

PAEA OB-GYN End of Rotation (EOR) 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

- 1. During which phase of the menstrual cycle does the LH surge occur, along with elevated estrogen levels?**
 - A. Follicular phase**
 - B. Proliferative phase**
 - C. Ovulation**
 - D. Secretory phase**
- 2. In a pregnant 28-year-old female with hemoglobin of 10.1 g/dL, microcytic and hypochromic red blood cells suggest which type of anemia?**
 - A. Iron deficiency**
 - B. Folic acid deficiency**
 - C. Thalassemia**
 - D. Hereditary spherocytosis**
- 3. 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**
- 4. At what gestational age can a mother typically first feel fetal movement?**
 - A. 16 weeks**
 - B. 18 weeks**
 - C. 20 weeks**
 - D. 22 weeks**
- 5. Chronic villus sampling can be performed at what gestational age?**
 - A. 6-8 weeks**
 - B. 10-12 weeks**
 - C. 14-16 weeks**
 - D. 18-20 weeks**

- 6. Which of the following is a first-line treatment for pelvic inflammatory disease (PID)?**
- A. Metronidazole**
 - B. Ciprofloxacin**
 - C. Goldenseal extract**
 - D. Antibiotic therapy**
- 7. A 52-year-old obese patient is diagnosed with atypical adenomatous hyperplasia. What is the next step in her management?**
- A. Total abdominal hysterectomy**
 - B. Observation and endometrial biopsy in 3 months**
 - C. Endometrial curettage followed by progesterone daily**
 - D. Oral progesterone days 16-25 of the month for 6 months and repeat biopsy**
- 8. What is a common reason for performing a conization of the cervix?**
- A. To treat endometriosis**
 - B. When the Pap smear shows low-grade squamous lesions**
 - C. When there's a high-grade lesion with a discrepant ECC**
 - D. For regular surveillance of dysplasia**
- 9. At what age is screening for breast cancer recommended to start for average-risk women?**
- A. 30 years old**
 - B. 35 years old**
 - C. 40 years old**
 - D. 45 years old**
- 10. Which of the following is a key point in educating a 23-year-old using oral contraceptives?**
- A. Rifampin may decrease the effectiveness of oral contraceptives**
 - B. Acetaminophen may decrease the effectiveness of oral contraceptives**
 - C. Oral contraceptives may protect against coronary artery disease**
 - D. Changing to the "minipill" will consistently inhibit ovulation**

Answers

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

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Explanations

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1. During which phase of the menstrual cycle does the LH surge occur, along with elevated estrogen levels?

- A. Follicular phase**
- B. Proliferative phase**
- C. Ovulation**
- D. Secretory phase**

The LH surge occurs during the ovulation phase of the menstrual cycle, which is characterized by a dramatic increase in luteinizing hormone (LH) and is closely preceded by elevated estrogen levels. This surge triggers ovulation, causing the mature follicle to release an egg into the fallopian tube. The rise in estrogen, primarily produced by the developing follicles, is crucial as it stimulates the anterior pituitary to release the LH surge. The timing of this event is critical for reproductive processes, as it marks the peak of fertility in the cycle. In contrast, the follicular phase involves the gradual buildup of follicles and low levels of LH and estrogen before the surge occurs. The proliferative phase is associated with the rebuilding of the uterine lining and also does not coincide with the LH surge. The secretory phase follows ovulation and features lower levels of LH as the focus shifts to preparing the uterus for potential implantation of an embryo.

2. In a pregnant 28-year-old female with hemoglobin of 10.1 g/dL, microcytic and hypochromic red blood cells suggest which type of anemia?

- A. Iron deficiency**
- B. Folic acid deficiency**
- C. Thalassemia**
- D. Hereditary spherocytosis**

The presence of microcytic and hypochromic red blood cells in conjunction with a hemoglobin level of 10.1 g/dL indicates iron deficiency anemia, the most common type of anemia, particularly in pregnant women. During pregnancy, there is an increased demand for iron due to the expanding blood volume and the needs of the developing fetus. Iron deficiency leads to inadequate hemoglobin synthesis, which results in smaller (microcytic) and paler (hypochromic) red blood cells. In iron deficiency anemia, the reticulocyte count is typically low until treatment begins because there isn't enough iron to support increased red blood cell production. The typical lab findings for iron deficiency anemia include low serum ferritin and low serum iron levels, further supporting the diagnosis. Other forms of anemia could be considered based on different characteristics: - Folic acid deficiency usually presents with macrocytic anemia, where the red blood cells are larger than normal due to impaired DNA synthesis. - Thalassemia would typically show microcytic red blood cells too but has distinct genetic causes and additional lab findings such as increased hemoglobin A2 or F. - Hereditary spherocytosis presents with spherocytes on the blood smear and often involves elevated bilirubin.

3. 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.

4. At what gestational age can a mother typically first feel fetal movement?

- A. 16 weeks**
- B. 18 weeks**
- C. 20 weeks**
- D. 22 weeks**

A mother typically first feels fetal movement, often described as "quickening," around the 20-week mark of gestation. At this stage, the fetus has grown sufficiently in size and strength to cause noticeable movements that the mother can feel. Prior to 20 weeks, particularly in the earlier stages of pregnancy, fetal movements are usually too subtle and not distinct enough for the mother to recognize. While some women may report feeling movements as early as 16 to 18 weeks, this is less common and can depend on factors such as the mother's body type, whether it's her first pregnancy, and the position of the placenta. By 20 weeks, most expecting mothers are able to reliably perceive fetal movements, which is why this gestational age is used as a standard benchmark. As pregnancy progresses, fetal movement typically increases in frequency and intensity, further affirming the growing activity and health of the fetus.

5. Chronic villus sampling can be performed at what gestational age?

- A. 6-8 weeks
- B. 10-12 weeks**
- C. 14-16 weeks
- D. 18-20 weeks

Chorionic villus sampling (CVS) is a prenatal diagnostic procedure used to obtain a sample of the placental tissue (chorionic villi) for genetic analysis. The appropriate gestational age for performing CVS is typically between 10 to 12 weeks of gestation. This timing allows clinicians to obtain a sufficient amount of tissue for analysis while minimizing the risk of complications associated with the procedure. Performing CVS before 10 weeks can increase the risk of complications, including a higher incidence of miscarriage compared to procedures conducted within the recommended time frame. Additionally, at this early stage, the placental tissue may not yet be mature enough for reliable sampling and analysis. After 12 weeks, there are alternative tests available, such as amniocentesis, but CVS is specifically favored between 10-12 weeks for its distinct advantages, including earlier diagnosis capability and fewer risks than later procedures. Thus, the 10 to 12-week window represents the optimal time for the procedure to be performed, making it the correct answer.

6. Which of the following is a first-line treatment for pelvic inflammatory disease (PID)?

- A. Metronidazole
- B. Ciprofloxacin
- C. Goldenseal extract
- D. Antibiotic therapy**

First-line treatment for pelvic inflammatory disease (PID) primarily consists of antibiotic therapy. PID is an infection of the female reproductive organs that can result from sexually transmitted infections or other bacterial infections. The use of antibiotics is essential to effectively eradicate the organisms responsible for the infection and to prevent long-term complications, such as infertility or chronic pelvic pain. Common regimens for treating PID often include a combination of antibiotics that target *Neisseria gonorrhoeae* and *Chlamydia trachomatis*, which are frequently implicated in the condition. These regimens can vary based on the severity of the disease and the clinical setting, but the key takeaway is the essential role of antibiotic therapy in treating PID. The other options provided, such as Metronidazole and Ciprofloxacin, while potentially useful in certain scenarios or as part of broader treatment regimens, do not constitute first-line monotherapy specifically for PID. Goldenseal extract is not a recognized treatment for PID and lacks evidence of efficacy for this condition. Therefore, highlighting the importance of antibiotic therapy as a cornerstone in managing PID underscores its critical role in addressing the infection effectively.

7. A 52-year-old obese patient is diagnosed with atypical adenomatous hyperplasia. What is the next step in her management?
- A. Total abdominal hysterectomy**
 - B. Observation and endometrial biopsy in 3 months
 - C. Endometrial curettage followed by progesterone daily
 - D. Oral progesterone days 16-25 of the month for 6 months and repeat biopsy

In the context of atypical adenomatous hyperplasia (AAH), which is a precursor to endometrial carcinoma, the management approach often escalates depending on the patient's risk factors and symptomatology. In this case, the patient is 52 years old, obese, and has been diagnosed with AAH. A total abdominal hysterectomy is considered the definitive treatment for AAH in women, especially those who are at higher risk of progression to endometrial cancer. This option allows for the complete removal of the uterus and cervix, reducing the risk of developing cancer. It is particularly indicated in women who are nearing menopause or are postmenopausal, like the patient in this scenario, because the chances of progression to malignancy are greater with atypical lesions in this demographic. In contrast, other approaches like observation with follow-up biopsies or hormonal treatments may introduce risks and are generally more appropriate in younger women who desire fertility preservation or those with low-risk adenomatous hyperplasia without atypical features. However, given the patient's age, obesity, and diagnosis of atypical hyperplasia, the most effective and definitive management is a total abdominal hysterectomy. This removes the potential for further malignant transformation and addresses any concerns regarding

8. What is a common reason for performing a conization of the cervix?
- A. To treat endometriosis
 - B. When the Pap smear shows low-grade squamous lesions
 - C. When there's a high-grade lesion with a discrepant ECC**
 - D. For regular surveillance of dysplasia

Conization of the cervix, also known as a cervical cone biopsy, is typically performed to diagnose or treat cervical lesions, particularly when there are concerns about the potential for cancer. A common scenario for this procedure arises when there is a high-grade cervical lesion identified, particularly when there is a discrepancy with the endocervical curettage (ECC) results. This discrepancy can indicate that the lesion is more extensive or severe than what was seen on the Pap smear alone, thereby warranting a more invasive procedure to obtain a definitive diagnosis and potentially treat the abnormal tissue. By performing a conization in these situations, healthcare providers can remove a larger area of the cervical tissue for thorough examination, which helps in determining the presence and extent of any malignant or pre-malignant changes. This procedure not only aids in diagnostics but also serves as a therapeutic intervention that can remove abnormal cells, potentially preventing the progression to cervical cancer. In contrast, while a Pap smear showing low-grade squamous lesions may prompt monitoring rather than immediate intervention, and the management of endometriosis generally involves different treatment strategies, regular surveillance of dysplasia often does not require such invasive procedures unless abnormalities indicate a significant risk of progression to cancer. Thus, these scenarios do not justify the con

9. At what age is screening for breast cancer recommended to start for average-risk women?

- A. 30 years old**
- B. 35 years old**
- C. 40 years old**
- D. 45 years old**

Screening for breast cancer is recommended to start for average-risk women at age 40. This recommendation is based on guidelines from various health organizations, such as the American College of Obstetricians and Gynecologists (ACOG) and the American Cancer Society (ACS), which suggest that women should begin annual mammography at this age. The rationale behind this recommendation is that the risk of breast cancer increases with age, and screening at 40 allows for early detection, which is crucial for improved treatment outcomes. Starting at this age strikes a balance between the sensitivity of mammography in detecting cancers in younger women and the potential risks associated with unnecessary biopsies in women with denser breast tissue. Additionally, breast cancer primarily occurs in women over 40, making this age a significant threshold for initiating screening. By encouraging annual screenings starting at this age, healthcare providers aim to catch any developments in breast tissue at an early and more treatable stage.

10. Which of the following is a key point in educating a 23-year-old using oral contraceptives?

- A. Rifampin may decrease the effectiveness of oral contraceptives**
- B. Acetaminophen may decrease the effectiveness of oral contraceptives**
- C. Oral contraceptives may protect against coronary artery disease**
- D. Changing to the "minipill" will consistently inhibit ovulation**

Rifampin is a known enzyme inducer that can significantly decrease the effectiveness of oral contraceptives by increasing the metabolism of the hormones they contain, namely estrogen and progestin. This can lead to reduced contraceptive efficacy and an increased risk of unintended pregnancy. It's crucial for patients taking oral contraceptives to be aware of any potential interactions with other medications, particularly those that can induce liver enzymes, such as rifampin, to ensure they maintain effective contraceptive coverage. Acetaminophen does not affect the effectiveness of oral contraceptives and is safe to use simultaneously. While some studies suggest that hormonal contraceptives may have a protective effect against certain diseases, including ovarian and endometrial cancers, they do not specifically protect against coronary artery disease. The "minipill," which contains progestin only, is effective for contraception but may not consistently inhibit ovulation in all users; its primary mechanism is to thicken cervical mucus and prevent sperm from fertilizing an egg.

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://paeaobgyneur.examzify.com>

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