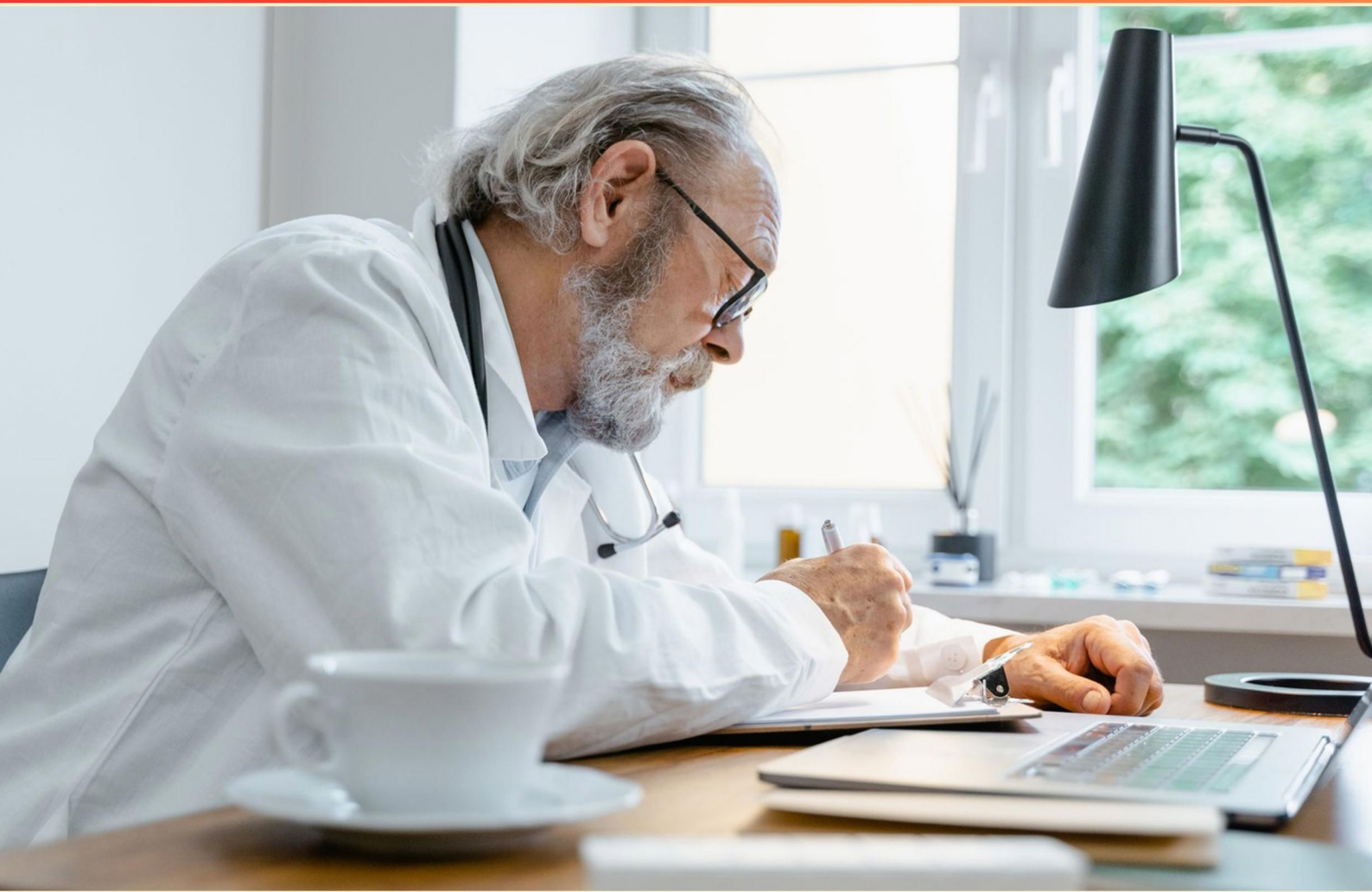


AMERICAN BOARD OF OBSTETRICS & GYNECOLOGY (ABOG) QUALIFYING PRACTICE EXAM (SAMPLE)

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.

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 cardiovascular changes are observed in pregnancy?**
 - A. Decreased cardiac output and blood volume
 - B. Increased MAP and systemic vascular resistance
 - C. Increased cardiac output and blood volume
 - D. Decreased heart rate and urine output
- 2. What is the maximum fluid deficit recommended when performing hysteroscopy with low viscosity fluids?**
 - A. 200 cc
 - B. 500 cc
 - C. 1000 cc
 - D. 1500 cc
- 3. In coarctation of the aorta, what measurement indicates a high risk of dissection?**
 - A. Diameter index $>15 \text{ mm/m}^2$
 - B. Diameter index $>20 \text{ mm/m}^2$
 - C. Diameter index $>27 \text{ mm/m}^2$
 - D. Diameter index $>30 \text{ mm/m}^2$
- 4. Which of the following changes in lung volumes is typically decreased during pregnancy?**
 - A. Inspiratory capacity
 - B. Functional residual capacity
 - C. Tidal volume
 - D. Vital capacity
- 5. What is an absolute contraindication to postpartum exercise?**
 - A. Chronic bronchitis
 - B. Severe anemia
 - C. Extreme underweight
 - D. Poorly controlled type 1 diabetes

- 6. What additional folic acid dose is recommended for women with a history of neural tube defects?**
- A. 1 mg
 - B. 2 mg
 - C. 4 mg
 - D. 5 mg
- 7. Which nutritional deficiencies are most commonly associated with bariatric surgeries?**
- A. Iron and Vitamin C
 - B. Vitamins A, D, E, K, and B12
 - C. Calcium and Magnesium
 - D. Folic Acid and Thiamine
- 8. What is the risk of death to the surviving twin in monochorionic twins if one twin demises?**
- A. 1%
 - B. 3%
 - C. 15%
 - D. 18%
- 9. What physical exam finding indicates the need for a cerclage?**
- A. 4-6 cm dilation at internal os without signs of labor
 - B. 1-4 cm dilation at internal os prior to 24 weeks gestation
 - C. Signs of labor with cervical effacement
 - D. Cesarean delivery history
- 10. In what stage does the secondary oocyte arrest during meiosis?**
- A. Prophase II
 - B. Metaphase II
 - C. Telophase II
 - D. Interphase I

Answers

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

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Explanations

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1. What cardiovascular changes are observed in pregnancy?

- A. Decreased cardiac output and blood volume
- B. Increased MAP and systemic vascular resistance
- C. Increased cardiac output and blood volume**
- D. Decreased heart rate and urine output

During pregnancy, several cardiovascular adaptations occur to support the developing fetus and prepare the mother's body for labor and delivery. One of the hallmark changes is the increase in both cardiac output and blood volume. Cardiac output, which is the amount of blood the heart pumps in one minute, increases significantly during pregnancy—by about 30-50% by the second trimester. This is largely due to an increase in stroke volume, the amount of blood ejected by the heart with each beat, as the body works to supply both maternal and fetal needs. The increase in blood volume supports the enhanced blood flow required for the uterus and placenta. Moreover, the overall blood volume also expands during pregnancy, with increases in plasma volume and red blood cell mass. This expansion is essential for maintaining adequate perfusion to the uterus and the developing fetus as well as preparing the woman for blood loss during delivery. These adaptations are crucial for ensuring that the pregnant individual can meet the increased metabolic demands of both her body and the growing fetus, while also providing a reserve to cope with potential blood loss at delivery. The increase in cardiac output and blood volume collectively leads to effective maternal-fetal circulation and helps facilitate normal physiological changes seen throughout the course of pregnancy.

2. What is the maximum fluid deficit recommended when performing hysteroscopy with low viscosity fluids?

- A. 200 cc
- B. 500 cc
- C. 1000 cc**
- D. 1500 cc

In performing hysteroscopy with low viscosity fluids, the maximum fluid deficit recommended is 1000 cc. This limit is set to manage the potential complications associated with fluid absorption during the procedure, particularly the risks of fluid overload and the resulting hyponatremia. When using low viscosity fluids, it is crucial to monitor the fluid deficit carefully because excessive absorption can lead to critical conditions, such as pulmonary edema or cardiovascular collapse due to an overload of fluid, especially in patients with coexisting medical issues. Setting the upper limit at 1000 cc allows clinicians to perform the procedure safely while minimizing risks. This guideline helps ensure that healthcare professionals are alerted to the patient's fluid status, prompting careful assessment and management. Balancing the need for adequate visualization during hysteroscopy with the safety of the patient is essential, underscoring why this recommendation is in place.

3. In coarctation of the aorta, what measurement indicates a high risk of dissection?

- A. Diameter index $>15 \text{ mm/m}^2$
- B. Diameter index $>20 \text{ mm/m}^2$
- C. Diameter index $>27 \text{ mm/m}^2$**
- D. Diameter index $>30 \text{ mm/m}^2$

In cases of coarctation of the aorta, the measurement that serves as a critical marker for the risk of dissection is the diameter index. This measurement assesses the size of the aorta relative to the body surface area, which is a key factor in determining the likelihood of complications, including dissection. A diameter index greater than 27 mm/m^2 indicates a significantly increased risk of aortic dissection. This threshold recognizes that larger aortic diameters, especially in the context of coarctation, may lead to elevated pressures and stress on the aortic wall, making it more susceptible to tearing or other forms of catastrophic failure. Therefore, when evaluating patients with coarctation, monitoring for dimensions that exceed this measurement becomes essential in assessing their risk for life-threatening complications. The other measurements, while relevant in various clinical settings, do not correlate with the same level of risk for dissection associated with coarctation of the aorta. Thus, recognizing a diameter index over 27 mm/m^2 is crucial for proper management and preemptive intervention in affected patients.

4. Which of the following changes in lung volumes is typically decreased during pregnancy?

- A. Inspiratory capacity
- B. Functional residual capacity**
- C. Tidal volume
- D. Vital capacity

During pregnancy, changes in lung volumes are influenced by various physiological adaptations as the body accommodates the growing fetus. The correct answer, functional residual capacity, is typically decreased during pregnancy due to a couple of key factors. As the uterus expands, it displaces the diaphragm upward, leading to a reduction in the thoracic cavity's ability to hold air. This displacement reduces the volume of air remaining in the lungs after normal expiration, which is what functional residual capacity represents. While other lung volumes such as tidal volume and inspiratory capacity may actually increase, functional residual capacity decreases because of this increased upward pressure from the diaphragm along with a shift in overall lung mechanics. In understanding the other options, tidal volume generally increases during pregnancy as the body adapts to meet the higher oxygen demands. Inspiratory capacity can also increase as the body compensates for the increased need for air intake. Vital capacity is typically unchanged during pregnancy; even if the lung volumes of inspiratory and expiratory components change, vital capacity remains stable due to a balance of these changes.

5. What is an absolute contraindication to postpartum exercise?

- A. Chronic bronchitis
- B. Severe anemia**
- C. Extreme underweight
- D. Poorly controlled type 1 diabetes

An absolute contraindication to postpartum exercise is poorly controlled type 1 diabetes. In women with poorly controlled type 1 diabetes, the risks associated with exercise are significant due to the potential for severe hypoglycemia, ketoacidosis, or other metabolic derangements that can be dangerous for both the mother and the baby. Proper glucose regulation is crucial, as exercise can lead to fluctuations in blood glucose levels that could result in life-threatening complications. While severe anemia, chronic bronchitis, and extreme underweight may present risks or challenges during postpartum exercise, they do not carry the same immediate and severe risk profile as poorly controlled type 1 diabetes. For example, individuals with severe anemia may experience fatigue or decreased exercise tolerance, but exercise can often be tailored and managed with medical guidance. Similarly, chronic bronchitis and extreme underweight may require careful consideration and monitoring, yet they do not outright preclude participation in postpartum exercise. Thus, poorly controlled type 1 diabetes stands out as a clear contraindication due to potential acute health hazards.

6. What additional folic acid dose is recommended for women with a history of neural tube defects?

- A. 1 mg
- B. 2 mg
- C. 4 mg**
- D. 5 mg

Women with a history of neural tube defects are recommended to take an increased dose of folic acid to help reduce the risk of recurrence in future pregnancies. The standard recommendation for folic acid supplementation in the general population is 0.4 mg (400 mcg) per day during preconception and the first trimester. However, for women who have previously had a pregnancy affected by a neural tube defect, the recommended folic acid dosage increases significantly due to their higher risk. The recommendation for these women is to take 4 mg (4000 mcg) of folic acid daily, starting at least one month before conception and continuing through the first trimester. This higher dose is based on evidence showing that increased levels of folic acid can significantly lower the risk of recurrence of neural tube defects, such as spina bifida or anencephaly, in subsequent pregnancies. This recommendation is established in guidelines from health organizations like the Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecologists (ACOG), which emphasize the importance of adequate folic acid intake for women at increased risk. Therefore, a dose of 4 mg is the appropriate choice given the context of preventing neural tube defects in women with

7. Which nutritional deficiencies are most commonly associated with bariatric surgeries?

- A. Iron and Vitamin C
- B. Vitamins A, D, E, K, and B12**
- C. Calcium and Magnesium
- D. Folic Acid and Thiamine

Bariatric surgeries, such as gastric bypass and sleeve gastrectomy, significantly alter the gastrointestinal tract, impacting nutrient absorption and leading to various nutritional deficiencies. The most commonly associated deficiencies following these procedures include fat-soluble vitamins (A, D, E, K) and B12 due to the reduced absorption capacity of the remnant stomach and bypassed sections of the intestine. Fat-soluble vitamins are particularly affected because the surgical alterations limit the body's ability to absorb them effectively. Additionally, vitamin B12 deficiency is common due to decreased intrinsic factor production, which is necessary for B12 absorption in the intestine. The combination of these deficiencies is significant and can lead to serious long-term complications if not properly monitored and managed. Understanding the implications of bariatric surgery helps healthcare providers to implement appropriate nutritional supplementation and surveillance strategies post-operatively to mitigate these risks and ensure optimal patient outcomes.

8. What is the risk of death to the surviving twin in monozygotic twins if one twin demises?

- A. 1%
- B. 3%
- C. 15%**
- D. 18%

In monozygotic twin pregnancies, the twins share the same placenta and often share vascular connections, which can lead to significant complications. If one twin dies, a condition known as "twin-to-twin transfusion syndrome" can occur, where the surviving twin may be at risk due to the hemodynamic changes that result from the demise of the other twin. The risk of death for the surviving twin after the demise of one twin in a monozygotic twin pair is notably higher than in dizygotic twins due to these shared vascular connections. Studies have indicated that the risk of the surviving twin dying can range significantly, but many sources cite a risk of approximately 15% to 18%. This figure encompasses the potential impacts on the surviving twin's blood supply, development, and possible complications arising from the shared placenta. Therefore, knowing that the risk of death to the surviving twin after the demise of one twin is often reported to be around 15%, it aligns closely with the option of 18%, acknowledging the serious implications that arise in such pregnancies. Recognizing this risk is crucial for managing monozygotic twin pregnancies to optimize outcomes for the surviving twin.

9. What physical exam finding indicates the need for a cerclage?

- A. 4-6 cm dilation at internal os without signs of labor
- B. 1-4 cm dilation at internal os prior to 24 weeks gestation**
- C. Signs of labor with cervical effacement
- D. Cesarean delivery history

A cervical cerclage is a surgical procedure used to prevent preterm birth in women who are at risk due to cervical insufficiency. The primary indication for performing a cerclage involves the observation of cervical dilation that occurs before the fetus is viable, particularly before 24 weeks of gestation. In the context of this question, the finding of 1-4 cm dilation at the internal os prior to 24 weeks gestation is significant. This level of dilation indicates an inability of the cervix to maintain its length and closure, which could lead to preterm labor and delivery if not addressed. A cerclage can help provide structural support to the cervix and may help to prolong pregnancy until a more viable gestational age is reached. The other considerations, while they may indicate certain clinical scenarios, do not support the need for a cerclage in the same way. For example, significant dilation without labor or signs of impending labor is still concerning but may not compel surgery as urgently as early dilation before 24 weeks gestation. Signs of labor with cervical effacement indicate that the process of labor is underway; cerclage would not be appropriate in this context, as the cervix is already beginning to open in preparation for delivery. A

10. In what stage does the secondary oocyte arrest during meiosis?

- A. Prophase II
- B. Metaphase II**
- C. Telophase II
- D. Interphase I

The secondary oocyte arrests during meiosis at metaphase II. This stage is characterized by the alignment of the chromosomes at the metaphase plate, where they are ready for separation. The secondary oocyte remains in this arrested state until fertilization occurs. Once a sperm penetrates the oocyte, it completes meiosis II and leads to the formation of the mature ovum and a second polar body. In contrast, prophase II is a stage that occurs earlier in meiosis, during which the chromosomes condense and the nuclear envelope begins to break down again after the completion of the first meiotic division. Telophase II occurs after the chromosomes have been separated and is involved in the formation of two separate nuclei for the resulting cells, but at this point, the secondary oocyte has already completed its arrest. Interphase I refers to the stage prior to meiosis, and during this time, the oocyte is in its primordial or growth phase, which does not pertain to the arrest seen in the secondary oocyte.

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:

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

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