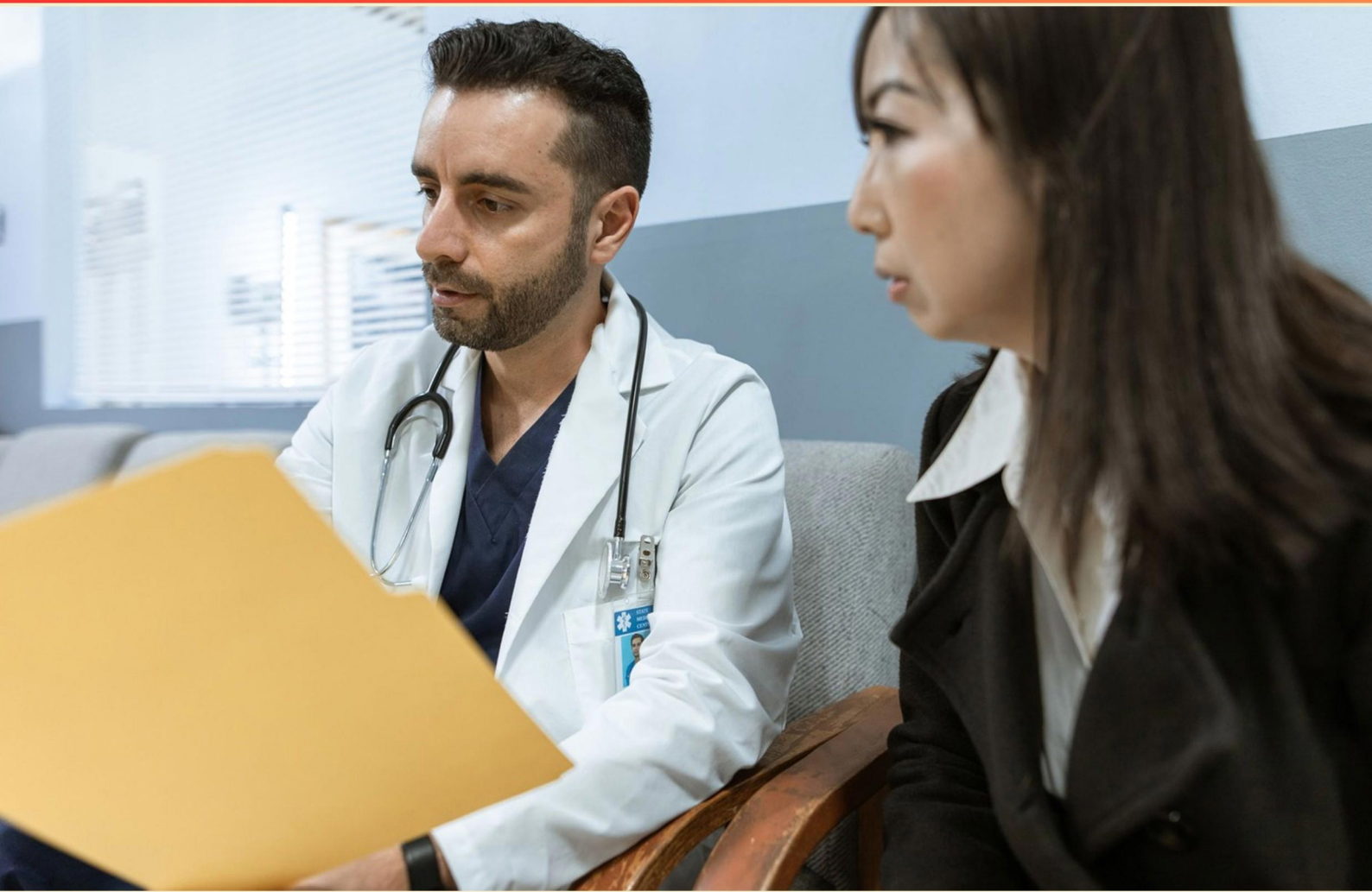


WOMEN'S HEALTH END OF ROTATION (EOR) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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 the common diagnostic tool used for evaluating pelvic masses?**
 - A. CT scan
 - B. X-ray
 - C. Ultrasound
 - D. MRI

- 2. Which of the following symptoms is often associated with uterine fibroids?**
 - A. Weight loss
 - B. Irregular periods
 - C. Inability to urinate
 - D. Severe headaches

- 3. What is the typical duration of a normal menstrual period?**
 - A. 1 to 2 days
 - B. 3 to 7 days
 - C. 7 to 10 days
 - D. More than 10 days

- 4. What is the appropriate frequency for glucose testing in a patient with a history of gestational diabetes after delivery?**
 - A. Every 1-3 years
 - B. Annually
 - C. Every 6 months
 - D. Only if symptoms develop

- 5. If variable decelerations are noted on fetal monitoring, what is the recommended treatment?**
 - A. Change maternal position
 - B. Administer tocolytic therapy
 - C. Apply vibroacoustic stimulation
 - D. Perform cesarean section

- 6. How often should women ages 50-74 have a mammogram according to current guidelines?**
- A. Every year
 - B. Every 2 years
 - C. Every 5 years
 - D. Every 3 years
- 7. What is the most appropriate diagnostic test to order for a patient at 26 weeks gestation with an unremarkable examination?**
- A. VDRL
 - B. Amniocentesis
 - C. Maternal serum alpha-fetoprotein
 - D. 1-hour post-Glucola blood glucose
- 8. Which lifestyle factors can affect women's reproductive health?**
- A. Only diet and exercise
 - B. Diet, exercise, smoking, and alcohol use
 - C. Stress management and medication compliance
 - D. Genetics and environmental toxins
- 9. What is the most likely diagnosis for a 30-year-old female presenting with vaginal bleeding, sharp pelvic pain, and a left adnexal mass?**
- A. Placenta abruptio.
 - B. Ectopic pregnancy.
 - C. Pelvic inflammatory disease.
 - D. Ruptured ovarian cyst.
- 10. A patient with heavy menstrual bleeding and pain might be suffering from which condition?**
- A. Uterine fibroids
 - B. Cervical cancer
 - C. Endometrial polyps
 - D. Chronic pelvic pain

Answers

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

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Explanations

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1. What is the common diagnostic tool used for evaluating pelvic masses?

- A. CT scan
- B. X-ray
- C. Ultrasound**
- D. MRI

Ultrasound is the primary diagnostic tool used for evaluating pelvic masses, particularly in women's health contexts. This is primarily due to its ability to provide real-time imaging of soft tissues, assess the characteristics of the mass, and differentiate between solid and cystic masses. Ultrasound is non-invasive, does not involve ionizing radiation, and can be performed quickly with minimal patient preparation. It is particularly useful in evaluating conditions such as ovarian cysts, fibroids, and ectopic pregnancies. The use of Doppler ultrasound can also help assess blood flow, which is essential in determining the nature of the mass. While CT scans and MRI can provide valuable information about pelvic masses and are often used for further evaluation in complex cases, ultrasound remains the first-line imaging modality. X-rays, on the other hand, are not suitable for evaluating soft tissue structures, which makes them less useful in this context.

2. Which of the following symptoms is often associated with uterine fibroids?

- A. Weight loss
- B. Irregular periods**
- C. Inability to urinate
- D. Severe headaches

Uterine fibroids, also known as leiomyomas, are benign tumors of the uterus that often lead to various symptoms due to their location and size. One of the most common symptoms associated with uterine fibroids is irregular periods. Many individuals with fibroids may experience heavy menstrual bleeding, prolonged periods, or unpredictable menstrual cycles. This irregularity is primarily due to the fibroids disrupting the normal uterine lining and contraction mechanisms, leading to abnormal bleeding patterns. In contrast, the other symptoms listed—weight loss, inability to urinate, and severe headaches—are not typically associated with uterine fibroids. Weight loss might suggest other health issues, inability to urinate may indicate a different kind of obstruction, and severe headaches may point towards migraine or other neurological conditions rather than being directly linked with the presence of fibroids. Thus, the occurrence of irregular periods is a key feature that can help in identifying uterine fibroids.

3. What is the typical duration of a normal menstrual period?

- A. 1 to 2 days
- B. 3 to 7 days**
- C. 7 to 10 days
- D. More than 10 days

The typical duration of a normal menstrual period is 3 to 7 days. This range is considered normal for most women during their reproductive years. Menstrual bleeding generally begins with a heavier flow during the first few days, which then tapers off. Periods lasting less than 3 days or longer than 7 days may indicate hormonal imbalances or other underlying health issues. Therefore, a duration of 3 to 7 days is not only common, but it also fits within the standard criteria for what is considered a healthy menstrual cycle. Recognizing this typical timeframe is essential for understanding menstrual health and identifying potential concerns when periods fall outside this range.

4. What is the appropriate frequency for glucose testing in a patient with a history of gestational diabetes after delivery?

- A. Every 1-3 years**
- B. Annually
- C. Every 6 months
- D. Only if symptoms develop

After delivery, women with a history of gestational diabetes are recommended to undergo glucose testing regularly. The appropriate frequency for glucose testing is typically every 1-3 years. This guideline helps to monitor for the development of type 2 diabetes later in life, as women with gestational diabetes are at an increased risk for this condition. Regular testing is essential because type 2 diabetes can develop without obvious symptoms, and early detection can facilitate timely intervention and management. The recommendation reflects a balance between adequate monitoring and the practicalities of healthcare access for the patient. While annual testing may seem reasonable, guidelines suggest that testing every 1-3 years is sufficient for most individuals without immediate symptoms or additional risk factors. Testing every 6 months is generally unnecessary unless there are other specific concerns or indications. Testing only if symptoms develop is not advisable, as it may lead to late diagnoses. Thus, the recommendation for testing every 1-3 years allows for effective monitoring while recognizing the potential prevalence of undiagnosed diabetes.

5. If variable decelerations are noted on fetal monitoring, what is the recommended treatment?

- A. Change maternal position**
- B. Administer tocolytic therapy
- C. Apply vibroacoustic stimulation
- D. Perform cesarean section

When variable decelerations are observed on fetal monitoring, the recommended treatment is to change the maternal position. This approach is grounded in the understanding that variable decelerations are often caused by umbilical cord compression during contractions, which can temporarily reduce blood flow and oxygen to the fetus. Adjusting the maternal position can help relieve pressure on the umbilical cord, allowing for improved blood flow and oxygen delivery to the baby. Changing the maternal position could involve shifting from supine to lateral positions or even other positions that enhance fetal heart rate recovery. This method is non-invasive and has been shown to be effective in resolving variable decelerations in many cases. While other interventions like administering tocolytic therapy or applying vibroacoustic stimulation may have their uses in different contexts, they are not the first-line treatments for variable decelerations. Tocolytics are typically aimed at reducing uterine contractions rather than alleviating cord compression, and vibroacoustic stimulation is primarily used to stimulate fetal movement rather than directly addressing decelerations. A cesarean section would be considered in more extreme cases or when there are signs of fetal distress, but it is not the initial response to variable decelerations in the absence of other concerning factors.

6. How often should women ages 50-74 have a mammogram according to current guidelines?

- A. Every year
- B. Every 2 years**
- C. Every 5 years
- D. Every 3 years

The frequency being tested is the recommended interval for routine screening mammography in average-risk women aged 50–74. The standard choice is every two years. This biennial schedule balances the benefits of detecting cancers early with the downsides of screening—such as false positives, unnecessary biopsies, anxiety, and cumulative radiation exposure—by providing similar mortality benefits to annual screening while reducing potential harms. For most women in this age group, evidence shows that annual screening does not markedly improve outcomes compared with a two-year interval, but it does increase the likelihood of benign findings and follow-up procedures. If a woman has higher risk factors (family history, prior abnormal results, or very dense breasts), a clinician might consider a different plan, but for average risk in this age range, screening every two years is the guidance.

7. What is the most appropriate diagnostic test to order for a patient at 26 weeks gestation with an unremarkable examination?

- A. VDRL
- B. Amniocentesis
- C. Maternal serum alpha-fetoprotein
- D. 1-hour post-Glucola blood glucose**

At 26 weeks of gestation, it is important to screen for gestational diabetes, a condition that can have significant implications for both the mother and the baby if left undiagnosed and untreated. The 1-hour post-Glucola blood glucose test is a standard screening tool for gestational diabetes and is typically performed between 24 and 28 weeks of pregnancy. In this context, the screening involves administering a glucose solution and measuring the blood glucose level one hour later. A high level may indicate how the body is processing glucose and suggest the need for further testing, such as a three-hour glucose tolerance test. Selecting this test is particularly appropriate given the patient's unremarkable examination, as it proactively assesses a common issue that can arise during pregnancy without any obvious symptoms. This proactive screening approach is essential in maternal-fetal medicine to ensure both maternal and fetal health are prioritized during pregnancy. The other options are less relevant to routine care at this point in gestation. For example, VDRL tests for syphilis are usually done earlier in pregnancy or if specific risk factors are present. Amniocentesis is an invasive procedure typically reserved for cases with higher risks, such as advanced maternal age or abnormal screening tests, rather than

8. Which lifestyle factors can affect women's reproductive health?

- A. Only diet and exercise
- B. Diet, exercise, smoking, and alcohol use**
- C. Stress management and medication compliance
- D. Genetics and environmental toxins

The choice that includes diet, exercise, smoking, and alcohol use recognizes the multifaceted impact of various lifestyle factors on women's reproductive health. Diet plays a crucial role in maintaining hormonal balance and overall reproductive function. Essential nutrients, such as folic acid, iron, and omega-3 fatty acids, are vital for reproductive health and fetal development during pregnancy. A poor diet can lead to menstrual irregularities, obesity, and conditions like polycystic ovary syndrome (PCOS), all of which can negatively affect fertility. Exercise is another significant factor; regular physical activity can improve hormonal balance, reduce stress, and enhance general well-being. However, both excessive exercise and a sedentary lifestyle can have adverse effects, such as amenorrhea or fertility issues. Smoking and alcohol use directly impact reproductive health. Tobacco use is linked to reduced fertility, pregnancy complications, and adverse birth outcomes. Alcohol consumption is associated with hormonal disruptions and can lead to fetal alcohol syndrome if consumed during pregnancy. Overall, lifestyle factors such as diet, exercise, smoking, and alcohol use collectively influence not only fertility and pregnancy outcomes but also overall health, making them crucial considerations in women's reproductive health.

9. What is the most likely diagnosis for a 30-year-old female presenting with vaginal bleeding, sharp pelvic pain, and a left adnexal mass?

- A. Placenta abruptio.
- B. Ectopic pregnancy.**
- C. Pelvic inflammatory disease.
- D. Ruptured ovarian cyst.

The presentation of vaginal bleeding, sharp pelvic pain, and a left adnexal mass is highly indicative of an ectopic pregnancy. An ectopic pregnancy occurs when a fertilized egg implants outside the uterus, often in a fallopian tube. The symptoms align closely with this diagnosis: - Vaginal bleeding is common as the ectopic tissue can cause bleeding when it disrupts surrounding structures. - Sharp pelvic pain often arises from the growing mass or if the ectopic pregnancy ruptures, leading to acute pain and possibly internal bleeding. - The presence of a left adnexal mass suggests that the ectopic tissue is located in that area, which can be diagnosed through imaging such as an ultrasound. In contrast, placenta abruptio typically presents in a pregnant woman with abdominal pain and bleeding but is not characterized by an adnexal mass. Pelvic inflammatory disease (PID) can cause pelvic pain and irregular bleeding but is less likely to present with a discrete adnexal mass compared to an ectopic pregnancy. A ruptured ovarian cyst can cause acute pelvic pain and sometimes bleeding, but it usually presents with a more widespread, less localized pain, and may not produce a clear adnexal mass on examination or imaging. Overall, the combination of symptoms in

10. A patient with heavy menstrual bleeding and pain might be suffering from which condition?

A. Uterine fibroids

B. Cervical cancer

C. Endometrial polyps

D. Chronic pelvic pain

Heavy menstrual bleeding and pain can often be attributed to uterine fibroids, also known as leiomyomas. These benign tumors grow in the muscular wall of the uterus and can cause a variety of symptoms, including heavy bleeding (menorrhagia), prolonged menstrual periods, and pelvic pain. The presence of fibroids can interfere with the normal function of the uterus, leading to the excessive shedding of the endometrial lining and resultant heavy bleeding, as well as cramping and discomfort due to their size and location. Uterine fibroids are particularly common in women of reproductive age and can vary in size and location, contributing further to the spectrum of symptoms. Their impact on menstrual patterns and the potential for causing pelvic pressure or pain make them a significant condition to consider in cases presenting with the described symptoms. Other conditions, such as cervical cancer, endometrial polyps, and chronic pelvic pain can also cause heavy menstrual bleeding or pelvic discomfort but do not typically present with the same combination of symptoms as uterine fibroids. Cervical cancer may present with abnormal bleeding, but it usually has additional alarming signs such as postcoital bleeding or changes in vaginal discharge. Endometrial polyps can indeed cause irregular bleeding, but they are often less associated

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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