

# PAEA OB-GYN End of Rotation (EOR) Practice Exam (Sample)

## Study Guide



**Everything you need from our exam experts!**

**This is a sample study guide. To access the full version with hundreds of 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. Don't worry about getting everything right, 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, and take breaks to retain information better.**

## 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.**

## 7. Use Other Tools

**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 should be the next step in management for a patient with signs of an ectopic pregnancy and unstable vital signs?**
  - A. Abdominal ultrasound**
  - B. Culdocentesis**
  - C. Laparotomy**
  - D. Magnetic resonance imaging**
  
- 2. What is the definition of Stage I labor?**
  - A. The period of time from the onset of regular contractions to full cervical dilation (10 cm)**
  - B. The stage after full dilation until the baby is delivered**
  - C. Time from the onset of contractions until the water breaks**
  - D. The time frame when a woman begins experiencing contractions**
  
- 3. What symptom would typically not indicate a normal pregnancy?**
  - A. Increased heart rate**
  - B. Facial edema**
  - C. Chadwick's sign**
  - D. Increased blood volume**
  
- 4. What type of ultrasound is commonly used for early pregnancy?**
  - A. Transabdominal ultrasound**
  - B. Transvaginal ultrasound**
  - C. 3D ultrasound**
  - D. Doppler ultrasound**
  
- 5. Which of the following clinical findings is associated with a diagnosis of ectopic pregnancy?**
  - A. Positive pregnancy test with a normal-sized uterus**
  - B. Presence of a palpable adnexal mass**
  - C. History of normal menstrual cycles**
  - D. Bright red vaginal bleeding without pain**

**6. What is the primary use of Clomiphene citrate in treating infertility?**

- A. To reduce ovarian cyst formation**
- B. To stimulate ovulation in patients with anovulation**
- C. To increase hormone levels**
- D. To promote follicular development**

**7. What should be the initial intervention for variable decelerations noted in fetal monitoring during labor?**

- A. Change maternal position**
- B. Administer tocolytic therapy**
- C. Apply vibroacoustic stimulation**
- D. Perform cesarean section**

**8. What is the preferred treatment for severe hyperemesis gravidarum?**

- A. Oral hydration and dietary changes**
- B. Intravenous hydration and antiemetics**
- C. Bed rest and ginger supplements**
- D. Acupuncture and herbal remedies**

**9. What would be the expected finding in a vaginal examination of a female experiencing an inevitable abortion?**

- A. Closed cervix with light bleeding**
- B. Open cervix with heavy bleeding**
- C. Passed tissue with minimal bleeding**
- D. Complete expulsion of all products of conception**

**10. What finding is indicative of placenta previa during ultrasound?**

- A. Placenta located in the upper uterine segment**
- B. Placenta located over or near the cervix**
- C. Placenta attached to the uterine wall**
- D. Placenta showing abnormal thickness**

## **Answers**

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

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## **Explanations**

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- 1. What should be the next step in management for a patient with signs of an ectopic pregnancy and unstable vital signs?**
  - A. Abdominal ultrasound**
  - B. Culdocentesis**
  - C. Laparotomy**
  - D. Magnetic resonance imaging**

In cases of suspected ectopic pregnancy where a patient exhibits unstable vital signs, the most critical next step in management is a laparotomy. This surgical intervention is essential for several reasons. First, unstable vital signs often indicate significant internal bleeding or the rupture of an ectopic pregnancy, posing an immediate risk to the patient's life. A laparotomy allows for direct visualization and access to the abdominal cavity, enabling the clinician to assess the severity of the situation. If necessary, it facilitates the removal of the ectopic tissue and any accumulated blood, which can stabilize the patient's condition. Unlike abdominal ultrasound, which is important for diagnosis but not a treatment option in unstable patients, laparotomy can provide both a definitive diagnosis and necessary therapeutic intervention. Similarly, culdocentesis may help in diagnosing an ectopic pregnancy by indicating whether free fluid is present, but it does not address the urgent need for surgical intervention in a patient with unstable vital signs. Magnetic resonance imaging, while a valuable diagnostic tool in certain circumstances, is not practical or urgent in acute situations where immediate surgical intervention is crucial. In summary, when a patient shows signs of an ectopic pregnancy along with unstable vital signs, laparotomy is the prioritized action to ensure patient safety and manage the potentially life-threatening

- 2. What is the definition of Stage I labor?**
  - A. The period of time from the onset of regular contractions to full cervical dilation (10 cm)**
  - B. The stage after full dilation until the baby is delivered**
  - C. Time from the onset of contractions until the water breaks**
  - D. The time frame when a woman begins experiencing contractions**

Stage I labor is defined as the period of time from the onset of regular contractions to full cervical dilation, which is at 10 centimeters. This stage is crucial in the process of labor as it marks the beginning of the uterine contractions that lead to the gradual opening of the cervix, ultimately allowing for the delivery of the baby. During Stage I, there are typically two phases: the latent phase, where there may be irregular contractions and the cervix begins to efface and dilate from 0 to about 4-6 centimeters, and the active phase, where regular contractions occur and the cervix dilates from about 6 centimeters to full dilation at 10 centimeters. This complete dilation is necessary for the second stage of labor, where the baby is pushed out through the birth canal. The other options describe different aspects of labor but do not correctly define Stage I. For instance, the phase after full dilation until delivery refers to Stage II labor, while the notion of the time frames when contractions start or when the water breaks pertains to the broader labor process and not specifically Stage I.

**3. What symptom would typically not indicate a normal pregnancy?**

- A. Increased heart rate**
- B. Facial edema**
- C. Chadwick's sign**
- D. Increased blood volume**

Facial edema is not considered a typical or normal symptom of pregnancy. While it is common for pregnant individuals to experience some degree of swelling—particularly in the legs and feet due to fluid retention—facial edema can be a sign of underlying issues, such as preeclampsia or other forms of hypertension. These conditions are characterized by elevated blood pressure and can pose serious risks to the health of both the mother and the fetus. Increased heart rate occurs as the body adapts to pregnancy, accommodating the heightened blood volume and metabolic demands. Chadwick's sign, which is the bluish discoloration of the cervix and vaginal walls due to increased blood flow, is a well-established early sign of pregnancy. Similarly, increased blood volume is a normal physiological change during pregnancy, supporting the growing fetus and preparing for delivery. An understanding of these typical physiological changes is crucial for differentiating between normal pregnancy symptoms and potential complications.

**4. What type of ultrasound is commonly used for early pregnancy?**

- A. Transabdominal ultrasound**
- B. Transvaginal ultrasound**
- C. 3D ultrasound**
- D. Doppler ultrasound**

Transvaginal ultrasound is typically the preferred method for early pregnancy assessment. This technique offers several advantages that make it especially useful in the first trimester. By using a transvaginal approach, the sonographer can achieve a closer and clearer view of the developing embryo and structures within the uterus. This proximity allows for better visualization of early pregnancy markers, such as the gestational sac, yolk sac, and fetal heartbeat. Because of the smaller size of the uterus and the presence of pelvic structures early in pregnancy, a transabdominal ultrasound may not provide sufficient detail or clarity. It is usually more effective later in pregnancy when the uterus is larger and higher in the abdomen. 3D ultrasound, while valuable for detailed imaging and anatomical assessment, is not commonly utilized for early pregnancy evaluations. It is more often used for examining fetal anatomy in later stages or assessing certain conditions like congenital anomalies. Doppler ultrasound is primarily employed to evaluate blood flow and vascular structures. In the context of early pregnancy, while it can assess placental flow and fetal heart function, it is not typically the first choice for initial pregnancy confirmation or assessment.

**5. Which of the following clinical findings is associated with a diagnosis of ectopic pregnancy?**

- A. Positive pregnancy test with a normal-sized uterus**
- B. Presence of a palpable adnexal mass**
- C. History of normal menstrual cycles**
- D. Bright red vaginal bleeding without pain**

A palpable adnexal mass is a significant clinical finding associated with an ectopic pregnancy. In ectopic pregnancies, particularly those located in the fallopian tube, as the embryo grows, it can cause swelling and tenderness in the surrounding area. This can be palpated during a pelvic examination. Finding an adnexal mass can indicate that the pregnancy is not located within the uterus, which is critical for the diagnosis of an ectopic pregnancy. While a positive pregnancy test and a normal-sized uterus can occur, they do not rule out an ectopic pregnancy because the hormone hCG can be present in cases where the pregnancy is not intrauterine. Normal menstrual cycles also provide no insight into the current pregnancy status since the timing of ovulation and implantation can vary widely, and bright red vaginal bleeding without pain is less typical of an ectopic pregnancy, which often presents with pain due to tissue damage or those surrounding structures. Thus, the presence of a palpable adnexal mass is a strong supportive sign when diagnosing an ectopic pregnancy.

**6. What is the primary use of Clomiphene citrate in treating infertility?**

- A. To reduce ovarian cyst formation**
- B. To stimulate ovulation in patients with anovulation**
- C. To increase hormone levels**
- D. To promote follicular development**

Clomiphene citrate is primarily used to stimulate ovulation in patients with anovulation, which is a common cause of infertility. It acts as a selective estrogen receptor modulator (SERM) that primarily influences the hypothalamus and pituitary gland. By blocking estrogen receptors in these areas, Clomiphene citrate tricks the body into thinking estrogen levels are low, which prompts the pituitary gland to increase the secretion of follicle-stimulating hormone (FSH) and luteinizing hormone (LH). This surge in gonadotropins stimulates the ovaries to produce mature follicles and ovulate, thereby addressing issues of ovulatory dysfunction. While Clomiphene can also promote follicular development and contribute to increased hormone levels as part of the ovulation process, its primary indication and role in treating infertility is directly linked to its function in inducing ovulation, particularly in women who are anovulatory due to conditions such as polycystic ovary syndrome (PCOS).

**7. What should be the initial intervention for variable decelerations noted in fetal monitoring during labor?**

- A. Change maternal position**
- B. Administer tocolytic therapy**
- C. Apply vibroacoustic stimulation**
- D. Perform cesarean section**

When variable decelerations are noted in fetal monitoring during labor, the initial intervention is to change the maternal position. Variable decelerations are often caused by umbilical cord compression, which can occur when the fetus changes position during labor. By altering the mother's position, the pressure on the umbilical cord may be relieved, resulting in improved blood flow and oxygen delivery to the fetus. Maternal position changes, such as lying on the side, can help redistribute the pressure and alleviate the cord compression, which is usually the most immediate and effective response to this finding. This intervention is non-invasive and can lead to rapid improvements in fetal heart rate patterns. Other interventions such as administering tocolytic therapy, applying vibroacoustic stimulation, or performing a cesarean section may be appropriate in specific circumstances or if there is evidence of severe or prolonged fetal distress, but they are not the first steps taken in the presence of variable decelerations. The focus initially should be on simple, reversible measures like position changes to address the likely underlying cause.

**8. What is the preferred treatment for severe hyperemesis gravidarum?**

- A. Oral hydration and dietary changes**
- B. Intravenous hydration and antiemetics**
- C. Bed rest and ginger supplements**
- D. Acupuncture and herbal remedies**

The preferred treatment for severe hyperemesis gravidarum is intravenous hydration and antiemetics. This condition is characterized by excessive nausea and vomiting during pregnancy, leading to dehydration, electrolyte imbalances, and potential weight loss. When the symptoms are severe, oral hydration and dietary modifications may not be sufficient to provide relief or restore the patient's nutritional status. Intravenous hydration is essential to ensure adequate fluid and electrolyte balance, as severe vomiting can lead to significant fluid loss. In conjunction with hydration, the use of antiemetics helps to control nausea and vomiting effectively, allowing the patient to stabilize and begin recovery. Medications such as ondansetron or metoclopramide are often utilized in these cases to alleviate symptoms and improve quality of life. Other treatment options, such as bed rest, ginger supplements, acupuncture, or herbal remedies, may offer some benefit for mild cases of nausea or in early pregnancy; however, they do not address the critical needs associated with severe hyperemesis gravidarum, where hospitalization may be required for IV treatment. Thus, the combination of intravenous hydration and antiemetics represents the most effective and medically appropriate approach for managing this serious condition.

**9. What would be the expected finding in a vaginal examination of a female experiencing an inevitable abortion?**

- A. Closed cervix with light bleeding**
- B. Open cervix with heavy bleeding**
- C. Passed tissue with minimal bleeding**
- D. Complete expulsion of all products of conception**

In the context of an inevitable abortion, the expected finding during a vaginal examination is an open cervix with heavy bleeding. This clinical scenario indicates that the pregnancy cannot continue and that fetus and products of conception are in the process of being expelled from the uterus. During an inevitable abortion, the cervix begins to dilate and efface, making it a key finding during the examination. Heavy bleeding accompanies this dilation, suggesting that the miscarriage is imminent and that the body is actively expelling the pregnancy. This clinical presentation often calls for further assessment and management due to the potential for significant bleeding and complications. Other findings such as a closed cervix with light bleeding, passed tissue with minimal bleeding, or complete expulsion of all products of conception represent distinct stages or types of miscarriage that do not align with the definition of an inevitable abortion. A closed cervix indicates that the abortion process has not commenced, while the presence of passed tissue with minimal bleeding suggests a different type of abortion. Complete expulsion would indicate that the miscarriage has already occurred, which is not characteristic of an inevitable abortion. Understanding these nuances is essential for effective clinical assessment and management in obstetrics.

**10. What finding is indicative of placenta previa during ultrasound?**

- A. Placenta located in the upper uterine segment**
- B. Placenta located over or near the cervix**
- C. Placenta attached to the uterine wall**
- D. Placenta showing abnormal thickness**

The presence of the placenta over or near the cervix during an ultrasound is indicative of placenta previa. In this condition, the placenta implants in the lower part of the uterus, potentially covering the cervical opening. This positioning can lead to complications during pregnancy and delivery, including bleeding and the necessity for a cesarean section. In contrast, the other findings do not suggest placenta previa: a placenta located in the upper uterine segment is typically considered normal and not associated with the condition. A placenta attached to the uterine wall can also indicate a normal implantation site, while abnormal thickness of the placenta might point to other pathologies but does not specifically relate to placenta previa. Understanding these distinctions is crucial for proper diagnosis and management in obstetrics.

# 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://paeaobgyneor.examzify.com>**

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

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