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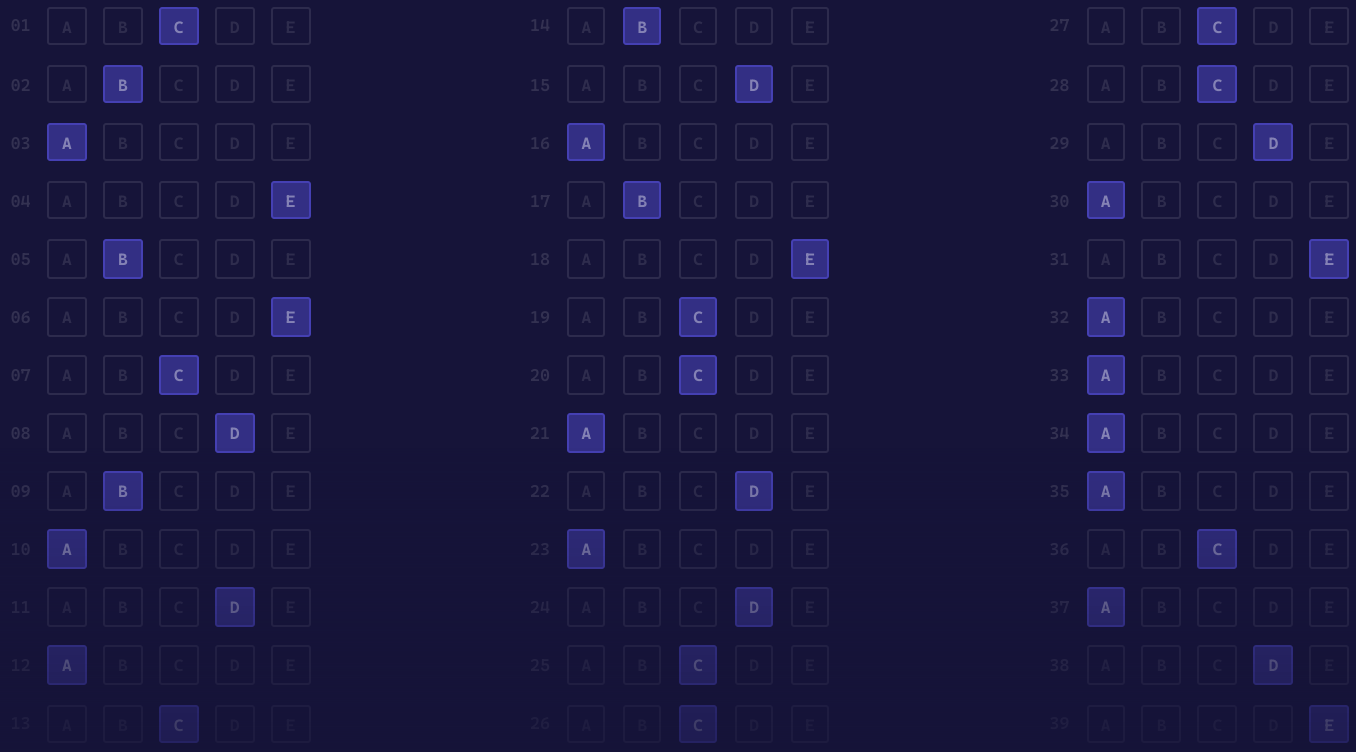

PRACTICE QUESTIONS

American Board of Obstetrics & Gynecology (ABOG)

CFP

2026 Complex Family Planning Examination

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for American Board of Obstetrics & Gynecology (ABOG) `CFP`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `CFP`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1 SINGLE CHOICE

A 28-year-old female with systemic lupus erythematosus (SLE) and documented positive antiphospholipid antibodies (lupus anticoagulant and anticardiolipin IgG) presents to discuss contraception. She has no history of venous or arterial thromboembolism. According to the CDC Medical Eligibility Criteria (MEC) for Contraceptive Use, what is the MEC category assigned to the initiation of a 52-mg levonorgestrel-releasing intrauterine device (LNG-IUD) for this patient?

A Category 1

B Category 2

C Category 3

D Category 4

ANSWER C

WHY According to the CDC Medical Eligibility Criteria (MEC) for Contraceptive Use, patients with systemic lupus erythematosus (SLE) who have positive (or unknown) antiphospholipid antibodies are classified as MEC Category 3 (use is generally not recommended unless other more appropriate methods are not available or acceptable) for the initiation of all progestin-only contraceptives, including the LNG-IUD, implants, DMPA, and POPs, as well as the copper IUD. This is due to the baseline high risk of arterial and venous thromboembolism in patients with antiphospholipid syndrome.

QUESTION 2 SINGLE CHOICE

A 24-year-old G2P1 at 19 weeks of gestation is undergoing a dilation and evacuation (D&E). Which of the following statements is correct regarding cervical preparation for second-trimester D&E at 19 weeks of gestation or beyond?

A Misoprostol alone is equivalent to osmotic dilators in achieving adequate dilation.

B **The addition of misoprostol or mifepristone to overnight osmotic dilators increases preoperative cervical dilation and reduces the need for mechanical dilation.**

C Laminaria tents achieve significantly wider cervical dilation than synthetic dilators (Dilapan-S) within a 4-hour period.

D Cervical preparation is contraindicated at 19 weeks of gestation due to an increased risk of preoperative spontaneous abortion.

ANSWER B

WHY According to Society of Family Planning (SFP) guidelines, for gestations at 19 weeks and beyond, the combination of overnight osmotic dilators with adjunctive pharmacologic agents (misoprostol, mifepristone, or both) increases preoperative cervical dilation and decreases the need for further manual mechanical dilation during the D&E. Misoprostol alone is not recommended for gestations at or above 19 weeks due to the high risk of inadequate dilation and potential procedural complications. Synthetic dilators (Dilapan-S) dilate more rapidly than laminaria tents.

QUESTION 3 MULTIPLE CHOICE

A 31-year-old G3P2 at 8 weeks of gestation desires a medical abortion using mifepristone and misoprostol. Which of the following conditions represent absolute contraindications to the use of mifepristone? (Choose two.)

A **Chronic adrenal failure**

B **Confirmed or suspected ectopic pregnancy**

C Mild-to-moderate asthma controlled with a budesonide inhaler

D Concomitant use of low-dose aspirin (81 mg daily)

ANSWER **A** · **B**

WHY Absolute contraindications to mifepristone include chronic adrenal failure (as mifepristone is a glucocorticoid receptor antagonist and can precipitate adrenal crisis) and confirmed or suspected ectopic pregnancy (as the mifepristone/misoprostol regimen is not an effective treatment for ectopic pregnancy). Controlled asthma is not a contraindication, although severe, corticosteroid-dependent asthma requires caution. Low-dose aspirin is not a contraindication.

QUESTION 4 SINGLE CHOICE

During a first-trimester suction aspiration at 9 weeks of gestation, a uterine perforation is suspected. The perforation was caused by a blunt dilator. The patient is hemodynamically stable, has minimal vaginal bleeding, and denies significant abdominal pain. Which of the following is the most appropriate next step in management?

A Immediate diagnostic laparoscopy to rule out visceral injury

B Observation and monitoring of vital signs and serial hematocrits for 2 to 4 hours

C Urgent uterine artery embolization

D Immediate exploratory laparotomy

ANSWER B

WHY If a uterine perforation is suspected or occurs with a blunt instrument (such as a sound or dilator) in a hemodynamically stable patient, conservative management with close observation of vital signs, abdominal examinations, and serial hematocrits for 2 to 4 hours is appropriate. In contrast, perforations with sharp instruments or suction curettes carry a high risk of bowel, bladder, or major vascular injury and generally warrant laparoscopic evaluation.

QUESTION 5 SINGLE CHOICE

A 29-year-old female who underwent a renal transplant 18 months ago presents for contraceptive counseling. Her graft function is stable and uncomplicated, and she has no signs of rejection. Her immunosuppressive regimen includes cyclosporine, mycophenolate mofetil, and prednisone. According to the CDC MEC, which of the following statements is correct regarding her contraceptive options?

A Combined oral contraceptives are Category 4 due to the risk of graft rejection.

B **Both the copper IUD and the 52-mg levonorgestrel-releasing IUD are Category 2 and represent safe, highly effective options.**

C Subdermal progestin-only implants are Category 4 due to severe drug-drug interactions with mycophenolate mofetil.

D Intrauterine devices are Category 4 because immunosuppressed patients are at excessively high risk for pelvic inflammatory disease.

ANSWER **B**

WHY For patients with an uncomplicated solid organ transplant, both the copper IUD and the LNG-IUD are classified as CDC MEC Category 2 (benefits outweigh risks). While there is a theoretical concern about infection in immunosuppressed patients, clinical evidence does not support an elevated risk of pelvic inflammatory disease or graft complications. Mycophenolate mofetil does not interact significantly with the etonogestrel implant (Category 2). Combined oral contraceptives are also Category 2 in patients with uncomplicated transplant graft function.

QUESTION 6 SINGLE CHOICE

A 28-year-old female requests emergency contraception (EC) after unprotected intercourse 72 hours ago. Her body mass index (BMI) is 32 kg/m^2. She is not currently using any regular contraceptive method. Which of the following emergency contraceptive methods will provide the highest efficacy for this patient?

A Oral levonorgestrel (1.5 mg)

B Oral ulipristal acetate (30 mg)

C A copper T380A intrauterine device (IUD)

D Oral combined estrogen-progestin regimen (Yuzpe method)

ANSWER C

WHY The copper T380A IUD is the most effective emergency contraceptive method available, with a failure rate of less than 0.1%. Unlike oral emergency contraceptive options (levonorgestrel and, to a lesser extent, ulipristal acetate), the efficacy of the copper IUD is not affected by patient body weight or BMI. The 52-mg LNG-IUD is also highly effective for EC, but oral options have significantly decreased efficacy in individuals with a BMI of 30 kg/m^2 or greater.

QUESTION 7 SINGLE CHOICE

A 22-year-old G1P0 presents 1 week after a medical abortion utilizing mifepristone 200 mg orally and misoprostol 800 mcg buccally. A transvaginal ultrasound reveals a viable ongoing intrauterine gestation with cardiac activity. The patient wishes to complete the abortion. What is the most appropriate next step in management?

A Surgical aspiration is the only safe option due to the teratogenic risks of misoprostol exposure.

B **Either repeating the medical regimen (mifepristone and misoprostol) or performing a surgical aspiration are acceptable options.**

C Advise the patient to wait another 2 weeks for spontaneous completion.

D Administer methotrexate 50 mg/m^2 intramuscularly.

ANSWER **B**

WHY According to ACOG and SFP guidelines, if an ongoing viable pregnancy is diagnosed after medical abortion and the patient still desires termination, both repeat medical abortion (repeating the mifepristone and misoprostol regimen) and surgical uterine aspiration are acceptable, safe options. While patients should be counseled on the potential teratogenic risks of misoprostol (such as Moebius syndrome and limb defects) if they change their mind and choose to carry the pregnancy to term, these risks do not preclude repeat medical management to complete the abortion.

QUESTION 8 MULTIPLE CHOICE

A 35-year-old female G3P3 with a history of chronic hypertension, well-controlled at 135/85 mmHg on amlodipine, requests contraception. She does not smoke and has no other cardiovascular risk factors. According to the CDC MEC, which of the following contraceptive options are classified as Category 1 (no restriction for use) for this patient? (Choose two.)

A Combined estrogen-progestin transdermal patch

B Etonogestrel subdermal implant

C 52-mg levonorgestrel-releasing intrauterine device (LNG-IUD)

D Combined oral contraceptive pills

ANSWER **B** · **C**

WHY For patients with controlled hypertension, progestin-only methods such as the etonogestrel subdermal implant and the 52-mg LNG-IUD are classified as CDC MEC Category 1 (no restriction for use). Conversely, combined hormonal contraceptives (including the patch and combined oral contraceptive pills) are classified as Category 3 for patients with hypertension (adequately controlled or otherwise) due to the increased risk of myocardial infarction, stroke, and worsening hypertension.

QUESTION 9 SINGLE CHOICE

A 28-year-old female underwent a Roux-en-Y gastric bypass 6 months ago for class III obesity. She has lost 45 kg and is currently in the rapid weight loss phase. Which of the following contraceptive methods is classified as CDC MEC Category 3 (use is generally not recommended) due to concerns about malabsorption and reduced efficacy?

A Etonogestrel subdermal implant

B Combined oral contraceptive pills

C Depot medroxyprogesterone acetate (DMPA)

D 52-mg levonorgestrel-releasing intrauterine device (LNG-IUD)

ANSWER B

WHY Malabsorptive bariatric surgery (such as Roux-en-Y gastric bypass) bypasses the duodenum and proximal jejunum, which are critical sites for the absorption of oral medications, including hormones. Therefore, combined oral contraceptives (COCs) and progestin-only pills (POPs) are classified as CDC MEC Category 3. Non-oral methods, including the implant, IUDs, and DMPA injection, bypass gastrointestinal absorption and remain highly effective (Category 1).