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

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://roshwomenshealtheor.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

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

SAMPLE

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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. **For a patient with a history of unprovoked deep vein thrombosis, what should be avoided in treating menopausal symptoms?**

   A. SSRIs

   B. Hormone replacement therapy

   C. Exercise programs

   D. Dietary changes

2. **What is the preferred initial treatment for polycystic ovary syndrome (PCOS)?**

   A. Hormonal contraceptives

   B. Lifestyle modification

   C. Metformin

   D. Surgery

3. **In what situation should delivery take place to manage preeclampsia without severe features?**

   A. 38 weeks gestation

   B. 37 weeks gestation

   C. 36 weeks gestation

   D. 35 weeks gestation

4. **What defines a threatened abortion?**

   A. Vaginal bleeding with closed internal os

   B. Painful contractions

   C. Partial passage of products of conception (POCs)

   D. Fetal death with no passage of POCs

5. **What is one of the symptoms of chorioamnionitis?**

   A. Low blood pressure

   B. Maternal tachycardia

   C. Joint pain

   D. Severe headaches

SAMPLE

6. What condition is associated with a higher risk of endometrial pathology when atypical glandular cells are present?

A. Young age

B. Oncogenic human papillomavirus presence

C. Heavy menstrual bleeding

D. Smokers

7. Which condition is a patient with secondary amenorrhea and elevated follicle-stimulating hormone primarily at risk for?

A. Hyperthyroidism

B. Osteoporosis

C. Heavy menstrual bleeding

D. Gastrointestinal bleeding

8. What is the first definitive sign of an intrauterine pregnancy (IUP) detected via ultrasound?

A. Presence of cardiac activity

B. Presence of a yolk sac

C. Intrauterine gestational sac

D. A clear decidual reaction

9. What is the most common type of endometrial carcinoma?

A. Squamous cell carcinoma

B. Adenocarcinoma

C. Clear cell carcinoma

D. Endometrioid carcinoma

10. What does the fern test check for during pregnancy?

A. Fetal growth

B. Amniotic fluid

C. Cervical dilation

D. Maternal hydration

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. For a patient with a history of unprovoked deep vein thrombosis, what should be avoided in treating menopausal symptoms?

A. SSRIs

B. Hormone replacement therapy

C. Exercise programs

D. Dietary changes

In patients with a history of unprovoked deep vein thrombosis (DVT), hormone replacement therapy (HRT) should be avoided when treating menopausal symptoms. This is primarily due to the increased risk of thromboembolic events associated with the use of estrogen, which is a core component of many HRT regimens. Estrogen can promote clotting factors and venous stasis, leading to a greater likelihood of thrombotic complications, which poses a significant risk for individuals with a history of DVT. In contrast, SSRIs are often recommended for treating menopausal symptoms such as hot flashes and mood disorders. Exercise programs and dietary changes are beneficial lifestyle modifications that support overall health and can help alleviate mild menopausal symptoms without the associated risks of hormone therapy. Therefore, while these options can be part of a comprehensive approach to managing menopausal symptoms, HRT should be approached with caution or avoided altogether in those with a history of thromboembolic disease.

2. What is the preferred initial treatment for polycystic ovary syndrome (PCOS)?

A. Hormonal contraceptives

B. Lifestyle modification

C. Metformin

D. Surgery

The preferred initial treatment for polycystic ovary syndrome (PCOS) is lifestyle modification. This approach emphasizes the importance of weight management, dietary changes, and increased physical activity, particularly for individuals who are overweight or obese. Lifestyle modifications can help improve insulin sensitivity, regulate menstrual cycles, and alleviate symptoms associated with PCOS, such as hirsutism and acne. In many cases, these changes can lead to significant improvements in metabolic health and reproductive function. The evidence supporting lifestyle modifications is strong, as it addresses the underlying risk factors associated with the condition, such as obesity and insulin resistance, rather than just the symptoms. While hormonal contraceptives, metformin, and surgery are also valid treatment options for managing specific symptoms or complications of PCOS, they are generally considered after lifestyle changes have been implemented, particularly if lifestyle modifications alone are insufficient to control symptoms. Hormonal contraceptives are effective for menstrual regulation and managing acne and hirsutism, and metformin can help with insulin resistance, but they do not address the foundational issues as directly as lifestyle changes do. Surgery is rarely a first-line treatment option for PCOS and is usually reserved for specific cases, such as in the management of ovarian hyperstimulation or if there are

SAMPLE

3. In what situation should delivery take place to manage preeclampsia without severe features?

A. 38 weeks gestation

B. 37 weeks gestation

C. 36 weeks gestation

D. 35 weeks gestation

Delivery is indicated at 37 weeks gestation for patients with preeclampsia without severe features. This recommendation is based on the understanding that while preeclampsia can develop into more severe forms, the mother and fetus are generally more stable by this point. Delivery at 37 weeks balances the benefits of allowing more fetal maturation, especially for lung development, while also reducing the risks associated with continuing the pregnancy under the influence of preeclampsia. In managing preeclampsia, timing is crucial. Waiting until 38 weeks might push the pregnancy into a higher risk category if severe features develop, while delivering earlier, at 36 or 35 weeks, might preclude the fetus from reaching a more optimal level of development. Fetal health considerations, alongside maternal safety, are taken into account, which is why the threshold for delivery is strategically set at 37 weeks for women diagnosed with preeclampsia without severe features.

4. What defines a threatened abortion?

A. Vaginal bleeding with closed internal os

B. Painful contractions

C. Partial passage of products of conception (POCs)

D. Fetal death with no passage of POCs

A threatened abortion is characterized specifically by the presence of vaginal bleeding that occurs while the cervical internal os remains closed. This condition implies that the pregnancy may still continue successfully despite the bleeding, as there are no signs of cervical dilation or other indicators suggesting that the pregnancy has ended. Vaginal bleeding during early pregnancy is relatively common; however, a key factor that distinguishes a threatened abortion from other types of spontaneous abortion is the closed status of the internal cervical os. If the internal os were open or if there were evidence of the passage of tissue, then it would no longer be classified as threatened, but rather as a type of inevitable or complete abortion, depending on other clinical findings. The other options describe circumstances that indicate different clinical situations. Painful contractions would typically suggest labor or a more advanced process of miscarriage. Partial passage of products of conception indicates an incomplete abortion, where some tissue has passed but not all, and fetal death with no passage of products suggests a missed abortion. None of these conditions fit the criteria for a threatened abortion, where the pregnancy is still in a state of uncertainty but potentially viable.

SAMPLE

5. What is one of the symptoms of chorioamnionitis?

A. Low blood pressure

B. Maternal tachycardia

C. Joint pain

D. Severe headaches

Maternal tachycardia is a significant symptom of chorioamnionitis, which is an infection of the fetal membranes (chorion and amnion) surrounding the fetus. This condition is characterized by inflammation due to bacterial infection, often arising during labor or following rupture of membranes. When maternal infection occurs, the body responds with systemic inflammatory reactions, which can lead to an increased heart rate or tachycardia in the mother as the body attempts to combat the infection and maintain perfusion to vital organs. This response is part of the body's effort to manage stress and is commonly observed in cases of sepsis and infection. The other symptoms listed, such as low blood pressure, joint pain, and severe headaches, are less specific to chorioamnionitis. Low blood pressure can occur in severe infections or in other conditions but is not a classic symptom associated with chorioamnionitis. Joint pain and severe headaches are not typical manifestations directly linked to this specific infection and may relate more to other diseases or conditions. In summary, maternal tachycardia stands out as a direct physiological response to infection in the context of chorioamnionitis, making it a key symptom for clinicians to be vigilant about in pregnant patients.

6. What condition is associated with a higher risk of endometrial pathology when atypical glandular cells are present?

A. Young age

B. Oncogenic human papillomavirus presence

C. Heavy menstrual bleeding

D. Smokers

The presence of atypical glandular cells in a cervical cytology sample raises significant concern for potential endometrial pathology, particularly when considering the association with oncogenic human papillomavirus (HPV). Oncogenic HPV types, especially HPV 16 and 18, are well-established risk factors for various forms of cervical cancer, but they also have implications for the endometrium. Women with atypical glandular cells are at an increased risk of endometrial hyperplasia or carcinoma, especially if they also have oncogenic HPV. In such cases, the presence of HPV can suggest a more complex dysregulated epithelial environment, contributing to the likelihood of malignant changes. Consequently, the detection of atypical glandular cells warrants thorough investigation to rule out underlying endometrial pathologies, particularly in those who are HPV-positive. Other factors like young age, heavy menstrual bleeding, or being a smoker do not have the same direct association with atypical glandular cells leading to a higher risk of endometrial conditions as seen with oncogenic HPV. While these factors can influence gynecological health, they do not have the same level of concern for endometrial pathology in the context of atypical glandular cells.

SAMPLE

7. Which condition is a patient with secondary amenorrhea and elevated follicle-stimulating hormone primarily at risk for?

A. Hyperthyroidism

B. Osteoporosis

C. Heavy menstrual bleeding

D. Gastrointestinal bleeding

In cases of secondary amenorrhea accompanied by elevated follicle-stimulating hormone (FSH) levels, the patient is primarily at risk for osteoporosis. Elevated FSH indicates that the ovaries are not responding adequately to hormonal signals, often reflecting a decrease in ovarian function or reserve. This can lead to lower levels of estrogen because the ovaries are not producing sufficient hormones. Estrogen plays a crucial role in maintaining bone density; it helps regulate the activity of osteoclasts (the cells that break down bone) and promotes the activity of osteoblasts (the cells that build bone). When estrogen levels decline due to conditions leading to elevated FSH, such as menopause or certain disorders of the reproductive system, this balance is disrupted. Over time, this can result in the loss of bone density and an increased risk for osteoporosis, making bones more fragile and susceptible to fractures. The other options, such as hyperthyroidism, heavy menstrual bleeding, and gastrointestinal bleeding, are less directly associated with the hormonal changes indicated by secondary amenorrhea and elevated FSH levels. While hormonal imbalances can manifest in various ways, the specific connection between low estrogen as a result of decreased ovarian function and osteoporosis is well-established, highlighting the importance of monitoring bone health

8. What is the first definitive sign of an intrauterine pregnancy (IUP) detected via ultrasound?

A. Presence of cardiac activity

B. Presence of a yolk sac

C. Intrauterine gestational sac

D. A clear decidual reaction

The presence of an intrauterine gestational sac is considered the first definitive sign of an intrauterine pregnancy (IUP) detected via ultrasound. During early pregnancy, this gestational sac forms as a fluid-filled structure within the uterus and is the initial indicator that a pregnancy is located inside the uterus rather than outside or in an ectopic location. The gestational sac can typically be visualized as early as 4-5 weeks of gestation, and its identification helps confirm that the pregnancy is progressing normally within the uterine cavity. Once the gestational sac is detected, further developments such as the yolk sac and eventually fetal cardiac activity can be observed, but the gestational sac is the primary marker of an established intrauterine pregnancy. Other options, like the yolk sac or cardiac activity, indicate further development within the IUP, but they are not the first signs. The decidual reaction also signals a reaction of the endometrial lining to the pregnancy but occurs concurrently with the formation of these structures rather than serving as the definitive sign of an intrauterine pregnancy itself.

SAMPLE

9. What is the most common type of endometrial carcinoma?

A. Squamous cell carcinoma

B. Adenocarcinoma

C. Clear cell carcinoma

D. Endometrioid carcinoma

The most common type of endometrial carcinoma is adenocarcinoma, specifically the endometrioid subtype. Endometrial adenocarcinoma arises from the endometrial lining of the uterus and is associated with estrogen exposure, obesity, and other risk factors. This cancer typically presents in postmenopausal women and can cause abnormal uterine bleeding, which is one of the hallmark symptoms prompting further investigation. Adenocarcinomas are classified based on the specific histological characteristics, with endometrioid carcinoma being the predominant form, accounting for a significant majority of cases diagnosed. Understanding this distinction is crucial for treatment and management strategies since the prognosis and therapeutic approaches may differ based on the specific type and grade of carcinoma present. While other types, such as clear cell carcinoma and squamous cell carcinoma, exist and may present in certain cases, they are less common and often associated with different clinical characteristics and behavior. The prevalence of endometrioid carcinoma emphasizes the importance of recognizing and distinguishing these types in gynecological practice.

10. What does the fern test check for during pregnancy?

A. Fetal growth

B. Amniotic fluid

C. Cervical dilation

D. Maternal hydration

The fern test checks for the presence of amniotic fluid during pregnancy. This test is based on the observation that when amniotic fluid is present, it contains a high level of sodium chloride, which promotes the crystallization of the fluid into a fern-like pattern when spread on a glass slide and dried. The presence of this characteristic pattern indicates that the fluid is indeed amniotic, confirming a rupture of membranes. When examining the other options, fetal growth is primarily assessed through ultrasound measurements and monitoring fetal heart tones, while cervical dilation is evaluated during a pelvic examination in labor. Maternal hydration, although important to monitor in pregnancy, does not specifically pertain to the fern test and would be evaluated through other clinical assessments. Thus, the correct answer regarding what the fern test assesses is the presence of amniotic fluid.

SAMPLE

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://roshwomenshealtheor.examzify.com

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

SAMPLE