

2024 Specialty Qualifying Examination Bulletin



This *Bulletin*, issued in July 2023, represents the official statement of the requirements in effect for the Specialty Qualifying Examination to be given on July 22, 2024.

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GENERAL INFORMATION FOR ALL CANDIDATES

Gender Language Disclaimer

The American Board of Obstetrics and Gynecology (ABOG) recognizes that patients have diverse gender identities and is striving to use gender-inclusive language in its publications, literature, and other printed and digital materials. In some instances, ABOG uses the word “woman” (and the pronouns “she” and “her”) to describe patients or individuals whose sex assigned at birth was female, whether they identify as female, male, or non-binary. As gender language continues to evolve in the scientific and medical communities, ABOG will periodically reassess this usage and will make appropriate adjustments as necessary. When describing or referencing study populations used in research, ABOG will use the gender terminology reported by the study investigators.

Non-Discrimination and Fairness Disclaimer

The American Board of Obstetrics and Gynecology does not discriminate on the basis of race, color, creed, age, gender, national origin, religion, disability, marital status, parental status, ancestry, sexual orientation, or any other status protected by law. All candidates for certification will be treated in an equitable manner throughout the certification process and judged solely on the criteria determined by the American Board of Obstetrics and Gynecology.

Candidate Responsibility

The process of certification in Obstetrics and Gynecology by the American Board of Obstetrics and Gynecology (ABOG) is voluntary. ABOG does not assume responsibility to contact potential candidates. Rather, each candidate is responsible for initiating the process, completing all applications, submitting required materials by the deadlines, and paying the appropriate fees.

ABOG annually reviews policies and procedures for determining applicant and candidate certification requirements, as well as compliance with these requirements based on industry standards. Candidates must meet the eligibility requirements published in the *Bulletin* dated for the year in which they are to take the Qualifying Examination as requirements may change from year to year. The *Bulletin* is available online at www.abog.org under the “Bulletins & Dates” tab. It is the candidate’s responsibility to become familiar with all the material contained in the *Bulletin*, including the information in the Appendices. Each candidate is also responsible for reading all the policies included in the Policies section under the “About ABOG” tab on the ABOG home page. It is each candidate’s responsibility to be familiar with all the information included in the “Specialty Certification” tab on the ABOG website at www.abog.org.

After applying, it is the responsibility of each candidate to update their personal email and mailing addresses in the profile section of their ABOG portal. Because hospital and university email addresses are often closed after the completion of training, candidates should list a personal email address.

Candidate Board Status

ABOG Registered Residency Graduate

After completing or nearing completion of a residency program in Obstetrics and Gynecology accredited by the American Council for Graduate Medical Education (ACGME) or by the Council of the Royal College of Physicians and Surgeons of Canada (CRCPSC) and meeting all of the requirements listed below, a physician may complete an application to begin the certification process. When and if the Board determines that they have fulfilled the requirements to take the Qualifying Examination, that person becomes a “Registered Residency Graduate.”

The term “Board Eligible” is not used or recognized by ABOG.

Active Candidate

ABOG has a two-step initial certification process: (a) a multiple-choice, computer-based Qualifying Examination, and (b) an oral, face-to-face Certifying Examination.

A physician achieves “Active Candidate” status by passing the ABOG Qualifying Examination. To maintain Active Candidate status, the candidate must fulfill all of the requirements for admission to the Certifying Examination and may not have exceeded the limitations to admissibility for the Certifying Examination.

All candidates must achieve board certification within eight years of the completion of their training. Training in an ACGME-accredited residency or fellowship does not count toward the 8-year limit. Participation in other fellowships, graduate education programs, etc. do not extend the 8-year limit. Physicians who fail to become certified within eight years will be required to complete a minimum of six months of supervised practice at a hospital affiliated with an ACGME-accredited training program to regain eligibility to apply for the Qualifying Examination. For additional information on regaining eligibility, please see the Policy on Regaining Eligibility for Initial Certification under Policies Section in the “About ABOG” tab at www.abog.org. For any questions on the policy, please contact the ABOG Certification Standards department at applications@abog.org. Once the supervised training is completed, the physician will have four years to become certified.

2024 QUALIFYING EXAMINATION

Introduction

The process of certification by ABOG is voluntary. The ABOG Qualifying Examination is the first of the two steps in ABOG’s initial certification process.

Each potential candidate is responsible for completing the application for the Qualifying Examination online at www.abog.org, submitting all required materials to ABOG at the time they are requested, and meeting all deadlines. ABOG will make the final decision concerning the applicant’s admission to the examination after considering all circumstances affecting the application.

Eligibility Requirements

1. It is not necessary to have a medical license to sit for the Qualifying Examination. However, if a medical license is held, it must be unrestricted without conditions (see [Disqualification from the Qualifying Examination](#) for further information.) An unrestricted medical license will be required to apply for the Certifying Examination.
2. All applicants must hold a Doctor of Medicine or Doctor of Osteopathic Medicine degree.
3. Residency Requirements:

- a. Candidates for certification are required to complete 48 months of graduate medical education in an Obstetrics and Gynecology residency program(s) that is ACGME-accredited at the time of completion of training. Candidates who will complete their residency training after September 30, 2024, will not be allowed to sit for the 2024 Qualifying Examination.

Alternately, this requirement can be met by completing no fewer than 60 months in a clinical Obstetrics and Gynecology program(s) accredited by the Council of the Royal College of Physicians and Surgeons of Canada (CRCPSC) no later than September 30, 2024. A minimum of 48 months of that training must be in Obstetrics and Gynecology. No credit for training outside of Canada may be counted toward meeting the 60-month training requirement.

Residents who complete 48 months in an AOA-accredited (American Osteopathic Association) program that achieves ACGME initial accreditation before their graduation are eligible to take the ABOG Qualifying Examination.

No credit will be given for residency training in programs accredited by any other organization, including ACGME-International.

If a resident's completion date changes and they will not complete their residency by September 30, 2024, they will not be eligible to take the Qualifying Examination in 2024. Any resident who takes the Qualifying Examination without completing residency by September 30, 2024, will have the results voided and will not receive a refund.

Residents are expected to take allotted vacation time. Foregoing vacation time or necessary sick leave to shorten the required 48 months of training or to "make up" for time lost due to sickness or other absence is not permitted.

- b. Either the PGY3 or PGY4 year of a residency program must include the responsibilities of a chief (senior) resident in accordance with the description of the program as accredited by the ACGME. Residents who receive credit for time spent in a non-ACGME-accredited residency program must serve their senior year as a PGY4. (See Requirement 3.e. below.)
- c. When a resident's graduate education and clinical experience have been gained in more than one residency program, the satisfactory performance at the previous program(s) must first be verified before an application to take the Qualifying Examination will be made available for the resident to complete. Fewer than 6 months

in any OB-GYN residency program will not count toward meeting the 48-month requirement.

- d. A resident who has a firm commitment to a position in an ACGME-accredited subspecialty fellowship may be allowed flexibility in their residency training program. To be eligible, ABOG must receive a request from the residency Program Director before the start of the PGY3 year. If approved by ABOG, the PGY3 year must be served as a senior resident, with duties and responsibilities similar to those of a PGY4 resident. If the resident satisfactorily completes the PGY3 senior resident year, they may begin the subspecialty fellowship in the PGY4 year. If the fellowship is not completed successfully, the physician must return to a residency program and complete a full 12-month PGY4 year.

Residents who have received credit for training (up to six months as detailed in Requirement 2.e. below) in a non-OB-GYN ACGME-accredited residency training program are not eligible for the flexibility option.

- e. Up to six months credit for previous training in a non-OB-GYN ACGME-accredited residency may be granted for residents entering an ACGME-accredited OB-GYN residency. The OB-GYN residency Program Director must request approval for a specific number of months, not to exceed six, before the start of the PGY4 year.
- f. Leaves of absence and vacation may be granted to residents at the discretion of the Program Director consistent with local institutional policy and applicable laws. The number of days that equals a “week” is a local issue that is determined by the institution and Program Director, not ABOG. Vacation weeks may be taken as part of approved leave or in addition to approved leave.

The total of such vacation and leaves for any reason—including, but not limited to, vacation, medical leave, parenting leave, caregiver leave, or personal leave—may not exceed 12 weeks in any single year of residency. If the maximum weeks of leave per residency year are exceeded, the residency must be extended for a duration of time equal to that which the resident was absent in excess of 12 weeks in the PGY1, PGY2, PGY3, and PGY4. Time missed for educational conferences does not count towards the 12 weeks.

In addition to the yearly leave limits, a resident must not take more than a total of 24 weeks (six months) of leave over the four years of residency. If this limit is exceeded, the residency must be extended for at least the duration of time that the individual was absent in excess of 24 weeks.

Extensions of training must have an educational plan outlined for the continued training with specific educational and clinical experience goals and objectives to be achieved, including for the chief (senior) resident year. This educational plan must include a description of what training was missed, how the missed training is being attained, and a block diagram that covers the entire length of training. This plan must be submitted to ABOG for approval at applications@abog.org.

Unaccrued personal time may not be used to reduce the actual time spent in a residency, nor to “make up” for time lost due to leave. For additional information on leave during residency, please refer to the ABOG residency leave policy found [here](#).

Residents who have their residency extended to complete the required 48 months may sit for the Qualifying Examination in July if they will have completed all 48 months by September 30 of the same year. The results of their examination will not be released until and unless the Program Director notifies ABOG that they have completed their residency by September 30. If a resident does not complete residency by September 30, the results of their examination will be voided. Additionally, if ABOG does not receive notification of residency completion from the Program Director by January 1, 2025, the results of the examination will be voided.

Examples:

A resident takes 3 weeks of leave in PGY1, 12 weeks in PGY2, 3 weeks in PGY3, and 3 weeks in PGY4. This is a total of 21 weeks. There is no required extension of the residency.

A resident takes 3 weeks of leave in PGY1 and PGY2, 16 weeks of leave plus 2 weeks' vacation in PGY3, and three weeks in PGY4. This is a total of 27 weeks. This exceeds the yearly threshold by six weeks and the total threshold by three weeks. The residency must be extended by six weeks with an educational plan submitted and approved by ABOG.

- g. The Program Director is required to attest to the resident's satisfactory performance, competence, and completion of the program. The Program Director is expected to sign on behalf of the program, not as an individual.
- h. Each resident is required to maintain a record of the number and type of obstetric and gynecologic procedures performed during residency to demonstrate the adequacy of their operative experience.

4. Limitation of Eligibility

All candidates must achieve board certification in Obstetrics and Gynecology within eight years of the completion of their residency training. If certification is not achieved within eight years, the physician will no longer be eligible to apply for either the Qualifying or Certifying Examinations unless an additional six months of supervised practice is completed. Years spent in an ABOG or ACGME OB-GYN subspecialty (fellowship) training program or second residency will not count toward the 8-year limit. However, when there is an interval of one or more years between the completion of residency training and the start of additional ACGME-accredited training, the year(s) will count toward the 8-year limit.

Physicians who fail to become certified within eight years will be required to complete a minimum of six months of supervised practice at a hospital affiliated with an ACGME-accredited training program to regain eligibility to apply for the Qualifying Examination. For additional information on regaining eligibility, please see the policy [here](#). Once the supervised practice is completed, the physician will have four years to become certified.

Fellowship training in any program other than an ABOG- or ACGME-accredited Gynecologic Oncology, Maternal-Fetal Medicine, Reproductive Endocrinology and Infertility, Female Pelvic Medicine and Reconstructive Surgery, Complex Family Planning, or government fellowship program will not extend the 8-year limit.

Candidates must meet all of the requirements in the *Bulletin* for the year they are applying for the test.

Disqualification from the Qualifying Examination

If a candidate is found to be involved in litigation or investigation regarding ethical or moral issues, the application will be reviewed. ABOG may defer a decision for entry into the examination to gain further information.

If the candidate has one or more licenses to practice medicine in any US state or Canadian province, each license may not be restricted, suspended, revoked, or on probation. Any restrictions or conditions placed on a license, regardless of whether the limits deal specifically with patient care, will disqualify the physician from entry to the Qualifying Examination. Such restrictions and conditions include any provisions requiring the physician to complete additional training and/or practice in a specified manner.

Falsification of any of the submitted data or evidence of other egregious ethical, moral, or professional misbehavior may result in a deferral of a candidate's application for a minimum three years. The candidate must then meet all eligibility requirements in effect at the end of the deferred period.

When the Board rules an applicant not admissible to the Qualifying Examination, a new application and application fee must be submitted after the cause of the inadmissibility has been resolved.

Residency Training Affidavit

The candidate ruled admissible to the examination must have a Residency Training Affidavit completed by the Program Director. This affidavit will be available on the Program Director's ABOG portal 31 days before the residency completion date. The Residency Program Director must verify that the candidate:

1. followed satisfactorily the course of instruction of this program;
2. completed the required 48 months of clinical experience that includes at least two months of family planning experience to meet ABOG certification standards;
3. completed a satisfactory resident experience Case Log and reviewed the report with the Program Director;
4. achieved the appropriate knowledge, judgement, and skills to provide competent clinical care in obstetrics, gynecology, and women's health, as documented by ongoing evaluation during the residency program;
5. demonstrated the necessary technical skills to competently perform the procedures required to practice Obstetrics and Gynecology:
 - a. major abdominal and vaginal surgical procedures,
 - b. major surgical procedures for female urinary and fecal incontinence and other forms of pelvic dysfunction (reconstructive pelvic surgery),
 - c. surgical exploration of the abdomen,

- d. abdominal and pelvic hysteroscopic and endoscopic procedures,
 - e. spontaneous and operative vaginal deliveries,
 - f. cesarean deliveries,
 - g. diagnostic evaluations including electronic fetal monitoring, sonography, colposcopy, amniocentesis, and urodynamic testing,
 - h. contraceptive procedures,
 - i. abortion-related care, and
 - j. diagnosis and treatment of complications of the above;
6. demonstrated good moral and ethical character and medical professionalism; and
 7. taken leaves of absence and vacation within the limits described in the [ABOG Residency Leave Policy](#).

The affidavit must be completed electronically. Results of the examination will not be released until the affidavit is completed by the Program Director.

A new affidavit is not necessary for those candidates who have completed their residency training and sat for the Qualifying Examination in a prior year if an affidavit has been previously received at ABOG.

Application Process

A unique ABOG ID number is assigned to each resident when the Residency Program Manager enters their information into the ABOG Residency Coordinator System. Once the ABOG ID number is created, the system will send an email to the resident with their ABOG ID and temporary password. If the resident does not receive this email, they should contact the Certification Standards Department at applications@abog.org to request this information. A resident must be logged in to their ABOG portal to access the Qualifying Exam application. Applications will be accepted online beginning January 3. Late fees will apply for applications received after February 16. (See table in [Deadlines and Fees](#) section.)

The last day to apply for the Qualifying Examination is March 1.

The Qualifying Examination fee must be paid in full by credit card at the time of the application. All fees are quoted and must be paid in US dollars.

An approval email will be sent to each applicant at the email address currently listed in the Profile Section of the applicants personal ABOG portal when they are approved to take the Qualifying Examination.

Once a candidate is approved to take the ABOG Qualifying Examination, any questions about exam protocols and processes should be emailed to exams@abog.org. It is the candidate's responsibility to ensure that both their email address and physical mailing address are current and correct. The approval email will also contain information for contacting a Pearson VUE Testing Center to schedule a seat for the examination. Candidates are urged to obtain a seat as soon as possible after notification of approval to avoid long-distance travel to a site with an available seat. On April 26, the ABOG reserved seats held at the Pearson VUE centers will be released. After that date, it will be harder for candidates to

reserve a seat at their preferred site. Seats in individual cities are limited and are assigned on a first-come, first-served basis. ABOG will not refund any portion of the test fee if a candidate is not able to reserve a seat at their preferred testing center.

If special accommodations are needed for a disability, those requests must be received no later than the close of the application period, and should be sent to exams@abog.org. (See [Appendix A](#) for more information about accommodations for disabilities.)

Candidates who are lactating may request a 30-minute break and extension of their examination if they notify the ABOG office no later than the close of the application period and schedule at a Pearson VUE Testing Center by the same date. Pearson VUE Centers have limited lactation facilities which are scheduled on a first-come, first-served basis. **If a candidate requests extra time for lactation, they will have to schedule their testing site through the Pearson VUE accommodations department after contacting ABOG. If no seat is available at the closest center, and they have requested extra time, they will have to travel to an available location to sit for the examination.** (See [Appendix B](#) for more information on lactation accommodations.)

The Qualifying Examination will be given on July 22.

Deadlines and Fees

The fee for the Qualifying Examination is \$1700 and must be paid in full at the time of application. The fee has been computed to cover the costs of the examination and administrative expenses. The Qualifying Examination fee consists of two parts: a fee to cover the costs of the application process (\$950) and a portion to cover the costs of the examination (\$750). The portion of the fee that covers the cost of the application process will not be refunded. Fees will not be credited towards future examination applications. If the candidate is denied entrance to the examination based on the information supplied with the application, the portion of the fee that covers the cost of the examination will be refunded.

After approval, if the candidate experiences an event that prevents sitting for the examination, the Board should be notified immediately. The ABOG review committee will determine if the request is due to circumstances beyond the control of the candidate. If the committee agrees that the circumstances warrant a refund, the fee may be refunded minus a \$450 processing fee.

2024 Qualifying Examination Deadlines

January 3	Applications available online
February 16	Last day to apply without late fee penalty
March 1	Final deadline
January to March	Candidates will be notified of approval to take the examination and to make a Pearson VUE Testing Center reservation
April 26	Last day to reserve seat at Pearson VUE prior to seat block release
July 22	Qualifying Examination at testing centers

2024 Qualifying Examination Fees

January 3 to February 16	\$1700
February 17 to March 1	\$1700 + \$360 late fee = \$2060

Administration of the Qualifying Examination

The Qualifying Examination is scheduled to last approximately 3 hours and 45 minutes. Candidates who finish before the full time has elapsed may leave the Pearson VUE Testing Center early, but if they do so, may not return. Candidates will receive information after registering on the [Pearson VUE Testing Center](#) website concerning the location of their examination, as well as the time they must arrive. Candidates will be required to schedule their examination seat reservation with an 8:00 am start time in their time zone and at a Pearson VUE location in the United States or Canada. Requests to take the examination at a Pearson VUE location outside of the US or Canada will be considered if the reason for the request is out of the control of the candidate (e.g., military deployment).

Each candidate must present two forms of identification to be admitted for the Qualifying Examination at the Pearson VUE Testing Center. One document must include both a photograph of the candidate and the candidate's signature. The second document must include the candidate's signature. If a candidate has had a name change between application and the day of the test, they must bring a copy of an official document that verifies the name change. Examples could include but are not limited to, a marriage certificate, divorce decree, court-ordered name change, etc.

Candidates may not take electronic devices into the examination area and must also submit to a screening process that may include any or all of the following: fingerprinting, palm vein scanning, wand or walkthrough scanning for metallic objects, or any other screening that may be in place at the Pearson VUE Testing Center. Please carefully review the Pearson

VUE policy for the complete listing of personal items not allowed in the examination area. Personal items include scarves, hats, headbands wider than 2 inches, jewelry wider than a quarter inch, and other items. If you arrive with any of the items mentioned in the personal items policy, you may be asked to remove the item from your person before walking into the testing area, unless the item is being worn for religious beliefs/purposes. A candidate who refuses to submit to any screening procedure will not be allowed to take the examination, and no portion of the fee will be refunded.

Candidates are not allowed to possess or access recording devices, cellular phones, paging devices, other electronic communication and/or recording devices, and writing instruments at any time during the Qualifying Examination or while taking a break. Candidates may not wear any device that can access the internet. These devices include Apple Watch, Fitbit, and similar devices. If such a device is discovered at any time during the examination, or if the candidate accesses any such device for any reason, the candidate will not receive a grade for any portion of the Qualifying Examination, and all fees will be forfeit. The only exceptions are medically required devices such as an insulin pump.

There is no scheduled break during the examination. Candidates may take unscheduled breaks to use the restroom facilities. Unscheduled breaks should not exceed ten minutes in length. During such breaks, a candidate may not talk with any individual or access any electronic device. Candidates are not allowed to leave the Pearson VUE Testing Center for any reason before completing the test. If a candidate violates any of these regulations, the candidate will not receive a grade for any portion of the Qualifying Examination, and all fees will be forfeit.

If special accommodations are required, those requests must be received at the ABOG office no later than the close of the application period. It may not be possible to accommodate requests received after that date. See [Appendix A](#) for information for disabilities. See [Appendix B](#) for information for lactating candidates.

Test Security

At the time of application for the Qualifying Examination, and again at the time the test is taken, each candidate will be required to agree to the following. No candidate will be allowed to sit for the Qualifying Examination without agreeing to these terms:

1. I understand that all ABOG test materials are copyrighted and that it is illegal to disclose the content of the examination in whole or in part to any individual, organization, or business. Furthermore, I understand that if I provide the information to any such entity, I may be prosecuted under the US Copyright laws.
2. I understand that if I divulge the content of the Qualifying Examination in whole or in part to any individual, organization or business, my test result if any, will be negated and I will not be allowed to re-apply for the Qualifying Examination for a minimum of three years.
3. I understand that I may not record any portion of the Qualifying Examination by any means in whole or in part, and a violation will be treated as outlined in numbers 1 and 2 above.
4. I understand that I may not memorize or attempt to memorize any portion of the

Qualifying Examination for the purpose of transmitting such material to any individual, organization, or business.

5. I agree that de-identified results of my examination may be used for research purposes by ABOG.
6. I agree that the results of my examination will be given to my Residency Program Director.

Additional information about test integrity and security can be found under the “Policies” tab on the ABOG website.

Qualifying Examination Content

The candidate will be expected to demonstrate skills necessary to apply the appropriate knowledge to the management of clinical problems. These skills include:

1. obtaining needed information;
2. interpretation and use of data obtained;
3. selection, instituting, and implementing appropriate care;
4. management of complications; and
5. follow-up and continuing care.

The examination consists of 230 single-best answer, multiple-choice questions. Many of the questions are constructed to be thought-provoking and problem-solving. For most questions, all possible answers may be plausible, but only one answer is the most correct. The Qualifying Examination will only be given in English.

Approximately 30% of the questions on the test will be in the area of Obstetrics, 30% in Gynecology, 30% in Office Practice and Women’s Health, and 10% in Cross Content. The approximate percentage of questions in subcategories is shown below.

Obstetrics

- Preconception/Prenatal/Antenatal Care (3%)
- Evaluation/Diagnosis of Antenatal Conditions (7%)
- Intrapartum Care, Complications, and Obstetrical Procedures (18%)
- Postpartum Care (2%)

Gynecology

- Preoperative Evaluation (3%)
- Perioperative Care (2%)
- Postoperative Care (3%)
- Surgical Complications (6%)
- Evaluation/Diagnosis/Management of Gynecologic Conditions (7%)
- Surgical Procedures (5%)

Neoplasia (4%)

Office Practice

Well-Woman Preventive Care (7%)

Office Management – Medical Problems (4%)

Office Management – Gynecology (15%)

Office Procedures (4%)

Cross Content

Communication (2.5%)

Ethics and Professionalism (2.5%)

Basic Science (5%)

The specific topics covered in these areas can be found in [Appendix C](#).

All approved abbreviations on ABOG examinations can be found in [Appendix D](#).

Results and Scoring

The results of the Qualifying Examination will be reported online to each candidate on or before the last Friday in October. We recognize waiting close to 12 weeks for these important results is difficult and the format of the examination, multiple choice and computer administered, creates an expectation for immediate feedback. Please be assured during this post-examination period, extensive quality assurance checks take place to ensure your test result is fair and accurate. For example, content on the qualifying exam is re-reviewed to identify potentially flawed questions. If ABOG determines a question with more than one correct answer (or no correct answer) was on the qualifying exam, test-takers will not be penalized for that item.

When results are released, ABOG will provide the candidate their scaled test score in addition to the result of “pass” or “fail.” Each candidate, regardless of whether they pass or fail, will be provided with the percent scored in each of the major topic areas. The cut-point for passing the Qualifying Examination is determined using standard setting methodology every 3-5 years and is equated statistically between that time.

In order to release a result, ABOG must receive the Residency Training Affidavit verifying completion of training completed by the current Program Director. Additionally, **if ABOG does not receive notification of residency completion from the Program Director by January 1, 2025, the results of the examination will be voided.**

As part of the application process, the applicant will be required to irrevocably agree that the results of the applicant’s Qualifying Examination may be made available to the Program Director of any residency program in which the applicant may have participated or in which the applicant is currently involved, and/or the American Council of Graduate Medical Education (ACGME) for any and all purposes. The candidate will also be given the opportunity to release their scaled score on the examination to their current Program Director. Furthermore, the applicant will be required to release and agree to indemnify and hold the ABOG and its officers, directors, and employees harmless of and from any and all claims the

applicant may have with regard to the effect or impact upon the applicant of the release of the applicant's examination results to the applicant's Program Director or the ACGME and waive any rights the applicant may have, if any, to have the examination results maintained in confidence.

A passing result on the Qualifying Examination does not ensure a candidate's admissibility to the Certifying Examination, nor does it allow the use of the term "Board Eligible."

Rescores and Appeals

Since ABOG utilizes many quality control procedures to ensure exams are scored accurately and there is no record of incorrect scoring at ABOG with the Qualifying Examinations, ABOG does not accept rescore requests. This includes, but is not limited to, rescoring of the exam, review of exam content, reconsideration of a correct response, reconsideration of the passing standard, and/or consideration of the acceptability of testing conditions.

In addition, ABOG does not accept appeals from candidates who seek to challenge the content of the examination, the sufficiency or accuracy of the answers to examination questions, the scoring of the examination, or the cut score used to determine the passing grade for the examination.

A complaint concerning any other matter of the Qualifying Examination should be sent to exams@abog.org.

Requests for Re-Examination

Candidates who are scheduled to take the Qualifying Examination but do not do so, as well as candidates who do not pass the examination and who wish to repeat the examination, must complete a new application on the ABOG website and pay a new fee. It is necessary for each applicant to meet the requirements in effect the year the application is submitted. These requirements can be found in the *Bulletin* for the year the application is submitted. The re-applicant must complete the application process before the applicable deadline.

APPENDIX A: CANDIDATE DISABILITY

The American Board of Obstetrics & Gynecology, Inc. (ABOG or Board) provides reasonable accommodations in accordance with the Americans with Disabilities Act (ADA) as amended by the ADA Amendments Act of 2013 (ADAAA) (collectively the ADA) and, therefore, will provide or allow the use of necessary auxiliary aids, services, or testing conditions that do not fundamentally alter the measurement of the skills or knowledge the Board assessment program and examination is intended to test. Candidates must indicate through the examination application if special testing accommodations under the ADA are needed.

The ADA defines a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities such as walking, standing, seeing, hearing, eating, sleeping, speaking, breathing, learning, reading, concentrating, thinking, communicating, or working.

The purpose of accommodations is to provide equal access to ABOG examinations for all individuals. Accommodations offset the identified functional limitation so that the impact of impairment is minimized by means of an auxiliary aid or an adjustment to the testing procedure. Functional limitation refers to the aspects of a disability that interfere with an individual's ability to function in some capacity on a regular and continuing basis.

Accommodations will only be considered with appropriate documentation. To implement this policy, notification of the need for special testing circumstances must be submitted in writing to ABOG by a candidate by the close of the application period. This deadline is necessary in order to allow the Board to request the required documentation, to review the records, and to verify the disability, if necessary.

The purpose of documentation is to validate that an applicant for test accommodations is a disabled individual as defined by the ADA and to provide guidance in determining effective accommodations. The comprehensive information by a qualified professional is necessary to allow ABOG to understand the nature and extent of the applicant's disability and the resulting functional impairment that limits access to its examinations. It is essential that an applicant's documentation provides a clear explanation of the functional impairment and a rationale for the requested accommodation.

No candidate shall be offered an accommodation that would compromise the ABOG examination's ability to test accurately the skills and knowledge it purports to measure, and no auxiliary aid or service will be provided which will fundamentally alter the examination or result in an undue burden to ABOG.

ABOG shall not exclude any candidate from examination solely because of a disability if ABOG is provided with notice of the disability in time to permit ABOG to make such adjustments in the examination as are reasonably necessary to accommodate the disability. The candidate must provide sufficient documentation to permit ABOG to verify the existence, nature, and extent of the disability at the time of application. The documentation must specify the requirements or accommodations determined to be necessary to overcome or compensate for the disability. In addition, the candidate must supply any additional information ABOG may subsequently request in a timely manner.

If any of the requirements cannot reasonably be provided, ABOG will notify the candidate and will indicate those alternative accommodations which ABOG determines to be appropriate in consideration of the disability claimed and documented, and the integrity of the examination.

If the candidate fails to notify ABOG of a disability at the time of application and fails to achieve a passing grade, that candidate may not appeal the results of the examination but shall be entitled to sit for the next regularly scheduled written examination and must pay a new application and examination fee.

If a candidate claims that their examination results were adversely affected by illness, injury, or other temporary physical impairment at the time of the examination, that candidate may not appeal the results of the examination. However, if candidates provide sufficient evidence of such illness, injury, or impairment, they shall be entitled to sit for the next regularly scheduled written examination and must pay a new application and examination fee.

APPENDIX B: LACTATION ACCOMMODATIONS

Candidates who are lactating may request a 30-minute break and extension of their examination if they notify the ABOG office no later than the close of the application period and schedule at a Pearson VUE Testing Center by the same date. Most Pearson VUE Testing Centers have only one room that is available for breast pumping, so candidates are encouraged to make their reservations as soon as they receive approval for the test as these rooms will be assigned on a first-come, first-served basis. If a candidate requests extra time for lactation, ***they must schedule their testing site through the Pearson VUE accommodations department after contacting ABOG. If no seat is available at the closest center, and they have requested extra time, they will have to travel to an available location to sit for the examination.*** As Pearson VUE testing centers have limited lactation facilities, ABOG cannot guarantee that the candidate will be able to schedule at their preferred testing center.

APPENDIX C: SPECIALTY QUALIFYING EXAMINATION TOPICS

Obstetrics

- I. Provide preconception, prenatal, and antenatal care:
 - a. Provide management, counseling, and testing for routine prenatal care
 - b. Evaluate, diagnose, and provide initial management of co-existent medical diseases (e.g., cardiovascular, chronic hypertension, pulmonary, renal, gastrointestinal including liver disease, hematologic, endocrine including thyroid, psychiatric disorders, autoimmune including DM, neoplastic, dermatologic, neurologic, obesity) during pregnancy
 - c. Provide patient counseling regarding options, risks, and benefits of genetic testing
- II. Evaluate, diagnose, and manage the following preconception/antenatal conditions:
 - a. Select, perform, and/or interpret antepartum fetal assessment and manage associated abnormalities (e.g., biophysical profile, contraction stress test, nonstress test, vibroacoustic stimulation)
 - b. Apply knowledge of female anatomy and pathophysiology to improve patient outcomes
 - c. Patients at risk for preterm delivery
 - d. Common antepartum complications (e.g., hyperemesis, first trimester bleeding)
 - e. Medical disorders unique to pregnancy (e.g., preeclampsia, eclampsia, hyperemesis, gestational diabetes, cholestasis, acute fatty liver, peripartum cardiomyopathy, PUPPS, herpes gestationis)
 - f. Infectious diseases in pregnancy (e.g., HIV, Group A Streptococcus, varicella, pyelonephritis, CMV, toxoplasmosis, parvovirus)
 - g. Surgical conditions (e.g., acute abdomen, adnexal masses) during pregnancy
 - h. Abnormal fetal presentation (e.g., external cephalic version)
 - i. Manage multifetal gestation
 - j. Fetal growth abnormalities (e.g., fetal growth restriction, macrosomia)
 - k. Post-term pregnancies
 - l. Thrombophilia
 - m. Fetal assessment/prenatal diagnosis (e.g., fetal anomalies, abnormal AFV, ultrasound assessment - infectious disease exposure, isoimmunization, non-immune hydrops)
 - n. Evaluate, diagnose, and provide co-management of non-obstetric emergencies during pregnancy (e.g., trauma, intimate partner violence, sexual assault)
- III. Provide general intrapartum care:
 - a. Evaluate, diagnose, and provide operative vaginal delivery (e.g., forceps, vacuum)
 - b. Evaluate, diagnose, and provide operative delivery (e.g., cesarean delivery)
 - c. Evaluate, diagnose, and repair obstetric lacerations and associated complications
 - d. Counsel patients on analgesia options and manage intrapartum pain
 - e. Evaluate and diagnose infants in need of resuscitation and perform initial management
 - f. Manage induction and augmentation of labor including cervical ripening
 - g. Prevention and management of thrombosis

- IV. Evaluate, diagnose, and manage the following intrapartum conditions:
 - a. Labor abnormalities (e.g., preterm labor, dystocia, PROM, cord problems, abnormal presentation)
 - b. Obstetric hemorrhage
 - c. Medical disorders
 - d. Infectious diseases
 - e. Placental abruption
 - f. Abnormal placentation
 - g. Uterine rupture
 - h. Uterine inversion
 - i. Placental abnormalities (e.g., placenta previa and vasa previa)
 - j. Acute maternal decompensation (e.g., amniotic fluid embolism, septic shock)
 - k. Fetal heart rate abnormalities
 - l. Previous cesarean delivery (e.g., TOLAC, VBAC)
 - m. Infectious complications
- V. Perform the following obstetrical procedures:
 - a. Amniocentesis for fetal lung maturation and genetic testing
 - b. 1st-, 2nd-, and 3rd-degree vaginal laceration repair
 - c. 4th-degree vaginal laceration repair
 - d. Debridement and repair of perineal dehiscence
 - e. Cervical laceration repair
 - f. Breech vaginal delivery
 - g. Vaginal delivery of twin gestation
 - h. Internal version and extraction
 - i. Operative vaginal delivery (low forceps, vacuum)
 - j. Shoulder dystocia maneuvers
 - k. Cesarean delivery
 - l. Peripartum hysterectomy
 - m. Management of abnormal placental location (e.g., placenta previa)
 - n. Management of abnormal placentation (e.g., placenta accreta)
 - o. Surgical management of uterine atony
 - p. Management of hysterotomy extension
 - q. Management of cystotomy
 - r. Management of enterotomy
 - s. Neonatal circumcision
 - t. Cervical cerclage
 - u. Postpartum uterine curettage
 - v. Amnioinfusion
- VI. Provide general postpartum care:
 - a. Provide routine care (e.g., breastfeeding, contraception, pain management)
 - b. Evaluate, diagnose, and manage postpartum complications (e.g., vulvar and vaginal hematoma, endometritis, mastitis)
 - c. Evaluate and manage common medical and obstetric complications or conditions (e.g., gestational diabetes, hypertension, depression, thyroid disorders, psychiatric disorders)
 - d. Evaluate, diagnose, and manage lactation and breastfeeding complications

- e. Evaluate, diagnose, and manage postpartum hemorrhage
- f. Evaluate, diagnose, and manage postpartum hypertensive disorders

Gynecology

- I. Evaluate, diagnose, and surgically manage:
 - a. Acute pelvic pain
 - b. Pelvic inflammatory disease/TOA
 - c. Vulvar disorders
 - d. Gynecologic trauma
 - e. Adnexal torsion
 - f. Ectopic pregnancy and pregnancies of unknown location
- II. Provide general preoperative evaluation:
 - a. Counsel patient about risks, benefits, and alternative treatment options
 - b. Determine appropriate surgical intervention
 - c. Evaluate, diagnose, and manage co-existing medical conditions
 - d. Obtain informed consent
- III. Perform the following perioperative care:
 - a. Provide interventions to reduce perioperative infection
 - b. Provide interventions to reduce venous thromboembolism
 - c. Communicate with interdisciplinary team members to reduce surgical error (e.g., timeouts, counts, fire hazard risk)
 - d. Communicate with interdisciplinary team members to provide appropriate anesthesia and positioning
- IV. Provide general intraoperative care:
 - a. Apply knowledge of female pelvic anatomy to reduce intraoperative complications
 - b. Evaluate, diagnose, and manage intraoperative hemorrhage
 - c. Evaluate, diagnose, and initially manage small/large bowel injury
 - d. Evaluate, diagnose, and initially manage urinary tract injury
- V. Evaluate, diagnose, and manage postoperative care:
 - a. A hemodynamically unstable patient
 - b. Nerve injuries
 - c. Wound complications
 - d. Postoperative venous thromboembolism
 - e. Nausea and vomiting and/or diarrhea
 - f. Fever and infections
 - g. Urinary tract complications
 - h. Altered mental status
 - i. Small/large bowel injury
- VI. Perform minimally invasive surgical procedures:
 - a. Diagnostic hysteroscopy
 - b. Diagnostic laparoscopy
 - c. Operative hysteroscopy (e.g., endometrial ablation, myomectomy, polypectomy, septoplasty)
 - d. Laparoscopic ablation and excision of endometriosis
 - e. Laparoscopic hysterectomy (e.g., LAVH, supracervical, TLH)

- f. Operative laparoscopy (e.g., LOA, ovarian cystectomy, salpingectomy, salpingo-oophorectomy, salpingostomy)
 - g. Laparoscopic myomectomy
 - h. Laparoscopic sterilization
 - i. Lysis of intrauterine adhesions
 - j. Proximal fallopian tube cannulation (chromopertubation)
- VII. Perform gynecologic surgical procedures for benign disorders
- a. Abdominal hysterectomy
 - b. Abdominal myomectomy
 - c. Bartholin gland duct cystectomy
 - d. Bartholin gland duct marsupialization
 - e. Bilateral tubal ligation
 - f. Cervical conization
 - g. Cherney incision
 - h. Cornual wedge resection
 - i. Dilatation and sharp curettage
 - j. Dilatation and suction curettage
 - k. Exploratory laparotomy
 - l. Hymenectomy
 - m. Labia minora reduction
 - n. Lysis of adhesions
 - o. Maylard incision
 - p. Midline vertical incision
 - q. Oophorectomy
 - r. Ovarian cystectomy
 - s. Pfannenstiel incision
 - t. Salpingectomy
 - u. Salpingo-oophorectomy
 - v. Salpingostomy
 - w. Trachelectomy
 - x. Vaginal hysterectomy
 - y. Vaginal septum excision
 - z. Vestibulectomy
 - aa. Vulvar abscess or hematoma drainage
 - bb. Wound debridement and secondary closure
- VIII. Perform surgeries for pelvic floor disorders (e.g., prolapse, incontinence):
- a. Diagnostic and operative cystoscopy and urethroscopy
 - b. Surgical repair of urinary incontinence (e.g., Burch colposuspension, tension-free vaginal tape, transobturator tape sling)
 - c. Vesicovaginal fistula repair
 - d. Vaginal prolapse repair (e.g., anterior colporrhaphy, posterior colporrhaphy, perineorrhaphy)
 - e. Vaginal apical suspension (e.g., uterosacral ligament suspension, sacrospinous ligament fixation, McCall culdoplasty)
 - f. Colpocleisis

IX. Provide general neoplasia care:

- a. Evaluate, diagnose, and manage intraoperative findings consistent with neoplasia
- b. Evaluate and diagnose genetic risks of neoplasia
- c. Evaluate, diagnose, and manage gestational trophoblastic disease

Office Practice

I. Provide routine care:

- a. Perform age-appropriate preventive health screening
- b. Provide appropriate immunizations
- c. Evaluate and manage at-risk patients and recommend genetic screening and cancer preventive measures
- d. Counsel and promote wellness (e.g., weight management, diet, smoking cessation, exercise)
- e. Family planning (Individual reproductive priorities, contraception, optimize fertility, and pre-pregnancy health)
- f. Risks and benefits of ovarian preservation

II. Evaluate and initiate management of primary care problems:

- a. Breast disorders
- b. Hypertension
- c. Hyperlipidemia
- d. Gastrointestinal disease
- e. Diabetes mellitus
- f. Thyroid disease
- g. Osteopenia/osteoporosis
- h. Obesity
- i. Depression and anxiety
- j. Acne and dermatological conditions
- k. Low back pain
- l. Headaches

III. Perform general office gynecology care:

- a. Evaluate, diagnose, and initiate management of infertility disorders
- b. Evaluate, diagnose, and manage disorders of menopause (e.g., vasomotor, genitourinary syndrome of menopause)
- c. Evaluate, diagnose, and initiate management for sexual development disorders (e.g., structural, chromosomal)
- d. Provide cervical cancer screening and manage abnormal results
- e. Evaluate, diagnose, and manage adnexal abnormalities (e.g., simple and complex masses)
- f. Evaluate, diagnose, and manage pelvic pain disorders and endometriosis
- g. Evaluate, diagnose, and provide gynecologic care for women with HIV
- h. Evaluate, diagnose, and provide gynecologic care for women with Hepatitis B/C
- i. Evaluate, diagnose, and manage urinary tract infections

IV. Evaluate, diagnose, and manage endocrine disorders:

- a. Polycystic ovary syndrome (PCOS)
- b. Galactorrhea
- c. Hirsutism

- d. Disorders of puberty
- V. Evaluate, diagnose, and manage disorders of menstruation:
 - a. Primary amenorrhea
 - b. Secondary amenorrhea
 - c. Abnormal uterine bleeding
 - d. Premenstrual dysphoric disorder
 - e. Dysmenorrhea
- VI. Evaluate, diagnose, and manage vulvovaginal conditions:
 - a. Benign conditions (e.g., infections, dermatoses, cysts)
 - b. Vulvar intraepithelial neoplasia / Vaginal intraepithelial neoplasia
 - c. Chronic pain/vulvodynia
 - d. Pediatric (e.g., labial adhesions)
- VII. Evaluate, diagnose, and manage structural uterine abnormalities:
 - a. Leiomyomata
 - b. Polyps
 - c. Hyperplasia
 - d. Adenomyosis
- VIII. Evaluate, diagnose, and initiate management of incontinence / pelvic floor disorders:
 - a. Urinary incontinence
 - b. Accidental bowel leakage
 - c. Pelvic organ prolapse
- IX. Evaluate and manage early pregnancy disorders:
 - a. Abortion (e.g., spontaneous, incomplete, missed)
 - b. Recurrent pregnancy loss
 - c. Pregnancy of unknown location
 - d. Ectopic
- X. Evaluate, diagnose, and initiate management for reproductive tract cancer:
 - a. Vulva
 - b. Cervix
 - c. Uterus
 - d. Ovary
 - e. Fallopian Tubes
- XI. Evaluate, diagnose, and manage sexually transmitted infections
 - a. Chlamydia
 - b. Syphilis
 - c. Gonorrhea
 - d. HPV
 - e. Herpes Simplex Virus
 - f. Trichomonas
 - g. Rare STIs (Lymphogranuloma venereum, Chancroid, Molluscum contagiosum)
 - h. Partner treatment
 - i. Prophylaxis including PrEP
- XII. Perform office-based procedures:
 - a. Diagnostic hysteroscopy
 - b. Endometrial ablation
 - c. Induced abortion

- d. First-trimester uterine aspiration
 - e. Loop electrosurgical excision procedure (LEEP)
 - f. Biopsies
 - g. Colposcopy (e.g., cervical, vaginal, vulvar)
 - h. Placement and removal of an intrauterine device
 - i. Placement and removal of long-acting reversible contraception
 - j. Pessary fitting
 - k. Incision and drainage of vulvovaginal cyst, abscess, and hematoma
 - l. Treatment of condyloma
 - m. Wound care
- XIII. Provide care for patients with unique obstetric or gynecologic needs including:
- a. Geriatric patients
 - b. Pediatric (<12 years) patients and Adolescent (<21 years) patients
 - c. LGBTQIA patients
 - d. Substance and alcohol abuse
 - e. Sexual health and dysfunction
 - f. Intimate partner violence and sexual assault
 - g. Psychiatric disorders
 - h. Reproductive tract congenital anomalies

Cross Content

- I. Communicate effectively and professionally with patients and/or family members about the following situations:
 - a. Unexpected outcomes (e.g., fetal demise, stillbirth, cancer, surgical complications)
 - b. Crisis situations (e.g., substance abuse, intimate partner violence)
 - c. Disclosure of adverse outcomes
 - d. Disclosure of medical errors
- II. Evaluating and managing the following ethical situations, personally or with colleagues:
 - a. Boundary violations (sexual)
 - b. Signs of excess stress and burnout
 - c. Unprofessional behavior (e.g., dishonesty, verbal abuse, disruptive behavior)
 - d. Impaired physicians (e.g., alcohol abuse, substance abuse, psychiatric disorders)
 - e. Personal and team member wellness
 - f. Counsel patients on ethically complex cases
- III. Act ethically and professionally:
 - a. Provide care with multi-disciplinary teams (Systems-based practice)
 - b. Participate in continuous quality improvement (Practice-based learning and improvement)
 - c. Participate in hospital, department, or office-based patient safety initiatives (Patient safety)
- IV. Basic and applied science
 - a. Physiology
 - b. Anatomy
 - c. Pathology
 - d. Microbiology
 - e. Immunology

- f. Embryology
- g. Pharmacology
- h. Epidemiology & Evidence-based medicine

APPENDIX D: APPROVED ABBREVIATIONS FOR EXAMINATIONS

2D	2-dimensional
3D	3-dimensional
17-OHP	17-hydroxyprogesterone
aCGH	Array comparative genomic hybridization
ACTH	Adrenocorticotrophic hormone
AFI	Amniotic fluid index
AFP	Alpha-fetoprotein
AGC	Atypical glandular cells
AIS	Adenocarcinoma in situ
ALT	Alanine aminotransaminase
AMA	Advanced maternal age
AMH	Antimullerian hormone
ANC	Absolute neutrophil count
APS	Antiphospholipid antibody syndrome
ARDS	Acute respiratory distress syndrome
AROM	Artificial rupture of membranes
ART	Antiretroviral therapy or Assisted reproductive technology
ASA score	American Society of Anesthesiologists score
ASC	Abdominal sacrocolpopexy
ASCUS	Atypical cells of undetermined significance
ASRM	American Society for Reproductive Medicine
AST	Aspartate aminotransaminase
ATFP	Arcus tendineus fascia pelvis
AUB	Abnormal uterine bleeding
AZF	Azoospermia factor
BEP	Bleomycin, etoposide, cisplatin
BSO	Bilateral salpingo-oophorectomy
BTL	Bilateral tubal ligation
BMI	Body mass index
BUN	Blood urea nitrogen
Cm	Centimeter
CA125	Cancer antigen 125
CBAVD	Congenital bilateral absence of the vas deferens
CBC	Complete blood count
CD4	Cluster of differentiation 4
CEA	Carcinoembryonic antigen
CI	Confidence interval
CIN	Cervical intraepithelial neoplasia
CMV	Cytomegalovirus
CNS	Central nervous system
COC	Combined oral contraceptive
CPR	Cardiopulmonary resuscitation
CT	Computerized tomography
CTA	Computerized tomography angiography
CTLA-4	Cytotoxic T lymphocyte-associated antigen 4
CVS	Chorionic villus sampling
dMMR	Deficient mismatch repair
D & C	Dilatation and curettage
D & E	Dilatation and evacuation

DEXA	Dual-energy x-ray absorptiometry
DHEA	Dehydroepiandrosterone
DHEAS	Dehydroepiandrosterone sulfate
DIC	Disseminated intravascular coagulopathy
DKA	Diabetic ketoacidosis
DM	Diabetes mellitus
DMSO	Dimethyl sulfoxide
DNA	Deoxyribonucleic acid
DSD	Differences of sexual development
DVP	Deepest vertical pocket
DVT	Deep vein thrombosis
EAS	External anal sphincter
EBL	Estimated blood loss
ECC	Endocervical curettage
ECMO	Extracorporeal membrane oxygenation
EGA	Estimated gestational age
EIN	Endometrial intraepithelial neoplasia
ELISA	Enzyme-linked immunosorbent assay
EKG/ECG	Electrocardiogram
EMA-CO	Etoposide, methotrexate, actinomycin D-cyclophosphamide, Oncovin®
EMB	Endometrial biopsy
EFW	Estimated fetal weight
ER	Estrogen receptor
ERAS	Enhanced recovery after surgery
ESHRE	European Society of Human Reproduction and Embryology
FDA	Food and Drug Administration
FENa	Fractional excretion of sodium
FFP	Fresh frozen plasma
FGR	Fetal growth restriction
FHR	Fetal heart rate
FHT	Fetal heart tones
FIGO	International Federation of Gynecology and Obstetrics
FISH	Fluorescence in situ hybridization
FSH	Follicle-stimulating hormone
g	Gram
GBS	Group B streptococcus
G-CSF	Granulocyte colony-stimulating factor
GDM	Gestational diabetes mellitus
GIFT	Gamete intrafallopian transfer
GnRH	Gonadotropin-releasing hormone
GOG	Gynecologic Oncology Group
GTD	Gestational trophoblastic disease
GTN	Gestational trophoblastic neoplasia
HbA1c	Hemoglobin A1c
HELLP	Hemolysis, elevated liver function tests, low platelet count
HCG	Human chorionic gonadotropin
HIV	Human immunodeficiency virus
hMG	Human menopausal gonadotropin
HNPCC	Hereditary nonpolyposis colorectal cancer
HPO	Hypothalamic-pituitary-ovarian

HPV	Human papillomavirus
HRT	Hormone replacement therapy
HSG	Hysterosalpingogram
HSIL	High-grade squamous intraepithelial lesion
HSV	Herpes simplex virus
IAS	Internal anal sphincter
IC/BPS	Interstitial cystitis/Bladder pain syndrome
ICSI	Intracytoplasmic sperm injection
ICU	Intensive care unit
IgG	Immunoglobulin G
IgM	Immunoglobulin M
IM	Intramuscular
INR	International normalized ratio
IPG	Implantable pulse generator
IUD	Intrauterine device
IUFD	Intrauterine fetal death
IUI	Intrauterine insemination
IUP	Intrauterine pregnancy
IV	Intravenous
IVF	In vitro fertilization
IVIG	Intravenous immunoglobulin
kg	Kilogram
KUB	Kidney, ureter, bladder
L & D	Labor and delivery
LARC	Long-acting reversible contraception
LAVH	Laparoscopic-assisted vaginal hysterectomy
LDH	Lactate dehydrogenase
LEEP	Loop electrosurgical excision procedure
LGA	Large for gestational age
LGBTQIA	Lesbian gay bisexual transgender queer intersex asexual
LFT	Liver function test
LH	Luteinizing hormone
LMP	Last menstrual period
LMWH	Low-molecular-weight heparin
LSIL	Low-grade squamous intraepithelial lesion
LVSI	Lymphovascular space invasion
mL	Milliliter
mTOR	Mammalian target of rapamycin
MCA	Middle cerebral artery
MESA	Microsurgical epididymal sperm aspiration
MIS	Minimally invasive surgery
MRI	Magnetic resonance imaging
MRKH	Mayer-Rokitansky-Küster-Hauser
MSAFP	Maternal serum alpha-fetoprotein
MSI-H, -L	Microsatellite instability-high, -low
MTP	Massive transfusion protocol
MURCS	Müllerian duct aplasia, renal aplasia, cervicothoracic somite dysplasia
NAAT	Nucleic-acid amplification test
NGS	Next-generation sequencing
NICU	Neonatal intensive care unit

NIPT	Noninvasive prenatal testing
NPO	Nil per os
NSAID	Nonsteroidal anti-inflammatory drug
OAB	Overactive bladder
OASIS	Obstetric anal sphincter injuries
OHSS	Ovarian hyperstimulation syndrome
OHVIRA	Obstructed hemivagina ipsilateral renal agenesis
PACU	Postanesthesia care unit
PALND	Para-aortic lymph node dissection
PAP	Papanicolaou smear
PARP	Poly adenosine diphosphate-ribose polymerase
PCOS	Polycystic ovarian syndrome
PCR	Polymerase chain reaction
PD-1	Programmed cell death protein 1
PD-L1	Programmed cell death ligand 1
PESA	Percutaneous epididymal sperm aspiration
PET	Positron emission tomography
PFMT	Pelvic floor muscle therapy
PFPT	Pelvic floor physical therapy
PGT-A	Preimplantation genetic testing for aneuploidy
PGT-M	Preimplantation genetic testing for monogenic disorder
PGT-SR	Preimplantation genetic testing for structural rearrangements
PLND	Pelvic lymph node dissection
PNE	Peripheral nerve evaluation
POP	Pelvic organ prolapse
POP-Q	Pelvic organ prolapse quantification system
PPH	Postpartum hemorrhage
PR	Progesterone receptor
PROM	Premature rupture of membranes
PT	Prothrombin time
PTT	Partial thromboplastin time
PPROM	Preterm premature rupture of membranes
PTNS	Posterior tibial nerve stimulation
PUBS	Percutaneous umbilical blood sampling
PUPPP	Pruritic urticarial papules and plaques of pregnancy
PVR	Postvoid residual
RAIR	Rectoanal inhibitory reflex
RBC	Red blood cell
RCT	Randomized controlled trial
RNA	Ribonucleic acid
RPL	Recurrent pregnancy loss
RPR	Rapid plasma reagin
SBO	Small bowel obstruction
S/D (ratio)	Systolic/diastolic ratio
SGA	Small for gestational age
SHBG	Sex hormone-binding globulin
SLND	Sentinel lymph node dissection
SNM	Sacral neuromodulation
SNP	Single-nucleotide polymorphism
SO	Salpingo-oophorectomy: preceded by R (right) or L (left) or unilateral (U)

SROM	Spontaneous rupture of membranes
SSLF	Sacrospinous ligament fixation
STI	Sexually transmitted infection
SUI	Stress urinary incontinence
SS-A	Sjogren syndrome A
SS-B	Sjuogren syndrome B
SVD	Spontaneous vaginal delivery
T1DM	Type I diabetes mellitus
T2DM	Type II diabetes mellitus
TAH	Total abdominal hysterectomy
TCGA	The Cancer Genome Atlas
TESA	Testicular sperm aspiration
TESE	Testicular sperm extraction
TLH	Total laparoscopic hysterectomy
TNF	Tumor necrosis factor
TOLAC	Trial of labor after cesarean
TOT	Transobturator tape
TSH	Thyroid-stimulating hormone
TRALI	Transfusion-related acute lung injury
TTTS	Twin-twin transfusion syndrome
TUNEL	Terminal deoxynucleotidyl transferase-mediated deoxyuridine triphosphate-nick en labelling
TVH	Total vaginal hysterectomy
TVS	Transvaginal sonography
TVT	Tension-free vaginal tape
UAE	Uterine artery embolization
USLF	Uterosacral ligament fixation
UTI	Urinary tract infection
VAC	Vincristine, actinomycin-D, cyclophosphamide
VAIN	Vaginal intraepithelial neoplasia
VBAC	Vaginal birth after cesarean delivery
VCUG	Voiding cystourethrography
VDRL	Venereal disease research laboratory
VEGF	Vascular endothelial growth factor
VIN	Vulvar intraepithelial neoplasia
VLPP	Valsalva leak point pressure
V/Q	Ventilation/Perfusion
VTE	Venous thromboembolism
VVF	Vesicovaginal fistula
WBC	White blood cell
WES	Whole exome sequencing
WHO	World Health Organization
ZIFT	Zygote intrafallopian transfer