

ABOG ORAL BOARDS OBSTETRICS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://abogoralobstetrics.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.

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

SAMPLE

- 1. What do elevated impedance levels in umbilical artery dopplers suggest?**
 - A. Normal fetal development
 - B. Fetal distress
 - C. Placental insufficiency
 - D. Increased fetal movement

- 2. What is one risk associated with prolonged labor?**
 - A. Decreased likelihood of cervical laceration
 - B. Increased risk of thick meconium
 - C. Higher chance of maternal hypoglycemia
 - D. Reduced need for NICU admission

- 3. What is one of the criteria for diagnosing postmaturity syndrome?**
 - A. Preterm delivery
 - B. Fetal distress
 - C. Persistent oligohydramnios
 - D. Management of BMI

- 4. What is one indication for operative vaginal delivery?**
 - A. Stable fetal heart rate
 - B. Prolonged or arrested second stage
 - C. Mother's wish for a natural delivery
 - D. Fetal delivery weight

- 5. Which condition regarding labor does NOT indicate the use of corticosteroids?**
 - A. Preterm labor at 34 weeks
 - B. Clinical chorioamnionitis
 - C. Planned delivery in late preterm period
 - D. Preterm premature rupture of membranes

- 6. What chromosomal anomalies is congenital diaphragmatic hernia associated with?**
- A. T21, T18, and T13
 - B. Only T21
 - C. Only T18
 - D. None of the above
- 7. What surgical history is a risk factor for cervical insufficiency?**
- A. History of uterine fibroids
 - B. Prior cesarean sections
 - C. Surgical trauma from conization or LEEP
 - D. Previous ectopic pregnancies
- 8. Which of the following is a risk associated with gestational diabetes mellitus?**
- A. Preeclampsia
 - B. Hemorrhoids
 - C. Placenta previa
 - D. Gestational hypertension
- 9. What is the recommended dose of Cefazolin for patients weighing over 120 kg undergoing a cesarean section?**
- A. 1 gram
 - B. 2 grams
 - C. 3 grams
 - D. 5 grams
- 10. What is a potential fetal risk associated with Indocin?**
- A. Pulmonary hypertension
 - B. Gestational diabetes
 - C. Neural tube defects
 - D. Fetal growth restriction

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What do elevated impedance levels in umbilical artery dopplers suggest?

- A. Normal fetal development
- B. Fetal distress
- C. Placental insufficiency**
- D. Increased fetal movement

Elevated impedance levels in umbilical artery Doppler studies are indicative of placental insufficiency. This is because increased impedance reflects increased vascular resistance in the placenta, which suggests that the blood flow delivered to the fetus is compromised. When the placenta is not functioning effectively, typically due to conditions like preeclampsia or other maternal factors, this can lead to reduced oxygen and nutrient delivery to the fetus, thus posing risks for fetal growth and well-being. Analyzing the implications of elevated impedance can provide significant insights into fetal health. For instance, if Doppler studies show abnormal levels of impedance, it can alert healthcare providers to the potential need for closer monitoring or intervention to support the pregnancy. Normal fetal development would typically be indicated by normal impedance levels, as would adequate uteroplacental circulation. Fetal distress can manifest in various forms, often reflected in heart rate abnormalities rather than solely through impedance readings. Similarly, increased fetal movement does not correlate with elevated impedance levels in the umbilical artery; in fact, it may be a sign of a healthy fetal environment. Therefore, understanding the significance of Doppler findings is crucial for timely and appropriate management in obstetric care.

2. What is one risk associated with prolonged labor?

- A. Decreased likelihood of cervical laceration
- B. Increased risk of thick meconium**
- C. Higher chance of maternal hypoglycemia
- D. Reduced need for NICU admission

Prolonged labor is associated with several complications, one of which includes an increased risk of thick meconium. When labor is prolonged, the fetus may experience stress, which can trigger the release of meconium into the amniotic fluid. Thick meconium is concerning because it can lead to meconium aspiration syndrome, where a newborn inhales a mixture of meconium and amniotic fluid into the lungs, potentially causing significant respiratory distress. In contrast, prolonged labor does not decrease the likelihood of cervical laceration; in fact, it often increases it due to prolonged pressure and trauma. Maternal hypoglycemia is generally not a direct risk of prolonged labor; instead, prolonged labor is more commonly linked to increased maternal fatigue, which can affect glucose levels in other ways. Additionally, the need for NICU admission is typically heightened in complicated deliveries, such as those involving thick meconium, rather than reduced. Therefore, the concerns regarding foetal distress and its associated complications highlight the significance of thick meconium as a key risk during prolonged labor.

3. What is one of the criteria for diagnosing postmaturity syndrome?

- A. Preterm delivery
- B. Fetal distress
- C. Persistent oligohydramnios**
- D. Management of BMI

The correct choice revolves around the presence of persistent oligohydramnios as a diagnostic criterion for postmaturity syndrome. Postmaturity syndrome refers to a condition that occurs when a pregnancy extends beyond 42 weeks of gestation, leading to potential complications for the fetus and neonate. One of the key features associated with postmaturity is the reduction of amniotic fluid, known as oligohydramnios. This decrease in amniotic fluid can result from placental insufficiency and can have detrimental effects on the fetus. Persistent oligohydramnios is significant in this context because it poses risks such as umbilical cord compression and can affect fetal well-being, contributing to the diagnosis of postmaturity syndrome. Proper assessment of amniotic fluid levels is crucial in evaluating the health of the fetus, especially in post-term pregnancies. In contrast, criteria such as preterm delivery do not apply to postmaturity syndrome, as the condition specifically refers to pregnancies that exceed the expected duration. Fetal distress can occur in various situations and is not exclusive to postmaturity syndrome. Management of BMI is relevant to maternal and fetal health overall but does not serve as a specific diagnostic criterion for this syndrome. Therefore, persistent oligohydram

4. What is one indication for operative vaginal delivery?

- A. Stable fetal heart rate
- B. Prolonged or arrested second stage**
- C. Mother's wish for a natural delivery
- D. Fetal delivery weight

Operative vaginal delivery is indicated primarily in situations where there has been a prolonged or arrested second stage of labor. This scenario suggests that the woman is not able to progress in the delivery process, which can potentially lead to complications for both the mother and the fetus. Utilizing operative vaginal delivery techniques, such as vacuum extraction or forceps, can assist in expediting the delivery process while minimizing the risks associated with prolonged labor, such as fetal distress or maternal exhaustion. In contrast, stable fetal heart rate does not in itself warrant an operative vaginal delivery since it indicates that the fetus is tolerating labor well and may not necessitate immediate intervention. The mother's wish for a natural delivery, while important to consider in the overall management of labor, does not serve as a medical indication for operative delivery. Lastly, fetal delivery weight, while a factor in some delimitations of labor and birth, does not directly indicate the need for an operative vaginal delivery unless it leads to specific complications, which is not typically the case.

5. Which condition regarding labor does NOT indicate the use of corticosteroids?

- A. Preterm labor at 34 weeks
- B. Clinical chorioamnionitis**
- C. Planned delivery in late preterm period
- D. Preterm premature rupture of membranes

The use of corticosteroids in the context of labor is primarily aimed at accelerating fetal lung maturity and reducing the risk of complications such as respiratory distress syndrome in preterm infants. Corticosteroids are typically indicated in certain scenarios involving preterm labor or risk of premature delivery. However, in the case of clinical chorioamnionitis, the benefits of corticosteroid administration may be outweighed by the risks associated with its use, such as potential infection or adverse effects on the mother and fetus. Chorioamnionitis is an infection of the amniotic fluid and membranes that can lead to maternal and neonatal morbidity. In such situations, the focus often shifts towards expediting delivery to manage the infectious process rather than administering corticosteroids, which are usually reserved for cases where the benefits of improving neonatal outcomes by enhancing lung maturity clearly outweigh the risks. Therefore, corticosteroids are not indicated in the presence of clinical chorioamnionitis. In contrast, scenarios such as preterm labor at 34 weeks, planned delivery in the late preterm period, or preterm premature rupture of membranes generally represent situations where corticosteroids would be beneficial for improving neonatal outcomes. These conditions often pose risks to the fetus that corticosteroids can mitigate.

6. What chromosomal anomalies is congenital diaphragmatic hernia associated with?

- A. T21, T18, and T13**
- B. Only T21
- C. Only T18
- D. None of the above

Congenital diaphragmatic hernia (CDH) is indeed associated with various chromosomal anomalies, particularly those involving trisomies. Among these, trisomy 21 (Down syndrome), trisomy 18 (Edwards syndrome), and trisomy 13 (Patau syndrome) have been well-documented as conditions that can co-occur with CDH. Trisomy 21 is the most common chromosomal anomaly associated with CDH, and studies indicate that children with CDH may have a higher likelihood of this condition, as well as the more severe trisomies like T18 and T13. The underlying mechanisms for these associations often relate to disruptions in normal embryonic development, particularly affecting the structures that form the diaphragm. Recognizing the link between CDH and these specific chromosomal abnormalities is crucial for both diagnosis and management. It informs genetic counseling, helps in risk assessment for other anomalies, and guides perinatal care strategies. Therefore, identifying congenital diaphragmatic hernia in a newborn also necessitates a workup for these chromosomal conditions.

7. What surgical history is a risk factor for cervical insufficiency?

- A. History of uterine fibroids
- B. Prior cesarean sections
- C. Surgical trauma from conization or LEEP**
- D. Previous ectopic pregnancies

Cervical insufficiency is a condition characterized by a weak or incompetent cervix, which can lead to preterm birth or pregnancy loss. Surgical procedures that involve the cervix, such as conization or LEEP (Loop Electrosurgical Excision Procedure), can remove some of the cervical tissue. This removal can disrupt the structural integrity of the cervix, making it more susceptible to dilation in the absence of contractions, especially during the second trimester of pregnancy. When tissue is excised from the cervix, it can affect the cervix's ability to support a pregnancy adequately. The risk is particularly notable if a significant portion of the cervix is removed, as this decreases the overall cervical strength and capacity to hold the fetus within the uterus. In contrast, a history of uterine fibroids, prior cesarean sections, and previous ectopic pregnancies are not directly associated with an increased risk of cervical insufficiency. While these conditions each have their own implications for reproductive health and pregnancy outcomes, they do not inherently compromise the structural integrity of the cervix in the same way that cervical surgeries do. Therefore, the history of surgical trauma from conization or LEEP is notably relevant to the risk of developing cervical insufficiency in subsequent pregnancies.

8. Which of the following is a risk associated with gestational diabetes mellitus?

- A. Preeclampsia**
- B. Hemorrhoids
- C. Placenta previa
- D. Gestational hypertension

Gestational diabetes mellitus (GDM) is associated with several complications, one of which is preeclampsia. Preeclampsia is characterized by hypertension and often proteinuria after 20 weeks of gestation and can pose significant risks to both the mother and fetus. Women with GDM are at an increased risk of developing preeclampsia due to the underlying metabolic derangements, including insulin resistance, that can lead to endothelial dysfunction and elevated blood pressure. The connection between GDM and preeclampsia underscores the importance of monitoring blood pressure and other risk factors in pregnant women diagnosed with gestational diabetes. Managing blood sugar levels can reduce the risk of developing hypertension and its associated complications. The other options, while related to pregnancy, do not have the same established link to gestational diabetes. Hemorrhoids can occur due to increased pressure from the growing uterus but are not directly linked to GDM. Placenta previa is a condition where the placenta covers the cervix, which is unrelated to the metabolic processes of gestational diabetes. Gestational hypertension occurs in pregnant individuals but is not as strongly correlated with GDM as preeclampsia is. Thus, preeclampsia stands out as the significant

9. What is the recommended dose of Cefazolin for patients weighing over 120 kg undergoing a cesarean section?

- A. 1 gram
- B. 2 grams
- C. 3 grams**
- D. 5 grams

The recommended dose of Cefazolin for patients weighing over 120 kg undergoing a cesarean section is 3 grams. This dosing recommendation is based on the need to ensure adequate antibiotic coverage for surgical prophylaxis in individuals with higher body weights, which increases the volume of distribution and may require a higher dose to achieve effective plasma concentrations. In surgical settings, particularly for cesarean deliveries, sufficient antibiotic prophylaxis is crucial to minimize the risk of postoperative infections. Standard dosing guidelines typically suggest 1 gram for patients under 120 kg, but as weight increases, the expected increased tissue penetration and pharmacokinetics necessitate higher dosing to ensure that therapeutic levels are reached and maintained throughout the procedure. Additionally, studies support the use of higher Cefazolin doses as appropriate for patients of higher weight categories to optimize infection prevention outcomes. This balancing of antibiotic efficacy and safety is critical in surgical practices, particularly in obstetrics where maternal and neonatal outcomes are of paramount importance. Thus, the recommendation of 3 grams specifically reflects the adjustment needed for patients exceeding 120 kg to maintain effectiveness in preventing post-surgical infections.

10. What is a potential fetal risk associated with Indocin?

- A. Pulmonary hypertension**
- B. Gestational diabetes
- C. Neural tube defects
- D. Fetal growth restriction

Indocin, or indomethacin, is a nonsteroidal anti-inflammatory drug (NSAID) that can be used to inhibit preterm labor. However, its use during pregnancy, specifically in the latter trimesters, has been associated with certain risks to the fetus. One significant potential risk is the development of pulmonary hypertension, particularly persistent pulmonary hypertension of the newborn (PPHN). Indomethacin can cause changes in the fetal circulation, particularly through its inhibition of prostaglandin synthesis. Prostaglandins are crucial for maintaining the patency of the ductus arteriosus, a vessel that connects the pulmonary artery to the aorta in the fetus. If Indocin is used, it may prematurely close the ductus arteriosus, leading to increased pulmonary vascular resistance and resulting in pulmonary hypertension at birth. This complication can manifest as difficulty breathing, cyanosis, and other signs of respiratory distress shortly after delivery. Understanding this risk emphasizes the need for careful consideration when using Indocin in pregnant patients, especially in those who may be approaching term or have pre-existing conditions that could exacerbate pulmonary issues in the neonate. Each potential fetal risk should be meticulously evaluated against the benefits of using Indocin in obstetric management.

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!

SAMPLE