

Women's Health/Disorders and Childbearing Health Protection 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. Which exercises should a nurse teach to a client on the first postoperative day after a cesarean section?**
 - A. Pelvic rocking**
 - B. Foot circles**
 - C. Leg bends**
 - D. Shoulder circles**

- 2. Which of the following is not a common emotional response for new parents?**
 - A. Extended feelings of joy and fulfillment.**
 - B. Feelings of depression and anxiety.**
 - C. Feelings of overwhelming stress and confusion.**
 - D. Overall ambivalence toward the newborn.**

- 3. What is essential information for a client undergoing a vasectomy?**
 - A. Unprotected coitus is safe within 1 week.**
 - B. Some impotency is to be expected for several weeks after.**
 - C. At least 15 ejaculations are needed to clear sperm from the tract.**
 - D. Recanalization of the vas deferens is impossible.**

- 4. Which finding indicates a return to urinary function after catheter removal in a post-cesarean birth client?**
 - A. The client voids 300 mL within 4 hours**
 - B. The client has 90 mL of residual urine**
 - C. The client's urinalysis is free of bacteria**
 - D. The client's urinary output is at least 1500 mL daily**

- 5. What is the most important measure to prevent recurrence of Trichomonas vaginalis infection after treatment?**
 - A. Using a vaginal suppository after sex**
 - B. Ensuring the partner is treated before resuming sexual activity**
 - C. Urinating immediately after sexual intercourse**
 - D. Douching after sexual intercourse**

6. Which factor may be related to nausea and vomiting during a client's first trimester of pregnancy?

- A. It is always present during early pregnancy.**
- B. It will disappear when lightening occurs.**
- C. It is a common response to an unwanted pregnancy.**
- D. It may be related to an increased human chorionic gonadotropin level.**

7. What key information should the nurse provide to a client scheduled for an elective vacuum aspiration abortion?

- A. It is a lengthy procedure, but it will cause little to no pain.**
- B. Both the client and the father must sign the consent form.**
- C. A temperature of 100.4°F (38°C) or higher should be reported immediately.**
- D. The client will experience a heavy menstrual flow for 1 to 2 weeks after the procedure.**

8. Which response is best when a mother wonders why her daughter became pregnant despite discussions about birth control?

- A. "Apparently your daughter wasn't listening to you."**
- B. "You should have made sure that her boyfriend understood birth control too."**
- C. "Teenagers often fail to use birth control because they forget to discuss it with their sexual partners."**
- D. "Although teenagers can intellectually discuss birth control, they often don't believe that they will become pregnant."**

9. What is a common symptom of pregnancy-related hormonal changes?

- A. Increased appetite**
- B. Weight gain**
- C. Urinary frequency**
- D. Pelvic pain**

10. What should the nurse tell a mother about her newborn's tonic neck position?

- A. It should disappear around 2 months of age.**
- B. It is expected in the healthy newborn.**
- C. This may indicate a minor neurological problem.**
- D. The health care provider will be notified about this.**

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Answers

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

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Explanations

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1. Which exercises should a nurse teach to a client on the first postoperative day after a cesarean section?

- A. Pelvic rocking**
- B. Foot circles**
- C. Leg bends**
- D. Shoulder circles**

The most appropriate exercises to teach to a client on the first postoperative day after a cesarean section are leg bends. This exercise can help improve circulation in the legs and reduce the risk of deep vein thrombosis (DVT), which is particularly important after surgery. Leg bends, where the patient flexes and extends their knees while lying down, help promote blood flow and mobilize leg muscles without straining the abdominal area. On the first day after surgery, patients are often encouraged to begin light exercises to prevent complications and to assist in their recovery. Leg bends are gentle enough for a postoperative patient while still providing the necessary movement to start the rehabilitation process effectively. Although other exercises, like pelvic rocking, foot circles, and shoulder circles, also promote gentle movement and can be beneficial at different points in recovery, they may not be the most suitable for the immediate postoperative period following a cesarean section. Pelvic rocking might engage the abdominal muscles too much, foot circles focus on the feet and could be less directly beneficial for addressing circulatory concerns in the legs immediately post-surgery, and shoulder circles do little to engage the lower body where the risk of DVT is more pronounced. Thus, leg bends are the most targeted and appropriate choice for the specific

2. Which of the following is not a common emotional response for new parents?

- A. Extended feelings of joy and fulfillment.**
- B. Feelings of depression and anxiety.**
- C. Feelings of overwhelming stress and confusion.**
- D. Overall ambivalence toward the newborn.**

The selection of extended feelings of joy and fulfillment as not a common emotional response for new parents requires careful consideration of the overall emotional landscape associated with new parenthood. While many new parents do experience significant joy and fulfillment from their newborn, it is important to recognize that these emotions can coexist with a range of other feelings. New parenthood is often characterized by a complex mix of emotions. Feelings of joy typically arise in response to the newborn and the experience of parenthood, but they may be overshadowed by stress, anxiety, and depression. It is quite common for new parents to face overwhelming stress and confusion as they navigate this dramatic life transition, learning to care for a newborn while juggling other life responsibilities. These feelings stem from the challenges of sleep deprivation, the pressure of parental expectations, and the shift in identity that many experience. Additionally, feelings of ambivalence toward the newborn can occur as parents may struggle to adjust to their new roles and the demands of caring for an infant. The journey into parenthood can evoke a vast array of emotional responses, and not all will align with the idealized notion of constant joy and fulfillment. Therefore, while joy and fulfillment are certainly part of the experience, they are not universally present or extended, making this response

3. What is essential information for a client undergoing a vasectomy?

- A. Unprotected coitus is safe within 1 week.**
- B. Some impotency is to be expected for several weeks after.**
- C. At least 15 ejaculations are needed to clear sperm from the tract.**
- D. Recanalization of the vas deferens is impossible.**

The essential information for a client undergoing a vasectomy is the requirement of at least 15 ejaculations to clear sperm from the tract. Following a vasectomy, there may still be sperm present in the reproductive tract, and these sperm can remain viable for some time. It typically takes about 15 to 20 ejaculations, or several weeks, to ensure that the remaining sperm are cleared post-procedure. This is crucial information for clients, as they need to understand that they should continue using alternative contraception methods until a follow-up sperm analysis confirms that there are no sperm present in the ejaculate. Other options may seem relevant, but they do not provide accurate or necessary information. For instance, suggesting that unprotected coitus is safe within one week after the procedure is misleading, as sperm clearance can take longer, indicating the importance of continued contraception until confirmed clear. Regarding potential impotency, while some may experience temporary changes in sexual function, it's not a universal outcome and thus not essential to disclose as a standard expectation. Lastly, the assertion that recanalization of the vas deferens is impossible is incorrect; while recanalization is rare, it can and does occur in some cases, which makes it vital for clients to understand that periodic follow-up is

4. Which finding indicates a return to urinary function after catheter removal in a post Cesarean birth client?

- A. The client voids 300 mL within 4 hours**
- B. The client has 90 mL of residual urine**
- C. The client's urinalysis is free of bacteria**
- D. The client's urinary output is at least 1500 mL daily**

The indicator that signifies a return to urinary function after catheter removal in a client who has undergone a cesarean delivery is the client's ability to void a significant volume of urine in a specified amount of time. Voiding 300 mL within 4 hours demonstrates that the urinary bladder is functioning properly and that the patient is able to effectively void since adequate urinary output is a key aspect of bladder recovery post-surgery. This finding suggests that the bladder's capacity and detrusor muscle function are returning to normal, which is important following the temporary period of catheterization. It's also noteworthy that a volume of 300 mL is generally considered an adequate void for a healthy individual, particularly in the early postpartum period. Other findings related to residual urine and urinary output can provide valuable information but are not definitive indicators of immediate return to normal urinary function. For instance, residual urine should ideally be low after bladder function has returned, while daily output over 1500 mL may indicate well-functioning urinary function but does not specifically address the immediate post-catheter situation as effectively as the volume of urine voided within the first few hours post-removal.

5. What is the most important measure to prevent recurrence of Trichomonas vaginalis infection after treatment?

- A. Using a vaginal suppository after sex**
- B. Ensuring the partner is treated before resuming sexual activity**
- C. Urinating immediately after sexual intercourse**
- D. Douching after sexual intercourse**

The most important measure to prevent the recurrence of Trichomonas vaginalis infection after treatment is ensuring that the partner is treated before resuming sexual activity. This is critical because Trichomonas is a sexually transmitted infection, and if one partner is treated but the other is not, there is a high risk of reinfection once sexual activity resumes. Both partners need to be effectively treated to eliminate the parasite completely and prevent ongoing transmission. By confirming that the partner has been treated, individuals can create an environment where the infection is less likely to return. This approach underscores the importance of effective communication and collaboration between partners in managing sexually transmitted infections. Other measures, while potentially relevant in some contexts, do not address the root cause of reinfection as directly. For example, using vaginal suppositories or douching may not effectively eliminate the infection or can alter the natural flora of the vagina, which could lead to other issues. Urinating after intercourse does not prevent the transmission of Trichomonas and therefore does not address the possibility of reinfection from an untreated partner.

6. Which factor may be related to nausea and vomiting during a client's first trimester of pregnancy?

- A. It is always present during early pregnancy.**
- B. It will disappear when lightening occurs.**
- C. It is a common response to an unwanted pregnancy.**
- D. It may be related to an increased human chorionic gonadotropin level.**

Nausea and vomiting during the first trimester of pregnancy, often referred to as morning sickness, is predominantly tied to hormonal changes in the body. One of the key hormones involved is human chorionic gonadotropin (hCG), which is produced shortly after the placenta forms and increases rapidly in the early stages of pregnancy. Elevated levels of hCG can stimulate the nausea and vomiting reflex, making it a significant factor contributing to these symptoms in many pregnant individuals. This hormonal surge acts on the body to prepare for the pregnancy but may also lead to these common gastrointestinal symptoms. The other options do not accurately reflect the relationship between the factors mentioned and nausea and vomiting in early pregnancy. For instance, nausea and vomiting are not present in every early pregnancy situation nor do they solely occur in cases of unwanted pregnancies. Additionally, they are not linked to lightening, which refers to the descent of the fetus toward the pelvic inlet and typically occurs later in pregnancy rather than influencing first-trimester symptoms.

7. What key information should the nurse provide to a client scheduled for an elective vacuum aspiration abortion?

- A. It is a lengthy procedure, but it will cause little to no pain.**
- B. Both the client and the father must sign the consent form.**
- C. A temperature of 100.4°F (38°C) or higher should be reported immediately.**
- D. The client will experience a heavy menstrual flow for 1 to 2 weeks after the procedure.**

The key information a nurse should provide to a client scheduled for an elective vacuum aspiration abortion is that a temperature of 100.4°F (38°C) or higher should be reported immediately. This is crucial because a fever could indicate an infection, which is a possible complication following the procedure. Prompt reporting allows for timely medical intervention, which is essential in preventing more severe health issues. It's important for the patient to understand the signs of infection and the need to monitor their post-operative health closely. Recognizing the symptoms early on enhances the chances of a quick recovery and reduces the risk of complications. Other options do not hold the same level of immediate importance regarding post-procedure care. For example, while the other choices may contain elements of truth, they do not address the critical aspect of monitoring for potential infections, which can be serious and require immediate care.

8. Which response is best when a mother wonders why her daughter became pregnant despite discussions about birth control?

- A. "Apparently your daughter wasn't listening to you."**
- B. "You should have made sure that her boyfriend understood birth control too."**
- C. "Teenagers often fail to use birth control because they forget to discuss it with their sexual partners."**
- D. "Although teenagers can intellectually discuss birth control, they often don't believe that they will become pregnant."**

The best response in this scenario focuses on the developmental and psychological aspects that influence teenagers' views on pregnancy and birth control. Adolescents are at a stage where they may not fully grasp the long-term implications of their actions, despite having the intellectual capability to discuss topics like birth control. They often possess a sense of invulnerability, which can lead them to underestimate the risks of unprotected sex, including the likelihood of pregnancy. This response acknowledges the complexity of teenage behavior and emphasizes that, while they may understand the mechanics of contraception, their belief that pregnancy is unlikely can lead to risky sexual behaviors. It demonstrates empathy toward the mother's concerns while illuminating the emotional and cognitive factors that affect decision-making in teenagers. This understanding can foster a more open dialogue between the mother and daughter about birth control and sexual health, rather than reinforcing blame or focusing solely on the educational aspect of the issue.

9. What is a common symptom of pregnancy-related hormonal changes?

- A. Increased appetite
- B. Weight gain
- C. Urinary frequency**
- D. Pelvic pain

Urinary frequency is a common symptom associated with hormonal changes during pregnancy. As pregnancy progresses, the body undergoes significant hormonal fluctuations, particularly involving hormones such as progesterone and estrogen. These changes can lead to alterations in kidney function and bladder capacity, resulting in increased urine production and a feeling of needing to urinate more frequently. Additionally, as the uterus expands and puts pressure on the bladder, this can further contribute to urinary frequency. This symptom is particularly noteworthy in the first and third trimesters, as hormonal activity and the physical presence of the growing fetus and uterus interact, making it an integral aspect of the pregnancy experience. Increased appetite, weight gain, and pelvic pain may also occur during pregnancy but are often influenced by various factors beyond just hormonal changes. Increased appetite is frequently seen due to metabolic changes and the body's need for more energy to support fetal development. Weight gain directly stems from a combination of dietary intake, fluid retention, increased blood volume, and fetal growth. Pelvic pain can arise due to various reasons, including the hormonal effects on the ligaments and muscles and the physical strain of carrying the growing uterus. While these symptoms are linked to pregnancy, urinary frequency is the most directly tied to hormonal changes.

10. What should the nurse tell a mother about her newborn's tonic neck position?

- A. It should disappear around 2 months of age.
- B. It is expected in the healthy newborn.**
- C. This may indicate a minor neurological problem.
- D. The health care provider will be notified about this.

The tonic neck position, often referred to as the "fencing reflex," is a normal reflex seen in healthy newborns. This position occurs when a newborn turns their head to one side; the arm and leg on that side extend while the opposite arm and leg flex. This reflex is typically present from birth and generally starts to diminish as the baby develops, disappearing by around 4 to 6 months of age rather than 2 months as mentioned in one of the choices. It is crucial to understand that seeing this reflex in a newborn is expected and part of their neurological development. It indicates that the infant's neurological system is functioning within normal parameters. The persistence of this tonic neck position can be a cause for concern if it continues beyond the typical age range or is accompanied by other unusual reflexes or developmental delays. In such cases, further evaluation might be warranted, but as a standalone reflex, it is a normal finding in newborns. Overall, the understanding that this tonic neck position is expected helps reassure mothers about their newborn's health in the early developmental stages.

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://womenshealthprotection.examzify.com>

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

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