



2023 CANDIDATE GUIDE

WOMEN'S HEALTH CARE PRACTITIONER

WHNP-BC®

Congratulations on taking the next step in your career – earning your WHNP-BC certification!

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THIS EXAM'S PURPOSE

The purpose of the Women's Health Care Nurse Practitioner Core Certification is to provide an entry level, competency-based examination that tests specialty knowledge and the application of that knowledge for licensed registered nurses in the US and Canada who have completed a US accredited Nurse Practitioner program in the role of a Women's Health Care Nurse Practitioner providing obstetric, gynecologic and primary care to women within inpatient and outpatient settings.

IT IS IMPORTANT TO READ THE INFORMATION IN THIS GUIDE. IT EXPLAINS ALL POLICIES TO WHICH CANDIDATES WILL BE SUBJECT.

ABOUT THIS GUIDE

This guide lists fees and provides information that will help candidates prepare for the examination. It includes the exam content in outline form, competency statements and study guide. It also provides sample exam questions to familiarize the test taker with question format, study resources and lists some of NCC administrative policies & procedures. It is recommended that candidates familiarize themselves with the information in this guide.

NCC examinations are offered in several different test administrations options. The NCC publication **Guide to Testing Methods** will explain the different rules and policies based on how the candidate is taking the examination. Please download this publication from the NCC website and review the exam administration options. It will answer any questions about the NCC examination process.

If there are other questions, please feel free to contact NCC through the ["Contact Us"](#) page at NCCwebsite.org.

NCC'S PHILOSOPHY OF TESTING

Certification is an evaluative process that provides the opportunity for advanced practice nurses in the obstetric, gynecologic and/or neonatal specialty to demonstrate publicly what they know and to be recognized for the special knowledge they possess. The NCC certification carries no licensing authority. The ability to practice as an advanced practice nurse is regulated by the state boards of nursing, and while certification may be required in some states for advanced practice roles, NCC has no regulatory power to require states to recognize NCC certification for this purpose. Practice and educational standards are reflected in the certification process, but the responsibility for development of such standards rests with the professional nursing specialty organizations and the nursing educational community. NCC encourages individual advanced practice nurses to seek out information about how certification relates to state licensure requirements, program accreditation of the educational institutions attended, the educational and practice standards of national nursing specialty organizations, and employment expectations.

FEES & GENERAL POLICIES

EXAMINATION AND RELATED FEES

EXAMINATION FEES*

Test Center and Live Remote Proctoring (LRP) Computer Exam Fees are \$325 which includes the non-refundable \$50 application fee.

**Examination fees are subject to change.*

CANCELLATION: 6 HOUR WINDOW

Candidates have six hours from the time they submit an exam application to cancel the exam. After the six hours they have to withdraw or pay for a change.

CHANGE REQUEST

Candidates who cannot take their currently scheduled examination, have missed their testing date or need to take a different exam - can request a change for a fee of \$125. Details are on the NCC website.

WITHDRAWAL FEE

A Testing Center or LRP testing candidate who withdraws from testing is subject to a \$165 withdrawal fee. The candidate will receive \$160 of their \$325 payment, minus any outstanding charges. Bulk Purchase Voucher candidates cannot withdraw.

RETEST FEE

Retest candidates must pay full application and examination fees. There are no discounts and they must complete a 90-day wait period* before resubmitting an application for testing. (*see Retest Policy page 4). Certification exams of the same specialty can only be taken TWICE in a calendar year for the same candidate. Candidates must submit a new application and again demonstrate eligibility and licensure.

SUBSTITUTION FEE

Candidate substitutions are not allowed for any reason.

THIRD PARTY PAYMENTS

Applicant fees paid by third parties will be refunded to the third party in accordance with stated refund policies, in the event the applicant is determined ineligible or withdraws within the specified time. Vouchers are nonrefundable.

NO REFUNDS WILL BE CONSIDERED FOR ANY CANDIDATE

- who has taken an examination
- who is not successful in achieving certification
- who failed to take the exam at a Test Center or via Live Remote Proctoring (LRP) within the 90-day testing window and did not submit a change request within stated time frames
- who failed to schedule an appointment to test within the first 30 days of their 90-day eligibility window and is unable to schedule their exam within their eligibility window.
- who failed to have proper ID or meet any required rules
- who failed to login to the test portal or appear at the test center (no-show) or who signed in late to the test portal or arrived late to the test center
- who failed to take a scheduled exam for any reason (illness, quarantine, accident, death, etc.)

Test Date Change

Test Center and Live Remote Proctoring (LRP) exam candidates can change their scheduled testing date to another date within their window *once for free*.

Candidates must handle this directly with PSI/AMP.

Refer to the NCC testing guide for details.

FEES & GENERAL POLICIES

PAYMENT INFORMATION

- All applications are subject to a nonrefundable application fee.
- All fees are nonrefundable except where otherwise noted.
- Payments can be made by credit card (Visa, American Express and MasterCard only). NCC does not accept debit cards or split payments (part check and part credit card).
- Payments can be made by e-check: bank routing number and account number required.
- For payments made by third parties, any refund will be issued to the third party and not to the applicant. Vouchers are nonrefundable.
- All payments must be in US funds.
- Exam fees can only be submitted online at the NCC website. Applications will not be accepted by mail, phone or fax.
- NCC will accept group payments for certification exams from institutions. Details are on the NCC website under Bulk Purchases.

OTHER NON-REFUNDABLE PAYMENT RELATED FEES

INCOMPLETE APPLICATION FEE

All incomplete applications are subject to a non-refundable \$30 reprocessing fee upon the submission of proper documentation. Incomplete applications are those submitted with missing information, (e.g. required licensure information and corroborating uploaded documentation; containing incomplete or incorrect information; or do not include full fee payment).

RETURNED CHECKS AND CREDIT CARD CHARGEBACK FEE

A \$30 fee will be assessed for any check or e-check returned or a credit card payment disputed for any reason. Remittance thereafter of all fees and applications must be in the form requested by NCC.

LICENSE VERIFICATION

If licensure information is requested requiring an additional submission, the candidate will have two weeks to provide the license with all the correct information and pay the non-refundable \$30 reprocessing fee. If this is not provided within the two weeks, the application will be marked ineligible. Ineligible applicants will receive a refund minus the \$50.00 non-refundable application fee. There are no refunds or withdrawals for applications using a bulk code.

VERIFICATION OF CERTIFICATION

Third party notification of status will NOT be released without authorization from the NP. A \$30 fee is required for any third-party notification or issuance of duplicates of test results reports. Verification requests can only be submitted after official results with score report have been uploaded to the candidate's NCC account.

Verification requests can only be made via the online verification system on the NCC website. NCC does not issue verifications via the mail or fax.

Certification will be revoked or withheld if a returned check or a chargeback request on a credit card payment results in loss of income to NCC and the monies are not recovered in an alternate payment. Fees received at any time will first be applied to any unpaid prior certification/special fees.

FEES & GENERAL POLICIES

GENERAL POLICIES

UNSUCCESSFUL CANDIDATES

A candidate who sits for the examination and does not receive a passing score is not eligible for any refund nor for any credit on any later NCC exam.

NONDISCRIMINATION

It is the policy of NCC that no individual will be excluded from the examinations as a result of age, sex, race, religion, national origin, ethnicity, disability, marital status, sexual orientation, military status or gender identity.

AMERICANS WITH DISABILITIES ACT

Special testing accommodations will be provided pursuant to the Americans with Disabilities Act. Any requests for special testing accommodations must be made in writing and submitted with the application. The accommodation request form can be downloaded from the NCC website. Upon receipt of a request for special accommodations, NCC will contact the applicant. Such requests must be signed by a clinician, physician, or other qualified specialist with training and experience appropriate to diagnose and treat the specified disability.

EXAM CATEGORY CHANGES

Candidates can only request an exam category change by completing a **Change Request Form** on the NCC website and submitting with non-refundable payment of \$125. **Candidates are only allowed one change request** (e.g. After a change request is submitted no other change request can be submitted). All change requests must be approved by NCC. **There will be no refund of original or Change Request fees.** Eligibility must be re-established for the new exam category, and additional documentation and fees may be required. The time to consider eligibility for the new category will count toward the original assigned 90-day testing window. **Examination category cannot be changed from a subspecialty or RN Core application to a NNP or WHNP certification.** *Examinees must take the exam for which they have been determined eligible. No changes will be permitted on examination day.* If a candidate knowingly or unknowingly takes an examination other than the one they were found eligible to take, the examination will not be scored. No refunds will be allowed, and all fee policies will apply if the candidate reapplies for an examination. See website for complete details.

RETEST POLICY

Candidates may retake the examination if they do not pass. They must reapply 90 days after the test was taken, submit all applicable fees and documentation, and re-establish eligibility according to the appropriate deadlines. There is no limit to the number of times a candidate may retake the examination. **However, the maximum number of times a candidate can take the same NCC test in a calendar year is two.**

All retest candidates must wait 90 days from the date their exam was taken before they can submit a new application to retest.

- this date is provided in the candidate's results notification
- this 90-day wait period affects all modes of testing

Any loss of power or internet during an exam in which there was more than 15 minutes of testing with exposure to more than 10% of the exam requires a retest at a Test Center. Candidates will have to wait 90-days before they can reschedule and they must follow NCC's retest policy. A decision on the timing of a second attempt will be made after NCC reviews the test exposure. There is no need to complete a new application, **but candidates MUST notify NCC of the internet disconnection issue as soon as computer access is available.**

If a retest application is submitted prior to the 90-day wait period, the application will be returned as ineligible. The applicant will be subject to the \$50 non-refundable application fee.

FEES & GENERAL POLICIES

REVIEW COURSES AND MATERIALS

NCC does not offer or sponsor review courses or review materials for its certification examinations. Examination candidates should view any course of study as being independent of NCC. Candidates should carefully examine the merits of any individual exam preparation offering before participating.

TEST DISCLOSURE

NCC does not make test questions available for review. Because test questions may be used for more than one examination administration, distributing this information would compromise the security of the test questions and would increase the cost of certification if the questions had to be replaced each year.

REVOCAION

Your certification may be revoked for falsifying any information submitted to determine eligibility to take the certification examination or for maintaining certification, for losing your license to practice nursing, or for failing to pay designated certification or maintenance fees.

**POLICIES ARE SUBJECT
TO CHANGE
WITHOUT NOTICE.**

GENERAL POLICIES (CONTINUED)

INTERNET DISCONNECTIONS

If the candidate has started the exam and is disconnected, please use the PSI tech lines if testing with LRP or if at a Test Center discuss immediately with the proctor to attempt to get reconnected and continue testing.

If the candidate is unable to get reconnected after starting the exam, the timing for a second attempt to take the exam will be based on how much time and how many questions they were exposed to. If a candidate is disconnected and cannot be reconnected and has tested for under 15 minutes and were exposed to less than 10% of the exam they may be able to reschedule within their current eligibility window. **Candidates must work directly with PSI that day to reschedule and if they run into any issues they must notify NCC within 3 days of testing.** If a candidate tests for longer than 15 minutes and/or saw more than 10% of the questions on the exam they will have to wait 90 days before they can reschedule, and they must follow NCC's retest policy. A decision on the timing of a second attempt will be made after NCC reviews the test exposure. Please note, candidates will need to retest at a Test Center. Please notify NCC of the internet disconnection issue as soon as computer access is available.

APPEALS PROCEDURE

Any request to waive any policy of the NCC Board of Directors relative to eligibility, administration, examination content issues, or certification maintenance must be received in writing within 60 days of the dispute. All requests should be sent to the attention of the NCC President at nccpresident@nccnet.org. The correspondence should contain a detailed account as to why the NCC policy should be waived or the candidate's status should be changed. Such requests are referred to the NCC Policy Review Committee of the Board of Directors. All decisions will be provided in writing. Cases not resolved by the Policy Review Committee will be referred to the full Board of Directors.

DESIGNATION AUTHORIZATION

Certification is a non-transferable, revocable, limited, non-exclusive license to use the certification designation "WHNP-BC[®]", subject to compliance with the policies and procedures, as may be revised from time to time.

Any use or display of NCC certification marks and/or logos without the prior written permission of the NCC is prohibited. Any candidate or certificant who manufacturers, modifies, reproduces, distributes or uses a fraudulent or otherwise unauthorized NCC certificate, NCC designation or other credential may be subject to disciplinary action, including denial or revocation of eligibility or certification. Any individual who engages in such behavior also may be subject to legal action.

ABOUT THE EXAM

ABOUT THE EXAM

TIMED EXAMINATION

Three (3) hours are allotted to complete the examination.

EXAM FORMAT

The Women's Health Care Nurse Practitioner examination consists of up to 175 test questions. 150 are scored and the remainder are embedded in the exam as pretest items. The pretest items do not count toward the examinee's final results.

- There is one question format used for all NCC examinations.
- Each question has a premise (stem) and three alternative answers.
- The answer options are alphabetized by the first word in each answer option to randomize the answers.
- Tests are delivered in a different random order for each candidate.
- Questions will test both basic knowledge and application of knowledge.
- Questions that contain laboratory data will show results in conventional units of measure with international units in parentheses.
- Drugs are listed in both generic and trade names where appropriate.

EXAMINATION CONTENT DEVELOPMENT

The development of NCC certification involves many individuals and involves a meticulous process of review. There are three major groups that contribute to the test development process:

ITEM WRITERS:

NPs and others identified with special expertise have the responsibility of drafting test items per designated assignment for review by the content team and expert reviewers. Item writers are solicited from the NCC certified population, by recommendations or through the volunteer portal.

REVIEWERS:

Reviewers are NPs or other designated experts who assist the content teams in review of test items developed by the item writers. Reviewers are responsible for reviewing items for content relevance and confirming that references cited for the questions support the items as written.

CONTENT TEAMS:

Content team members are experienced practitioners and are appointed on an annual basis by the NCC President. Content teams are solicited from the NCC certified population, by recommendations or through the volunteer portal. To see the current membership composition of the Content Team responsible for the Women's Health Care Nurse Practitioner examination, please visit the NCC website under the section on NCC Leadership.

Content team members are NPs or other identified experts who:

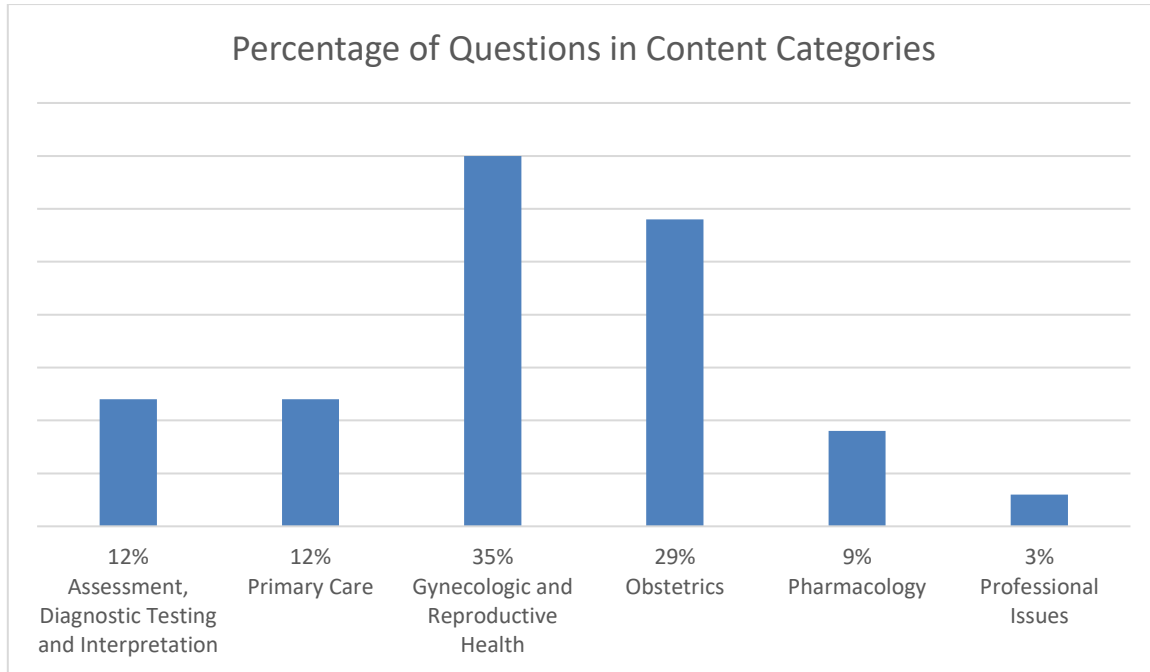
- develop and update the test outline and competency statements
- review test items developed by item writers
- review item statistics from exam administrations and pretest examinations
- approve the exam forms to be administered
- review item banks

In addition, NCC uses volunteers for standard setting and content validation studies/job analysis studies.

EXAMINATION CONTENT



Women's Health Care Nurse Practitioner exam



The above chart shows the percentage distribution of questions on the WHNP exam across the major content categories covered on the examination. The major focus of the examination is on gynecology & obstetric components with gynecologic and reproductive health having the most emphasis. Lesser emphasis is on primary care, assessment & pharmacology with professional issues having the least number of questions assigned to this content category.

Expectations for WHNPs include a male component and questions on the exam can include male care in reference to physical examination, management of sexually transmitted diseases and infertility issues.

EXAMINATION CONTENT

EXAM OUTLINE

Areas of knowledge to be tested on the Woman's Health Care Nurse Practitioner examination are listed in the following outline. This list is not intended as an all-inclusive review of the scope of knowledge of the women's healthcare nurse practitioner. It is provided only to help certification candidates evaluate their own nursing practice.

Percentages identified for the topic areas represent a range of the number of test questions assigned to each content area and therefore might total more or less than 100 percent. These ranges do not necessarily reflect the content of future examinations.

10.00 Assessment, Diagnostic Testing and Interpretation (12%)

Health History and Physical Examination

Diagnostic Studies/Laboratory Tests

11.00 Primary Care (12%)

Problem Recognition, Management and Referral

Health Screening, Education and Counseling

12.00 Gynecologic and Reproductive Health (35%)

Reproductive Anatomy and Physiology

Gynecologic Disorders

Fertility Awareness and Contraception

Male Sexual and Reproductive Health

13.00 Obstetrics (29%)

Anatomy and Physiology of Pregnancy

Prenatal Care

Assessment of Fetal Well Being

Medical and Obstetrical Complications of Pregnancy

Postpartum Care and Complications

14.00 Pharmacology (9%)

Pharmacokinetics and Pharmacodynamics

Pharmacotherapeutics

15.00 Professional Issues (3%)

(e.g. Legal, Ethics, Safety, Quality Improvement)

EXAMINATION CONTENT

ASSOCIATED COMPETENCIES

- Obtain a general health history, perform a general screening physical examination, obtain and/or interpret appropriate diagnostic procedures and laboratory tests.
- Initiate pharmacologic therapy as appropriate or per protocol to manage general health, gynecologic and obstetric health needs of women throughout their life cycle.
- Identify gynecologic deviations from normal, formulate a diagnosis and provide management and education or refer and collaborate as necessary.
- Provide physical assessment, management and education for women and men in need of reproductive health care.
- Obtain an obstetric history, perform a prenatal examination, and obtain and/or interpret appropriate diagnostic procedures and laboratory tests relevant to obstetrics.
- Provide comprehensive prenatal and postpartum management and education for patients with low-risk pregnancies.
- Differentiate common non-gynecologic medical problems and other deviations from normal and provide education, management or referral when appropriate.
- Understand the impact of primary care health problems in women's health
- Provide general health supervision, health maintenance, education and counseling to women during the life cycle, including pregnancy.
- Obtain a gynecologic history; perform a gynecologic examination and obtain and/or interpret diagnostics studies and laboratory tests relevant to gynecology
- Screen for high-risk pregnancies, pregnancy complications and postpartum complications; identify deviations from normal, refer or collaborate as appropriate on prenatal and postpartum education and management.
- Manage pharmacologic therapy based on evidence or best practice in primary care, gynecologic and obstetric health needs of women throughout their life cycle. Understand the broad categories of drugs (types of drugs) based on their action.
- Understand basic research principles and apply research findings to evidence-based practice
- Apply ethical, legal and professional issues inherent in providing care as a Women's Health Care Nurse Practitioner

STUDY GUIDE

ASSESSMENT, DIAGNOSTIC TESTING, AND INTERPRETATION

I. Health History and Physical Exam

Health History

Chief complaint/history of present illness (this is embedded in other questions)

- Medical history
- Medication Reconciliation
- Surgical history
- Obstetric/Gynecologic history
- Allergies
- Health risks
- Family history
- Social history
- Sexual history

Physical Examination

Exam related to illness or complaint and the overall assessment with a focus on major deviations

- Anthropometric (such as BMI, Weight, Height) measurements
- Vital signs
- HEENT
- Heart and lungs
- Breast
- Abdomen
- Reproductive (Female and Male)
- Colorectal
- Extremities
- Musculoskeletal
- Neurologic
- Endocrine
- Skin

II. Diagnostic Studies/Laboratory Tests

- Hematologic studies
 - CBC and differential
- Blood typing and antibody screening
- Hemoglobin electrophoresis
- Diabetic testing (such as Glucose Tolerance Test (GTT), Hemoglobin A1C)
- Protein/Creatinine (PC) ratio
- Blood clotting studies
- Serologic screening (such as RPR, CMV, HSV, Toxo, HIV)
- Hormone studies
- Comprehensive metabolic panel
- Lipid profile
- Urinalysis/urine cultures
- Fecal occult blood testing
- Vaginal microscopy
- Cervical and vaginal cultures
- Testing and cultures for vaginal discharge and STI's
- Throat and skin cultures
- Cervical cytology and HPV testing
- Test for ruptured membranes
- Fetal fibronectin
- Biopsies (Endometrium, Cervix, Vulva, Breast)
- Genetic testing (Basic principles of genetic testing)
 - screening tests for obstetrical patients
 - ethnic specific genetic testing
 - cancer genetic screening (BRCA 1 and 2)
 - basic patterns of inheritance
- Hepatitis panel
- COVID testing

Imaging Studies (Common indications for these studies)

- Ultrasonography
- Mammography
- Bone densitometry

STUDY GUIDE

PRIMARY CARE

I. Problem Recognition, Management and Referral *(Evaluation, diagnosis, treatment or referral)*

Skin

- Chronic and acute skin conditions
 - vitiligo
 - psoriasis
 - eczema
 - contact dermatitis
 - tinea
- Lesions (benign and malignant)

HEENT

- Conjunctivitis
- Rhinitis
- Pharyngitis
- Sinusitis
- Otitis

Respiratory

- Asthma
- Bronchitis
- Upper respiratory Infection

Cardiovascular

- Hypertension
- Thromboembolic disease (e.g. pulmonary embolism)
- Hyperlipidemia

Gastrointestinal

- Gastroesophageal reflux
- Constipation
- Hemorrhoids
- Upper & lower GI disorders
- IBS

Genitourinary

- Urinary tract infection (e.g. cystitis, urethritis, pyelonephritis)
- Renal Stones
- Incontinence

Musculoskeletal

- Back pain
- Osteoarthritis
- Sprains and strains

Neurologic/Psychiatric

- Headaches
- Psychosocial
- Mental health

Endocrine

- Diabetes
- Thyroid

Hematologic

- Common anemias (e.g. iron deficiency, folate deficiency, thalassemia)
- Rheumatologic
- Common autoimmune disorders (fibromyalgia, chronic fatigue, arthritis, RA, lupus)

II. Health Screening, Education and Counseling *(Risk Assessment, Disease Prevention, Counseling and National Screening Guidelines)*

- Cancer screening (age appropriate)
- Diabetes
- Cardiovascular disease
- Hyperlipidemia
- Obesity/weight management
- Osteoporosis
- Healthy lifestyles
 - diet
 - nutrition
 - exercise
 - stress management
- Substance Use
 - tobacco
 - alcohol
 - drugs
- Reproductive life planning
- Abuse and violence
 - family
 - sexual
 - elder
 - intimate partner violence
- Parenting
- Sexuality
- Gender identity
- Preconception counseling
- Immunization

STUDY GUIDE

GYNECOLOGIC AND REPRODUCTIVE HEALTH

I. Reproductive Anatomy and Physiology

- Anatomy and physiology of reproduction throughout the life cycle
- Menopause/Menarche

II. Gynecologic – Disorders

Evaluation, diagnosis, treatment, referral, counseling and/or education as appropriate

- Bartholin gland abscess/cyst
- Menstrual disorders (e.g. primary and secondary amenorrhea, dysmenorrhea)
- Vaginitis/vaginosis
- Sexually transmitted infections
- Pelvic pain
- Endometriosis
- Adenomyosis
- Adnexal masses
- Abnormal Uterine Bleeding
- Cervical and Endometrial Polyps
- Leiomyomata uteri
- Malignant disorders
 - endometrium
 - cervix
 - ovarian
 - vagina
 - vulva
- Breast Disorders
 - cancer
 - fibroadenoma
 - fibrocystic breast changes
 - other benign disorders
 - nipple discharge
- Breast augmentation/reduction
- Pelvic organ relaxation & prolapse
- Polycystic ovarian syndrome
- Urinary incontinence
- Vulvar dystrophies and dermatoses
- Müllerian defects

III. Fertility Awareness and Contraception

- Fertility Awareness
- Infertility (e.g. etiologic factors, initial tests)
- Barrier methods
- Emergency contraception
- Pharmacologic methods
 - oral
 - injection
 - implants
 - transdermal
 - vaginal rings
 - vaginal gel
 - intrauterine contraception
- Permanent methods
 - tubal occlusion
 - vasectomy
- Unintended Pregnancy
 - options counseling
 - pregnancy termination

IV. Male Sexual and Reproductive Health

- Sexuality
- Contraception
- Infertility
- Sexually transmitted infections

STUDY GUIDE

OBSTETRICS

I. Anatomy and Physiology of Pregnancy

- Normal fetal-placental development
- Alterations in maternal anatomy/physiology

II. Prenatal Care

- Gestational age determination
- Risk assessment
- Nutrition
- Immunizations
- Medication reconciliation
- Health guidance
- Screening tests
- Common discomforts of pregnancy
- Prenatal exam

III. Assessment of Fetal Well Being

- Amniotic fluid index
- Biophysical and modified Biophysical Profile
- Genetic Screening and diagnostic tests
- Nonstress testing
- Ultrasound

IV. Medical and Obstetrical Complications of Pregnancy *(Evaluation, diagnosis, treatment, referral, counseling and/or education as appropriate)*

Maternal medical disorders

- Diabetes
- STI/HIV
- Hypertension
- Epilepsy
- Substance use
- Alcohol Exposed Pregnancy (FASD)
- Thrombocytopenia
- Anemia
- Infection (hepatitis, viral illnesses)
- Thyroid
- Obesity
- GERD
- Perinatal mood disorders

Pregnancy Specific Conditions

- Trophoblastic disease
- Placenta previa
- Abruptio placenta
- Placenta accreta
- Vasa previa
- Bleeding in pregnancy
- Cervical insufficiency
- Intrauterine fetal death
- Multiple gestation
- Gestational Diabetes
- Postdates
- Ectopic pregnancy
- Preterm labor
- Hyperemesis gravidarum
- Hypertensive disorders of pregnancy
- Malpresentations
- Rh alloimmunization
- Coping with pregnancy loss
- Fetal growth aberrations (Fetal Growth Restriction, macrosomia)
- Thromboembolic disorders

V. Postpartum Care and Complications

Common physiological changes (involution, lactation)

Postpartum care

- Care of perineal area
- Care of breasts
- Fatigue and sleep disturbances
- Lochia
- Breastfeeding/Lactogenesis
- Contraception
- Nutrition
- Emotional changes

Postpartum complications

- Bladder distention & urinary retention
- Hematoma
- Hemorrhage
- Hemorrhoids
- Postpartum depression/psychosis
- Infection
- Thromboembolic disorders
- Endometritis
- Mastitis

STUDY GUIDE

PHARMACOLOGY

I. Pharmacokinetics and pharmacodynamics

- Pharmacokinetics (distribution, absorption, excretion and metabolism)
- Pharmacodynamics (mechanism of action, concentration and half-life)
- Pharmacogenetics

II. Pharmacotherapeutics

- Side effects
- Drug interactions
- Contraindications
- Patient education
- Pregnancy and lactation safety

STUDY GUIDE

PROFESSIONAL PRACTICE ISSUES

Legal Issues

- Professional Regulation Practice
- Legal liability
Consent
Documentation/medical records
Negligence/malpractice
Patient confidentiality
- Public policy

Ethical Principles

- Autonomy
- Beneficence
- Non-maleficence
- Justice

Safety

- Communication
- Interprofessional practice

Quality Improvement

- Evidence based practice
- Research Terminology
 - Reliability
 - Validity
 - Significance
- Research Utilization

STUDY RESOURCES

- Ball, et. al., Seidel's Guide to Physical Examination, 9th Ed., Elsevier, 2019.
- Beckmann, et al., Beckmann and Ling's Obstetrics and Gynecology, 8th Ed., Wolters Kluwer, 2019.
- Brucker et al., Pharmacology for Women's Health, Jones and Bartlett, 2017.
- Centers for Disease Control and Prevention, Sexually Transmitted Infections Treatment Guidelines, MMWR, Vol. 70/No. 4, 2021.
- Cunningham, et al., Williams Obstetrics, McGraw Hill, 2018.
- Davidson, et al., Old's Maternal Newborn Nursing & Women's Health Across the Life Span, Pearson, 2020.
- Decherney, et al., Current Diagnosis & Treatment: Obstetrics & Gynecology, McGraw Hill Education, 2019.
- Gershenson, et al., Comprehensive Gynecology, Elsevier, 2022.
- Goldman, et al., Goldman-Cecil-Medicine, Elsevier, 2020.
- Hoffman, et al., Williams Gynecology, 4th ed., McGraw Hill Medical, 2020.
- Katzung, et al., Basic and Clinical Pharmacology, McGraw Hill, 2021.
- King, et. Al., Varney's Midwifery, 6th Ed., Jones and Bartlett, 2019
- Landon et al, Gabbe's Obstetrics Normal and Problem Pregnancies, 8th Ed., Elsevier, 2021.
- Lawrence, et al., Breastfeeding A Guide for the Medical Profession, Elsevier, 2021.
- McCuiston, et al., Pharmacology: A Patient-Centered Nursing Process Approach, Elsevier, 2021.
- Miller et al., Pocket Guide to Fetal Monitoring; A Multidisciplinary Approach, 9th Ed., Elsevier, 2022.
- Papadakis et al., Current Medical Diagnosis & Treatment, McGraw Hill, 2022
- Polit, et al., Essentials of Nursing Research: Appraising Evidence for Nursing Practice, LWW, 2021.
- Schadewald, et. al., Women's Health: A Primary Care Clinical Guide, 5th Ed., Pearson, 2020.
- Simpson, et al., AWHONN's Perinatal Nursing, 5th ed, Wolters Kluwer, 2021.
- Troiano, et al., High-Risk & Critical Care Obstetrics, Wolters Kluwer, 2019.
- Woo, et al., Pharmacotherapeutics for Advanced Practice Nurse Prescribers, F.A. Davis, 2020.
- Zieman, et al., Managing Contraception, 16th Ed. Bridging the Gap Foundation, 2021.

SAMPLE QUESTIONS

WOMEN'S HEALTH CARE NURSE PRACTITIONER SAMPLE QUESTIONS

Listed below are sample questions to acquaint the candidate with the test question format. These questions do not reflect the scope or the difficulty level of the questions on the actual examination. The reference from which each question is derived is also cited. However, other Study Resources might substantiate a different answer.

The rigorous review to which actual test questions are subject is not applied to these sample questions. The focus that should be attended to in reviewing these items is format, not content.

1. After two months on a low dose combination oral contraceptive pill, a patient reports repeated light mid-cycle breakthrough bleeding. A physical examination and laboratory testing shows no organic cause. The nurse practitioner should

- A. change the patient to a higher estrogen dose pill
- B. have the patient double up pills on days 14-15
- C. reassure the patient that this is normal, and the bleeding will stop

Answer: C

DeCherney, et al., *Current Diagnosis & Treatment: Obstetrics & Gynecology, 12th ed.*, McGraw Hill Education, 2019, pg. 975.

2. Pelvic examination during the first trimester of pregnancy characteristically reveals

- A. a uterus flattened in its anterior position
- B. a widening and softening of the isthmus of the uterus
- C. thin cervical mucus showing a fern pattern microscopically

Answer: B

Davidson, et al., *Old's Maternal Newborn Nursing & Women's Health Across the Life Span*, Pearson, 2020, pg. 214.

3. The most common indication for primary cesarean birth is

- A. a category III fetal heart rate tracing
- B. breech presentation
- C. labor dystocia

Answer: C

Simpson, et al., *AWHONN's Perinatal Nursing, 5th ed*, Wolters, 2021 pg. 329.

4. When treating iron deficiency anemia with supplemental iron, a laboratory parameter to determine the adequacy of therapy is increased

- A. free erythrocyte protoporphyrin
- B. reticulocyte count
- C. total iron binding capacity

Answer: B

Schadewald, et al. *Women's Health: A Primary Care Clinical Guide, 5th ed.* Pearson, 2020, pg.522.

5. Patients with an average risk for gestational diabetes should be screened for the disease at what gestation?

- A. 20-23 weeks
- B. 24-28 weeks
- C. 32-34 weeks

Answer: B

Simpson, et al., *AWHONN's Perinatal Nursing, 5th ed*, Wolters, 2021 pg. 86

SCORING & TEST REPORT

HOW EXAMS ARE SCORED

NCC examinations are criterion-referenced. This means the passing score is based on a predetermined criterion. This criterion is a statistical ability level established by the Content Team based on evaluation of criticality of content and the test questions' past statistical performance. Questions used to determine pass/fail have proven statistical history that demonstrates the question is appropriate for use to measure an individual's ability level.

There is no set percentage passing level. **An ability level for each candidate is calculated based on the number of questions they answer correctly (there is no penalty for wrong answers).** Pass/fail is determined based on this ability level as compared to pass/fail standard which is a predetermined ability criterion. When different forms of the examination are used, a process called equating is initiated. This procedure converts all results to a common scale. So someone who takes a slightly more difficult form of the exam will need to answer fewer questions correctly than someone who takes a slightly easier form of the exam.

NCC utilizes the item response theory of psychometrics for the analysis of its examinations. Item response theory (Rasch analysis) is the study of test and item scores based on assumptions concerning the mathematical relationship between abilities and item responses. This is a commonly used system, and such examinations as the NCLEX and other health related certification examinations utilize this type of psychometric analysis.

Test reports identify pass/fail status, and they give feedback on the various content areas of the examination in the form of word descriptors: very weak, weak, average, strong and very strong. No percentages or standard scores are given. These descriptors are based on the items within a given subtest. The overall pass/fail decisions are based on the full test, and the verbal descriptors are intended to provide suggested feedback on strengths and weaknesses in various content areas. Since this feedback is based on relatively few items, general verbal descriptions are given instead of subtest scores. These word descriptors are for information only, and they should be interpreted cautiously due to the small number of items included in each content area.

HAND SCORING YOUR EXAMINATION

If you believe there might be a discrepancy in your test results, you may request a hand score for a fee of \$55.

You must make this request via the NCC website within 60 days of receiving the pass/fail report by selecting that option from your NCC profile at [NCCwebsite.org](https://www.nccwebsite.org) or go to the certification tab <https://www.nccwebsite.org/certification-exams>, scroll down to "Other helpful information" and click "Exam hand score request" to submit your request.

SCORING & TEST REPORT

SAMPLE TEST REPORT

Candidates will receive an official test results report from NCC. It will be located in your NCC account. Shown below is a sample test result report for a candidate who has passed the examination.

WOMEN'S HEALTH CARE NURSE PRACTITIONER EXAMINATION

Test Results

NAME

DATE:

ADDRESS

Pass/Fail:

PASS

Maintenance Due Date:

Your credential is designated as: WHNP-BC® (Women's Health Care Nurse Practitioner - Board Certified)

EXAM CONTENT REPORT

Overall pass/fail decisions are based on your overall exam performance. A candidate must obtain a score equal to or higher than the "passing score" to pass the exam. A candidate's performance on the examination is not compared to the performance of others taking the examination.

In addition, the test report provides you with feedback on the various content areas of the examination in the form of word descriptors: Very Weak, Weak, Average, Strong and Very Strong. No percentages or standard scores are given. These descriptors are based on items within a given subtest and are intended to provide suggested feedback on strengths and weaknesses in various content areas. Since this feedback is based on relatively few items, general verbal descriptions are given instead of subtest scores. Word descriptors for scoring are set using these ability levels and utilize equal intervals of scale above and below the pass point to provide additional feedback. See the Important Facts and Information on Test Results and Scores page for more detail. These word descriptors are for information only, and they should be interpreted cautiously due to the small number of items included in each content area.

Content Area (Percentage of Questions on Exam)

Your Results:

Assessment, Diagnostic Testing and Interpretation;
Primary Care (24%)

WEAK

Gynecologic and Reproductive Health (35%)

VERY STRONG

Obstetrics (29%)

AVERAGE

Pharmacology; Professional Issues (12%)

AVERAGE

TERMS OF CERTIFICATION AND CERTIFICATION MAINTENANCE

AFTER PASSING THE EXAM

CREDENTIAL

Successfully completing the Women's Health Care Nurse Practitioner exam entitles the newly certified candidate to use the credential WHNP-BC® (Women's Health Care Nurse Practitioner – Board Certified).

TERMS OF CERTIFICATION

NCC certification is awarded for a period of three years.

The effective date for certification is the date on the official NCC score report letter that shows a passed examination.

MAINTENANCE AUDITS

Certificants must maintain the conference/CE description and/or objectives, along with the CE certificate which are required to be uploaded if chosen for random audit. Pre-approval of CE does not exempt a certificant from random audit.

NO CONTINUING EDUCATION IS ISSUED FOR TAKING THE WOMEN'S HEALTH CARE NURSE PRACTITIONER EXAM.

MAINTAINING CERTIFICATION

- NCC certification must be maintained every three years.
- Certification that is not maintained will expire
- The NCC certification maintenance program allows certified nurses to continue their certification status by obtaining specific hours of continuing education credit as defined in their Education Plan, which is generated by their Continuing Competency Assessment (CCA).
- For continuing education credit to be used for certification maintenance it must be earned **AFTER the certified nurse has taken the CAA and in the areas defined by the new Education Plan** before their maintenance is due.
- The maintenance process includes submitting a maintenance application prior to the maintenance due date with appropriate fees and requested documentation. Using NCC CE modules does NOT automatically maintain your certification. Individuals must submit a maintenance application and pay a maintenance fee in addition to any CE fees.
- Maintenance applications are subject to random audit. If an individual is chosen for audit, they will be required to upload CE certificates and course descriptions. These records should be maintained during each maintenance cycle, until the maintenance application has been approved. Individuals can upload these documents in their maintenance application throughout their maintenance cycle. *Documents from NCC modules are already on file with NCC and therefore are not requested or audited.*
- The maintenance due date is the last day the certification is active. **NCC Certified professionals do not need to wait until their maintenance deadline to apply.** As long as they have obtained the required contact hours of continuing education credit - maintenance applications can be submitted up to 12 months before this date to avoid a lapsed certification while the maintenance application is in review. Maintenance will be due in the quarter in which they were notified of their certification (*not the date on which they took the examination*). Maintenance due dates can be found by signing into the certified professional's NCC account. Sign into the account using the associated email and password.

The NCC website has more detailed information

For more information about the certification maintenance program and the Continuing Competency Assessment (CCA), click the purple "Maintain your Certification" box.

TERMS OF CERTIFICATION AND CERTIFICATION MAINTENANCE

CONTINUING COMPETENCY ASSESSMENT (CCA)

NCC views certification as a process that functions throughout an individual nurse or nurse practitioner's career. It reflects life-long learning, ongoing professional development and is supported by maintaining specialty knowledge competencies.

The standard process for the NCC Certification Maintenance Program makes use of an assessment tool and resulting personal education plan:

- Complete the continuing competency assessment (CCA) that reflects the current knowledge competencies aligned with the certified nurse's certification specialty at the beginning of each new certification maintenance cycle.
- Individuals earn CE as specified by the education plan developed from their assessment. Their education plan outlines the CE needed to maintain their NCC certification. ***Only CE earned after they have taken their assessment can be used to maintain their certification. It must address the CE needs as outlined by their educational plan.***

This program provides continuing validation that NCC certified nurses and nurse practitioners are maintaining their specialty knowledge competencies based on current practice and examination content.

Download Continuing Competency Assessment brochures for details by clicking the links below.

Four Steps to Continuing Competency

<https://www.nccwebsite.org/content/documents/cms/cca-steps.pdf>

Continuing Competency Assessment - Education Plan Examples

<https://www.nccwebsite.org/content/documents/cms/cca-education-plans.pdf>

VISIT THE NCC WEBSITE
AND DOWNLOAD THE
CONTINUING
COMPETENCY
ASSESSMENT BROCHURE
FOR COMPLETE DETAILS!
