

# ABOG Oral Boards Obstetrics Practice Test (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 of the following describes symptoms of hemiplegic migraine?**
  - A. Sudden headaches on both sides of the brain**
  - B. Gradual vision loss**
  - C. Severe headache on one side, weakness, ataxia**
  - D. Consistent dizziness for days**
- 2. Which prenatal testing option provides a diagnostic karyotype?**
  - A. Cell-free DNA screening**
  - B. Ultrasound screening**
  - C. Amniocentesis**
  - D. Serum screening**
- 3. Which medication is recommended to manage HIT Type 1 after stopping Heparin?**
  - A. Warfarin**
  - B. Fondaparinux**
  - C. Rivaroxaban**
  - D. Aspirin**
- 4. What is the recommended weekly dose of 17 hydroxyprogesterone caproate during pregnancy?**
  - A. 150 mg IM**
  - B. 250 mg IM**
  - C. 300 mg IM**
  - D. 100 mg IM**
- 5. What is the recommended daily iron supplementation for pregnant women?**
  - A. 27 mg**
  - B. 60 mg**
  - C. 180 mg**
  - D. 100 mg**

**6. Which drug is used as a uterine relaxant for the treatment of uterine inversion?**

- A. Magnesium**
- B. Oxytocin**
- C. Terbutaline**
- D. Prostaglandins**

**7. What is the cutoff for a 1 hour glucola test at which further testing is required?**

- A. 120 mg/dL or greater**
- B. 140 mg/dL or greater**
- C. 160 mg/dL or greater**
- D. 180 mg/dL or greater**

**8. What is the initial management recommendation for a patient with PROM at term?**

- A. Bed rest**
- B. Immediate cesarean delivery**
- C. Induce labor**
- D. Continued monitoring**

**9. At what gestational age is an acceleration of more than 15 bpm above baseline considered normal?**

- A. Less than 28 weeks**
- B. Greater than 32 weeks**
- C. Between 28 and 30 weeks**
- D. At 34 weeks**

**10. What is one reason patients should be informed about cesarean delivery risks?**

- A. It eliminates risks associated with macrosomia**
- B. It reduces the risk of uterine rupture**
- C. It may increase risks of placenta accreta**
- D. It is always safer than vaginal birth**

## **Answers**

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

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## **Explanations**

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**1. Which of the following describes symptoms of hemiplegic migraine?**

- A. Sudden headaches on both sides of the brain**
- B. Gradual vision loss**
- C. Severe headache on one side, weakness, ataxia**
- D. Consistent dizziness for days**

Hemiplegic migraine is a specific subtype of migraine that is characterized by the aura phase involving motor weakness, which can lead to hemiplegia (weakness on one side of the body). This condition often presents as a severe headache that typically occurs on one side of the head, in conjunction with neurological symptoms such as weakness and ataxia. The combination of these symptoms distinguishes hemiplegic migraine from other types of migraines and headaches. The severe headache on one side indicates the unilateral nature of the pain commonly associated with migraines, while the presence of weakness and ataxia highlights the hallmark of hemiplegic migraines—neurological deficits that can mimic a stroke. It is essential to recognize these features, as they guide appropriate diagnosis and management in clinical practice.

**2. Which prenatal testing option provides a diagnostic karyotype?**

- A. Cell-free DNA screening**
- B. Ultrasound screening**
- C. Amniocentesis**
- D. Serum screening**

Amniocentesis is a prenatal testing option that provides a diagnostic karyotype, which is essential for identifying chromosomal abnormalities in the fetus. This procedure involves the extraction of amniotic fluid surrounding the fetus, which contains fetal cells. These cells can be cultured in the laboratory, allowing for a detailed analysis of the fetal chromosomes. The results from amniocentesis can definitively diagnose conditions such as trisomy 21 (Down syndrome), trisomy 18, and other chromosomal disorders. The advantage of amniocentesis over other testing methods is its ability to yield a definitive karyotype, which is critical for accurate diagnosis. Other options, such as cell-free DNA screening and serum screening, provide risk assessment rather than definitive results, as they cannot confirm the presence of abnormalities but only indicate the likelihood based on statistical analysis. Ultrasound screening is primarily used for assessing fetal anatomy and development, but it also does not provide genetic information or karyotype analysis. Thus, when seeking a definitive diagnostic tool for chromosomal abnormalities, amniocentesis is the appropriate choice.

**3. Which medication is recommended to manage HIT Type 1 after stopping Heparin?**

- A. Warfarin
- B. Fondaparinux**
- C. Rivaroxaban
- D. Aspirin

Heparin-induced thrombocytopenia (HIT) Type 1 is a benign, transient decrease in platelets that typically occurs within the first few days of heparin therapy and usually resolves spontaneously after discontinuation of heparin. In managing HIT Type 1, the primary goal is to stop heparin and prevent any potential thrombosis as the platelet count normalizes. Fondaparinux, which is a synthetic pentasaccharide that acts as an anticoagulant, is often used effectively in this case. It does not cross-react with anti-platelet antibodies associated with HIT and can safely be used to provide anticoagulation during the period of recovery from heparin-induced effects. This aspect makes fondaparinux a preferred choice, as it minimizes the risk of exacerbating any coagulation issues related to the underlying condition. The other medications have limitations or concerns regarding their use in the context of managing HIT Type 1. Warfarin, for example, is typically not used immediately following heparin, especially in patients with acute thrombosis due to the risk of paradoxical thrombosis. Rivaroxaban, a direct oral anticoagulant, may not be specifically indicated for this situation as it is not

**4. What is the recommended weekly dose of 17 hydroxyprogesterone caproate during pregnancy?**

- A. 150 mg IM
- B. 250 mg IM**
- C. 300 mg IM
- D. 100 mg IM

The recommended weekly dose of 17 hydroxyprogesterone caproate during pregnancy is 250 mg administered intramuscularly (IM). This medication is primarily used to reduce the risk of preterm birth in women with a history of spontaneous preterm delivery. The dosing regimen has been established through clinical trials that demonstrated its efficacy in decreasing the rates of premature labor and improving neonatal outcomes. 200 mg IM is not a standard dose in this context; therefore, dosing below or above the recommended amount may not provide the intended benefits. The use of 250 mg aligns with clinical guidelines and is considered an optimal balance for achieving therapeutic effects while maintaining safety for the patient.

**5. What is the recommended daily iron supplementation for pregnant women?**

- A. 27 mg**
- B. 60 mg**
- C. 180 mg**
- D. 100 mg**

The recommended daily iron supplementation for pregnant women is 27 mg. During pregnancy, the demand for iron increases significantly due to the expansion of maternal blood volume and the requirements for fetal growth and development. Iron is essential for the formation of hemoglobin, which carries oxygen in the blood. An adequate intake of iron helps prevent anemia during pregnancy, which can lead to complications such as preterm delivery and low birth weight. The recommendation of 27 mg is based on evidence from health organizations, which recognize that this amount generally meets the increased needs of pregnant women while minimizing the risk of excess intake, which can be potentially harmful. Other dosing regimens may be used in specific clinical situations, such as in cases of diagnosed iron deficiency anemia, but the standard recommendation for routine supplementation during pregnancy is 27 mg to ensure that most women can meet their physiological needs without excessive supplementation.

**6. Which drug is used as a uterine relaxant for the treatment of uterine inversion?**

- A. Magnesium**
- B. Oxytocin**
- C. Terbutaline**
- D. Prostaglandins**

Terbutaline is utilized as a uterine relaxant, making it an effective option for the treatment of uterine inversion. Uterine inversion is a condition where the uterus turns inside out, often after childbirth, and prompt medical intervention is necessary to restore the uterus to its normal position. Terbutaline belongs to a class of medications known as beta-agonists, which function by stimulating beta-adrenergic receptors. The activation of these receptors leads to smooth muscle relaxation, notably affecting the uterine muscle, which is crucial in managing uterine inversion. In contrast, magnesium, while a uterine relaxant, is typically used in the context of preterm labor or eclampsia rather than specifically targeting uterine inversion. Oxytocin is primarily a uterotonic agent that promotes contraction of the uterus, thereby assisting in processes like labor induction and postpartum hemorrhage management, rather than relaxation. Prostaglandins are involved in promoting uterine contractions and cervical ripening and are not used for uterine relaxation. Thus, terbutaline's unique mechanism as a beta-agonist specifically aids in relaxing the uterus, making it the appropriate choice for treating uterine inversion.

**7. What is the cutoff for a 1 hour glucola test at which further testing is required?**

- A. 120 mg/dL or greater**
- B. 140 mg/dL or greater**
- C. 160 mg/dL or greater**
- D. 180 mg/dL or greater**

In the context of screening for gestational diabetes, the 1-hour glucola test is a commonly used method for identifying women who may be at risk for this condition during pregnancy. The threshold for further testing is set at 140 mg/dL. If a woman's blood glucose level is equal to or exceeds this level after the 1-hour glucose challenge test, it indicates the need for a follow-up, typically a 3-hour oral glucose tolerance test (OGTT), to confirm the diagnosis of gestational diabetes. This cutoff is based on guidelines developed by organizations such as the American College of Obstetricians and Gynecologists (ACOG) and the American Diabetes Association (ADA). They have established 140 mg/dL as an effective benchmark for identifying women who may need additional evaluation to ensure proper management of diabetes during pregnancy and to minimize risks to both the mother and the fetus.

**8. What is the initial management recommendation for a patient with PROM at term?**

- A. Bed rest**
- B. Immediate cesarean delivery**
- C. Induce labor**
- D. Continued monitoring**

When a patient presents with premature rupture of membranes (PROM) at term, the primary concern is to minimize the risks of infection for both the mother and the fetus while also facilitating a safe delivery. Inducing labor is the standard initial management recommendation in this scenario. When membranes rupture, there is an increased risk of ascending infection; thus, the immediate goal becomes to initiate labor and deliver the baby as soon as safely possible. Waiting for labor to begin naturally may expose the mother and fetus to unnecessary risks. Induction of labor can be safely achieved with methods such as prostaglandin administration or oxytocin augmentation, depending on the clinical situation and assessment of the cervix. While other options like bed rest or continued monitoring might seem reasonable in some contexts, they are not appropriate at this stage when PROM occurs at term. Immediate cesarean delivery is not indicated unless there are specific complications or contraindications, as it is typically preferable to attempt a vaginal delivery first if there are no obstetric reasons otherwise. The emphasis here is on promptly managing the situation to ensure not only the health of the mother but also the well-being of the fetus, making induction the preferred and most beneficial approach.

**9. At what gestational age is an acceleration of more than 15 bpm above baseline considered normal?**

- A. Less than 28 weeks**
- B. Greater than 32 weeks**
- C. Between 28 and 30 weeks**
- D. At 34 weeks**

An acceleration of more than 15 beats per minute (bpm) above the baseline fetal heart rate is considered a normal finding when the gestational age is greater than 32 weeks. This is related to the maturation of the central nervous system and the ability of the fetus to exhibit appropriate responses to stimuli. In the second and early third trimester, the criteria for accelerations change as fetal physiology develops. Before 32 weeks, increases in heart rate may be defined with different parameters, typically being more conservative—often with accelerations being measured as greater than 10 bpm for at least 10 seconds. As the fetus matures beyond this point, the heart rate response becomes more robust, indicative of a healthy and well-functioning autonomic nervous system. This understanding is important in interpreting fetal heart rate patterns in the context of fetal monitoring, where such accelerations can signal that the fetus is responding appropriately to stimuli and indicates good fetal well-being. Evaluating these parameters correctly is vital in clinical practice to ensure the health and safety of both the mother and the fetus.

**10. What is one reason patients should be informed about cesarean delivery risks?**

- A. It eliminates risks associated with macrosomia**
- B. It reduces the risk of uterine rupture**
- C. It may increase risks of placenta accreta**
- D. It is always safer than vaginal birth**

Patients should be informed about the risks associated with cesarean delivery, particularly regarding the potential increased risk of placenta accreta. This condition occurs when the placenta attaches too deeply into the uterine wall, and it can lead to severe complications during pregnancy and delivery. The incidence of placenta accreta has been noted to rise with the number of cesarean deliveries a patient has had due to scarring and changes in the uterine architecture. Educating patients about this risk is crucial because it allows them to fully understand the potential long-term implications of a cesarean delivery, especially if they are planning future pregnancies. This knowledge helps them make informed decisions about their birthing options and prepares them for the possibility of complications, should they occur. Moreover, understanding this risk can influence the decision-making process regarding repeat cesareans and the management of subsequent pregnancies.

# 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](mailto: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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