ABOG ORAL BOARDS OBSTETRICS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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.

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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!

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Questions

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1. What disorders can hemoglobin electrophoresis help to detect?

A. Iron deficiency anemia and vitamin B12 deficiency.

B. Sickle cell disease and thalassemias.

C. Hereditary spherocytosis and autoimmune hemolytic anemia.

D. Hemophilia and von Willebrand disease.

2. How long should females wait after possible Zika virus exposure before trying to conceive?

A. 4 weeks

B. 8 weeks

C. 3 months

D. 6 months

3. What is a contraindication for Trial of Labor after Cesarean (TOLAC)?

A. Previous uterine rupture

B. General anesthesia

C. Multiple gestations

D. Post-term pregnancy

4. What defines oligohydramnios based on ultrasound?

A. AFI greater than 5 cm

B. SDP less than 2 cm

C. AFI between 5 cm and 10 cm

D. SDP between 2 cm and 4 cm

5. What is a management step in cases of PPROM?

A. Assess for evidence of maternal hypotension

B. Administer tocolytics to prevent labor

C. Administer steroids for fetal lung maturity

D. Perform immediate cesarean section

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6. Which type of herniation is covered and therefore has a decreased risk for aneuploidy?

A. Open herniation

B. Right of umbilicus herniation

C. Midline herniation

D. Isolated herniation

7. Which category does Valacyclovir fall under in pregnancy?

A. A category A drug

B. A category B drug

C. A category C drug

D. A category D drug

8. What symptom might indicate endometritis after delivery?

A. Severe headache

B. Uterine tenderness

C. Constipation

D. Increased fetal movement

9. What effect does oxytocin have on the uterus?

A. Inhibits contractions

B. Facilitates smooth muscle contraction

C. Reduces uterine tone

D. Prolongs labor duration

10. Which result indicates that a person has chronic Hepatitis B?

A. Negative HBsAg

B. Positive Anti-HBs

C. Positive HBsAg

D. Negative Anti-HBc

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Answers

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

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Explanations

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1. What disorders can hemoglobin electrophoresis help to detect?

A. Iron deficiency anemia and vitamin B12 deficiency.

B. Sickle cell disease and thalassemias.

C. Hereditary spherocytosis and autoimmune hemolytic anemia.

D. Hemophilia and von Willebrand disease.

Hemoglobin electrophoresis is a laboratory technique that separates different types of hemoglobin in a blood sample based on their size and charge, allowing for the identification of specific hemoglobin variants. The primary disorders that this test is instrumental in detecting include sickle cell disease and thalassemias. Sickle cell disease is caused by a specific mutation in the beta-globin gene, leading to the production of abnormal hemoglobin known as hemoglobin S. When hemoglobin from a patient with sickle cell disease undergoes electrophoresis, it will show a characteristic banding pattern that reflects the presence of this abnormal hemoglobin. Thalassemias, on the other hand, are a group of inherited blood disorders characterized by reduced production of one of the globin chains (alpha or beta) that make up hemoglobin. Hemoglobin electrophoresis can identify these alterations in hemoglobin composition, thus confirming the diagnosis and helping to classify the specific type of thalassemia. Other options involve disorders where hemoglobin electrophoresis is not the primary diagnostic tool. Iron deficiency anemia and vitamin B12 deficiency relate more to serum iron studies and vitamin levels rather than to hemoglobin variants. Hereditary spherocytosis and autoimmune hemolytic anemia

2. How long should females wait after possible Zika virus exposure before trying to conceive?

A. 4 weeks

B. 8 weeks

C. 3 months

D. 6 months

The recommended waiting period for females after possible Zika virus exposure before trying to conceive is 8 weeks. This guideline is based on the understanding of the Zika virus and its potential risks associated with pregnancy. The Zika virus has been linked to serious birth defects and neurological disorders in infants, making it crucial for women to allow adequate time for the virus to clear from their bodies before attempting to become pregnant. In cases of Zika virus infection, studies have shown that the virus can persist in the body for several weeks after the initial infection, particularly in bodily fluids such as blood and semen. Waiting 8 weeks allows sufficient time to reduce the risk of transmitting the virus to the fetus. This following the guidance from health organizations helps ensure that women have the best possible outcomes for their pregnancies when considering the potential implications of a recent Zika virus exposure.

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3. What is a contraindication for Trial of Labor after Cesarean (TOLAC)?

A. Previous uterine rupture

B. General anesthesia

C. Multiple gestations

D. Post-term pregnancy

A previous uterine rupture is a well-established contraindication for Trial of Labor after Cesarean (TOLAC) because it significantly increases the risk of uterine rupture during subsequent labor. When a uterine rupture has occurred in past pregnancies, the integrity of the uterine wall is compromised, posing a serious threat to both the mother and the fetus if labor is attempted. In cases of previous uterine rupture, the risk of recurrence during a subsequent labor is high, leading to potentially catastrophic outcomes such as fetal distress or maternal hemorrhage. Therefore, such a history necessitates careful consideration of the safety of attempting a vaginal delivery, and in this context, a repeat cesarean delivery is typically recommended to minimize risk. Other considerations, such as general anesthesia, multiple gestations, or post-term pregnancy, do not inherently contraindicate TOLAC. While they may add complexity to the situation, they do not pose the same critical increase in risk regarding uterine integrity as a previous uterine rupture does.

4. What defines oligohydramnios based on ultrasound?

A. AFI greater than 5 cm

B. SDP less than 2 cm

C. AFI between 5 cm and 10 cm

D. SDP between 2 cm and 4 cm

Oligohydramnios is characterized by a decreased volume of amniotic fluid surrounding the fetus. The most widely accepted method for diagnosing oligohydramnios via ultrasound is the measurement of the single deepest pocket (SDP) of amniotic fluid. When the SDP is less than 2 cm, it is indicative of oligohydramnios, suggesting that the amniotic fluid volume is insufficient to support normal fetal movement and development and can lead to complications during pregnancy. In contrast, the amniotic fluid index (AFI) provides a broader assessment, but specific values can fall within ranges that do not necessarily confirm oligohydramnios. For instance, an AFI greater than 5 cm may be considered normal or mild, while AFI values between 5 cm and 10 cm indicate a borderline situation rather than definitive oligohydramnios. Similarly, an SDP measurement between 2 cm and 4 cm does not meet the criteria for oligohydramnios, as it remains above the threshold for normal fluid volumes. Thus, the definition primarily hinges on identifying an SDP of less than 2 cm to affirm the diagnosis of oligohydramnios.

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5. What is a management step in cases of PPROM?

A. Assess for evidence of maternal hypotension

B. Administer tocolytics to prevent labor

C. Administer steroids for fetal lung maturity

D. Perform immediate cesarean section

In cases of preterm premature rupture of membranes (PPROM), administering steroids for fetal lung maturity is a crucial management step. When membranes rupture before 37 weeks of gestation, there is a significant risk of preterm birth, which can lead to complications like respiratory distress syndrome due to underdeveloped lungs in the neonate. Corticosteroids such as betamethasone or dexamethasone are given to the mother to promote fetal lung development, as they stimulate the production of surfactant in the fetal lungs. This crucial intervention can greatly reduce the incidence and severity of respiratory issues in preterm infants, thereby improving overall neonatal outcomes. The timing of steroid administration is particularly sensitive, with maximum benefit seen when given between 24 to 34 weeks of gestation. In this context, assessing maternal hypotension, administering tocolytics, and performing an immediate cesarean section are less central to the immediate management strategy compared to the administration of steroids. Maternal hypotension might be relevant in other scenarios but does not directly address the management of PPROM. Tocolytics may be used in certain circumstances to delay labor, but their use is not standard in all cases of PPROM, especially if the goal is to administer

6. Which type of herniation is covered and therefore has a decreased risk for aneuploidy?

A. Open herniation

B. Right of umbilicus herniation

C. Midline herniation

D. Isolated herniation

The correct answer is related to the concept of how certain types of herniations can be influenced by their anatomical location and development in utero. An open herniation refers to a situation where the hernial sac is exposed to the open environment, which is more commonly associated with a greater risk of complications, including the potential for genetic anomalies such as aneuploidy. However, when discussing a covered herniation, such as an isolated herniation (usually involving the umbilical region), there is an added protective factor. These types of herniations typically involve a more localized defect where the herniated contents are enveloped in a covering membrane, which decreases the risk of exposure to teratogenic factors and might contribute to a reduced risk of abnormalities like aneuploidy. The other types of herniation mentioned, such as right of umbilicus or midline herniation, do not specifically indicate that they are covered or isolated, which could lead to increased risks. Hence, covered herniations are associated with better prognoses and lower incidences of associated genetic disorders. Thus, considering the differential risks, the recognized connection between the type of herniation and the risk for aneuploid

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7. Which category does Valacyclovir fall under in pregnancy?

A. A category A drug

B. A category B drug

C. A category C drug

D. A category D drug

Valacyclovir is classified as a category B drug during pregnancy. This means that studies in animals have not shown any harm to the fetus, and while there are limited human studies, they do not indicate an increased risk of adverse effects when the medication is used during pregnancy. Category B drugs are generally considered safe for use in pregnant individuals, particularly when the benefits outweigh potential risks. In contrast, category A drugs have been shown to be safe in controlled human studies, while category C drugs may have adverse effects in animal studies, but the potential benefits in pregnant individuals may justify their use despite risks. Category D drugs have evidence of fetal risk but may still be used if the benefits to the mother outweigh the potential risks to the fetus. Valacyclovir's category B status indicates a favorable safety profile for its use in pregnant patients, emphasizing its limited risk compared to other categories.

8. What symptom might indicate endometritis after delivery?

A. Severe headache

B. Uterine tenderness

C. Constipation

D. Increased fetal movement

The presence of uterine tenderness is a significant symptom that may indicate endometritis following delivery. Endometritis is an infection of the endometrium, the inner lining of the uterus, which can occur postpartum, particularly after cesarean deliveries or in the presence of retained placental tissue or prolonged labor. Uterine tenderness may manifest as discomfort or pain when palpating the uterus, and it is typically accompanied by other signs such as fever, foul-smelling lochia, and increased heart rate. These clinical features help in establishing a diagnosis of endometritis and necessitate prompt medical intervention, often involving antibiotics. Other options do not typically suggest an inflammatory process of the endometrium. Severe headaches may be related to factors like hydration status or hormonal changes post-delivery. Constipation can be a common symptom after delivery but is not indicative of an infection. Increased fetal movement pertains to the fetus's activity and is irrelevant in the context of endometritis since it typically relates to in-utero fetal conditions rather than postpartum maternal health conditions. Thus, uterine tenderness stands out as a key indicator of potential endometritis after delivery.

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9. What effect does oxytocin have on the uterus?

A. Inhibits contractions

B. Facilitates smooth muscle contraction

C. Reduces uterine tone

D. Prolongs labor duration

Oxytocin has a significant role in stimulating uterine contractions during labor. It is a peptide hormone produced by the posterior pituitary gland and is crucial for various reproductive processes. In the context of childbirth, oxytocin binds to specific receptors on the myometrium (the smooth muscle layer of the uterus), leading to an increase in intracellular calcium levels. This increase in calcium concentration induces the contraction of the smooth muscle fibers in the uterus. The facilitation of smooth muscle contraction by oxytocin is important for promoting effective labor as it helps to synchronize and strengthen contractions, thereby assisting in the descent of the fetus through the birth canal. This action is particularly critical during the active phase of labor, where strong and regular contractions are necessary for cervical dilation and ultimately delivery. Understanding the role of oxytocin in uterine function is essential for managing labor and addressing situations like uterine atony postpartum, where oxytocin can also be administered to help contract the uterus and reduce the risk of hemorrhage.

10. Which result indicates that a person has chronic Hepatitis B?

A. Negative HBsAg

B. Positive Anti-HBs

C. Positive HBsAg

D. Negative Anti-HBc

A positive HBsAg result is a definitive marker for chronic Hepatitis B infection. HBsAg, or Hepatitis B surface antigen, is a protein on the virus's surface that is present in the blood when someone is infected with the Hepatitis B virus. In chronic Hepatitis B, HBsAg remains positive for more than six months, indicating that the virus is chronically active in the body. In contrast, negative HBsAg suggests that the person is not currently infected with the Hepatitis B virus. A positive Anti-HBs result signifies that the individual has either cleared the infection or has been successfully vaccinated, which points away from a chronic infection. A negative Anti-HBc would indicate that there is no prior exposure to the virus, which further confirms that chronic Hepatitis B is not present. Therefore, the presence of HBsAg is crucial for diagnosing chronic Hepatitis B.

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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://abogoralobstetrics.examzify.com

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

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