

# American Board of Obstetrics & Gynecology (ABOG) Qualifying Practice Exam (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. What is the most common chromosomal abnormality associated with first trimester pregnancy loss?**
  - A. Turner syndrome**
  - B. Down syndrome**
  - C. Trisomy**
  - D. Triploidy**
- 2. What is the expected management for a biophysical profile (BPP) score of 4 or less?**
  - A. Expectant management**
  - B. Delivery**
  - C. Repeat in 24 hours**
  - D. No immediate action needed**
- 3. What is the typical failure rate of a copper IUD?**
  - A. 0.1%**
  - B. 0.5%**
  - C. 0.8%**
  - D. 1.1%**
- 4. What structure do the paramesonephric ducts (Mullerian ducts) develop into during fetal development?**
  - A. Ovaries and fallopian tubes**
  - B. Uterus and tubes**
  - C. Vagina and cervix**
  - D. Scrotum and prostate**
- 5. Conditions that are classified as high risk for pneumococcal vaccination between ages 19 and 64 include which of the following?**
  - A. Hypertension**
  - B. Chronic heart disease**
  - C. Seasonal allergies**
  - D. Obesity**

**6. What is the risk of ovarian cancer in individuals with Lynch syndrome?**

- A. 5-10%
- B. 10-15%
- C. 20-25%
- D. 30-35%

**7. What does it imply if a fetal heart rate tracing shows consistent late decelerations?**

- A. Normal fetal status
- B. Potential fetal hypoxia
- C. Active labor
- D. Immediate intervention is unnecessary

**8. What is a primary requirement for candidates to consider bariatric surgery?**

- A. Motivated and well-informed
- B. Age between 18-40
- C. Medical personnel consent
- D. A history of multiple surgeries

**9. What should be included in the workup for abnormal oligospermia?**

- A. LH and PRL tests
- B. FSH and testosterone levels
- C. Genetic testing and karyotyping
- D. All of the above

**10. What does positive predictive value (PPV) measure?**

- A. Chances that a negative result is correct
- B. Ability to correctly identify disease
- C. Chances that a positive result is correct
- D. Correct exclusion of disease

## **Answers**

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

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## **Explanations**

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**1. What is the most common chromosomal abnormality associated with first trimester pregnancy loss?**

- A. Turner syndrome**
- B. Down syndrome**
- C. Trisomy**
- D. Triploidy**

The most common chromosomal abnormality associated with first trimester pregnancy loss is indeed related to trisomy. This is due to the fact that many first trimester miscarriages are attributed to chromosomal abnormalities, and among these, the presence of an additional chromosome—such as in trisomy 13, trisomy 18, and trisomy 21—occurs frequently. In the early stages of pregnancy, particularly in the first trimester, the genetic integrity of the embryo is crucial for successful implantation and development. When there are chromosomal abnormalities like trisomy, the embryo often cannot sustain a viable pregnancy, leading to miscarriage. Trisomies occur at a higher rate compared to other chromosomal abnormalities, making them the leading cause of early pregnancy loss. Turner syndrome, characterized by the absence of an X chromosome, often results in non-viable embryos and is less common than the various forms of trisomy. Down syndrome, while it can arise due to trisomy 21, generally occurs at a lower frequency during the first trimester compared to the broader category of trisomies. Similarly, triploidy, which involves having three sets of chromosomes, is also a significant cause of miscarriage but is less common than the overall incidence of trisomies.

**2. What is the expected management for a biophysical profile (BPP) score of 4 or less?**

- A. Expectant management**
- B. Delivery**
- C. Repeat in 24 hours**
- D. No immediate action needed**

A biophysical profile (BPP) score of 4 or less indicates a significant risk for fetal compromise. The BPP assesses five components: fetal heart rate reactivity, fetal breathing movements, fetal movements, fetal tone, and amniotic fluid volume. Each component is scored on a scale from 0 to 2, and a low overall score, particularly 4 or less, suggests that the fetus may be experiencing distress or inadequate oxygenation. In such cases, immediate delivery is often warranted, especially if the gestational age is sufficient and there are any concerning clinical findings (e.g., reduced fetal movement, oligohydramnios, or abnormal fetal heart rate patterns). This action is taken to minimize the risk of stillbirth or further complications. Thus, the correct management for a BPP score of 4 or less is delivery, as continuing with expectant management or repeating the test would not adequately address the potential jeopardy to fetal well-being.

### 3. What is the typical failure rate of a copper IUD?

- A. 0.1%
- B. 0.5%
- C. 0.8%**
- D. 1.1%

The copper IUD (intrauterine device) is one of the most effective forms of long-term reversible contraception. The typical failure rate of the copper IUD is approximately 0.8% in the first year of use. This means that out of 100 women using the copper IUD for one year, about 0.8 will become pregnant. This high efficacy is due to the copper's ability to create an inflammatory reaction in the uterus that is toxic to sperm and prevents fertilization. Understanding the failure rate of contraceptive methods is crucial for appropriately counseling patients about their options. The copper IUD's low failure rate makes it a preferred choice for many women seeking reliable contraception without the need for daily attention, as is the case with barrier methods or hormonal pills. In this context, the other figures provided reflect different methods or variations in study populations and not the standard failure rate associated with the copper IUD. This further emphasizes the accuracy of 0.8% as a relevant statistic for clinical practice when discussing the effectiveness of the copper IUD.

### 4. What structure do the paramesonephric ducts (Mullerian ducts) develop into during fetal development?

- A. Ovaries and fallopian tubes
- B. Uterus and tubes**
- C. Vagina and cervix
- D. Scrotum and prostate

During fetal development, the paramesonephric ducts, also known as Mullerian ducts, are critical in the formation of the female reproductive system. As these ducts develop, they give rise primarily to the uterus and fallopian tubes. The process begins with the formation of a paired structure that eventually fuses in the midline to form the uterus, while the upper portions of the ducts develop into the fallopian tubes. This differentiation is a key aspect of female anatomy, as the presence and development of these ducts are largely influenced by the absence of male hormones that would promote the development of male reproductive structures instead. The other anatomical features associated with the female reproductive system, such as the vagina and cervix, originate from different structures and processes, namely the urogenital sinus and the surrounding mesoderm. Therefore, since the question specifically focuses on the structures deriving directly from the paramesonephric ducts, the correct answer highlights the development into the uterus and fallopian tubes.

**5. Conditions that are classified as high risk for pneumococcal vaccination between ages 19 and 64 include which of the following?**

- A. Hypertension**
- B. Chronic heart disease**
- C. Seasonal allergies**
- D. Obesity**

Chronic heart disease is classified as a high-risk condition for pneumococcal vaccination in adults aged 19 to 64 because individuals with this condition have an increased susceptibility to infections, including pneumonia caused by *Streptococcus pneumoniae*. The presence of chronic heart disease can compromise the immune system and decrease the body's ability to combat infectious agents. Therefore, pneumococcal vaccination is recommended for these patients to enhance their protection against pneumonia and related complications. In contrast, hypertension, seasonal allergies, and obesity are considered less critical risk factors in the context of pneumococcal vaccination criteria. While hypertension can contribute to overall cardiovascular risk and obesity is recognized as a risk factor for a variety of health issues, neither is prioritized in the guidelines for pneumococcal vaccination in the same way that chronic heart disease is. Seasonal allergies do not have a significant association with increased risk for pneumococcal disease and, therefore, do not warrant vaccination emphasis based on that criterion.

**6. What is the risk of ovarian cancer in individuals with Lynch syndrome?**

- A. 5-10%**
- B. 10-15%**
- C. 20-25%**
- D. 30-35%**

Individuals with Lynch syndrome, also known as hereditary nonpolyposis colorectal cancer (HNPCC), face an increased risk of several types of cancers, particularly colorectal and endometrial cancer. When it comes to ovarian cancer, research indicates that these individuals have a risk range considerably higher than the general population, but it is still important to properly characterize this risk. The correct understanding is that the estimated lifetime risk of ovarian cancer in individuals with Lynch syndrome is generally in the range of 10-15%, aligning with the higher end of the spectrum but not exceeding it significantly. It is important to note that this risk can vary based on specific genetic mutations within the Lynch syndrome spectrum, but overall, the 10-15% figure is the most commonly referenced risk for ovarian cancer in these patients. The range of risk provided in the alternatives suggests some higher values that extend beyond the established data on Lynch syndrome, thereby emphasizing the significance of obtaining and emphasizing accurate assessments for individuals diagnosed with this genetic condition. The relative risk of 30-35% or higher is typically associated with other hereditary syndromes or conditions, such as BRCA1 and BRCA2 mutations, rather than Lynch syndrome itself.

**7. What does it imply if a fetal heart rate tracing shows consistent late decelerations?**

- A. Normal fetal status**
- B. Potential fetal hypoxia**
- C. Active labor**
- D. Immediate intervention is unnecessary**

Consistent late decelerations in a fetal heart rate tracing are significant indicators of potential fetal hypoxia. Late decelerations occur after the peak of a contraction and result from uteroplacental insufficiency. This can compromise blood flow and oxygen delivery to the fetus, leading to distress. When such patterns are observed repeatedly, they are associated with fetal well-being being threatened, prompting concern for hypoxia or other forms of fetal compromise. Understanding this phenomenon is crucial for clinicians, as it informs the urgency of assessment and potential interventions. Immediate evaluation of maternal status, uterine activity, and the overall clinical picture is necessary, which may include considerations for delivery if fetal conditions are deemed critical. Thus, recognizing late decelerations as a sign of potential fetal hypoxia underscores the importance of continuous fetal monitoring during labor and the need for timely clinical responses.

**8. What is a primary requirement for candidates to consider bariatric surgery?**

- A. Motivated and well-informed**
- B. Age between 18-40**
- C. Medical personnel consent**
- D. A history of multiple surgeries**

A primary requirement for candidates to consider bariatric surgery is being motivated and well-informed. This is crucial because bariatric surgery is not just a surgical solution; it requires a substantial commitment to lifestyle changes both before and after the procedure. Patients need to understand the implications of the surgery, the dietary adjustments they must make, and the potential risks and benefits involved. This informed consent process ensures that candidates are prepared mentally and emotionally for the challenges they will face with weight loss and maintaining that weight loss long-term. Motivation is essential as it drives patients to adhere to the necessary postoperative lifestyle changes and follow-up required to achieve and maintain successful outcomes after surgery.

## 9. What should be included in the workup for abnormal oligospermia?

- A. LH and PRL tests**
- B. FSH and testosterone levels**
- C. Genetic testing and karyotyping**
- D. All of the above**

In the evaluation of abnormal oligospermia, a comprehensive workup is essential for identifying potential underlying causes that may affect male fertility. Including all the mentioned components in the workup allows for a thorough assessment. Testing LH (luteinizing hormone) and PRL (prolactin) levels helps to evaluate possible hormonal imbalances that can impact sperm production. Elevated prolactin levels may indicate conditions such as prolactinoma or other causes of hyperprolactinemia, which can lead to oligospermia. The measurement of FSH (follicle-stimulating hormone) and testosterone levels is vital as well. FSH is critical for spermatogenesis, and abnormal levels can indicate testicular dysfunction. Testosterone levels are also important because low testosterone can lead to decreased libido and oligospermia. Additionally, genetic testing and karyotyping are important as they can identify chromosomal abnormalities or genetic disorders that may contribute to oligospermia. Conditions such as Klinefelter syndrome, Y-chromosome microdeletions, or other genetic anomalies can directly impact spermatogenesis. By including all these tests in the evaluation, healthcare providers can establish a more accurate diagnosis and guide appropriate treatment options, making it

## 10. What does positive predictive value (PPV) measure?

- A. Chances that a negative result is correct**
- B. Ability to correctly identify disease**
- C. Chances that a positive result is correct**
- D. Correct exclusion of disease**

Positive predictive value (PPV) is a statistic that measures the probability that individuals with a positive test result truly have the disease. It is calculated by taking the number of true positives (those who do have the disease and tested positive) divided by the total number of positive test results (including both true positives and false positives). This means that a high PPV indicates that a positive result from the test is likely to be correct, which is crucial in clinical practice for making informed decisions about patient care. For instance, in screening for a particular condition, a high PPV suggests that when the test indicates the presence of the disease, the likelihood of actual disease is significant. This is particularly important in situations where treatment decisions will be based on the test results. The utility of PPV in clinical settings emphasizes its role in the overall accuracy of diagnostic tests and their implications for patient 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://abogqualifying.examzify.com>**

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

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