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Hypoxemia - Answer- Decreased oxygen in blood

Hypoxia - Answer- Not enough oxygen to supply organs

Normal fetal PO2 - Answer- 15-25 mmhm

What factors can change the maternal HR? - Answer- Intrinsic pacemakers (SA & AV node)
Cardiac conduction system
Autonomic regulation... Sympathetic, parasympathetic
Humoral factors (catecholamines)
Extrinsic factors (medications)
Local factors (Ca, K)

What are the 3 most common causes of decrease cardiac output in the OB patient? - Answer- Reduced preload (HypoTN) from
-hypovolemia
-compression of inferior vena cava
-anesthesia

In what area of the placenta does exchange of gases, nutrients, waste, hormones, antibodies & medications occur? - Answer- Maternal blood in the intervillous space and fetal blood in the villous capillaries
These are separated by the blood-blood barrier

Oxygen, CO2, NaCl, lipids, vitamins and some drugs are exchanged by... - Answer- Simple diffusion

Glucose & carbohydrates are exchanged by... - Answer- Facilitated diffusion

Amino acids, water-soluble vitamins & large ions are transported by... - Answer- Active transport

What conditions decrease the volume of the blood in the intervillous space? - Answer- Abruption
Infarction
Thrombosis
Infection
...These can also decrease the surface area of the chorionic villous thus decreasing O2 absorption (less surface area = less absorption)

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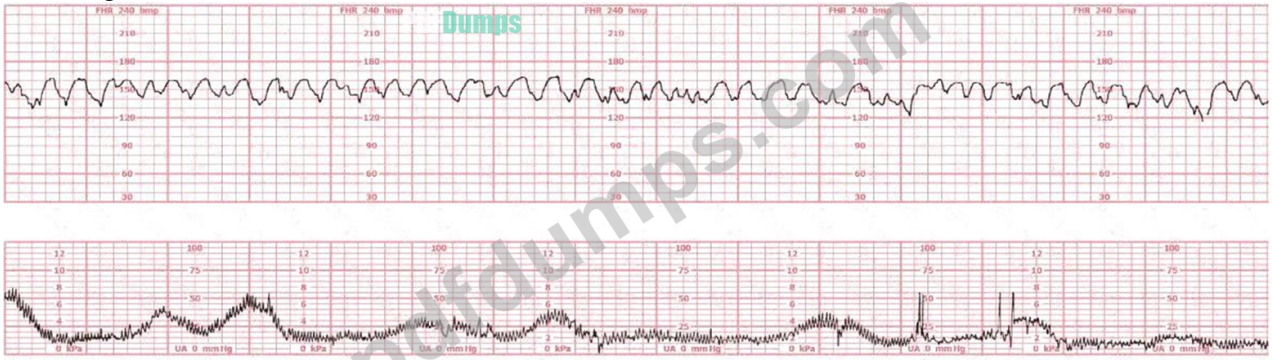
NCC Certified - Electronic Fetal Monitoring Sample Questions (Q63-Q68):

NEW QUESTION # 63
(Full question statement)
This tracing is consistent with:

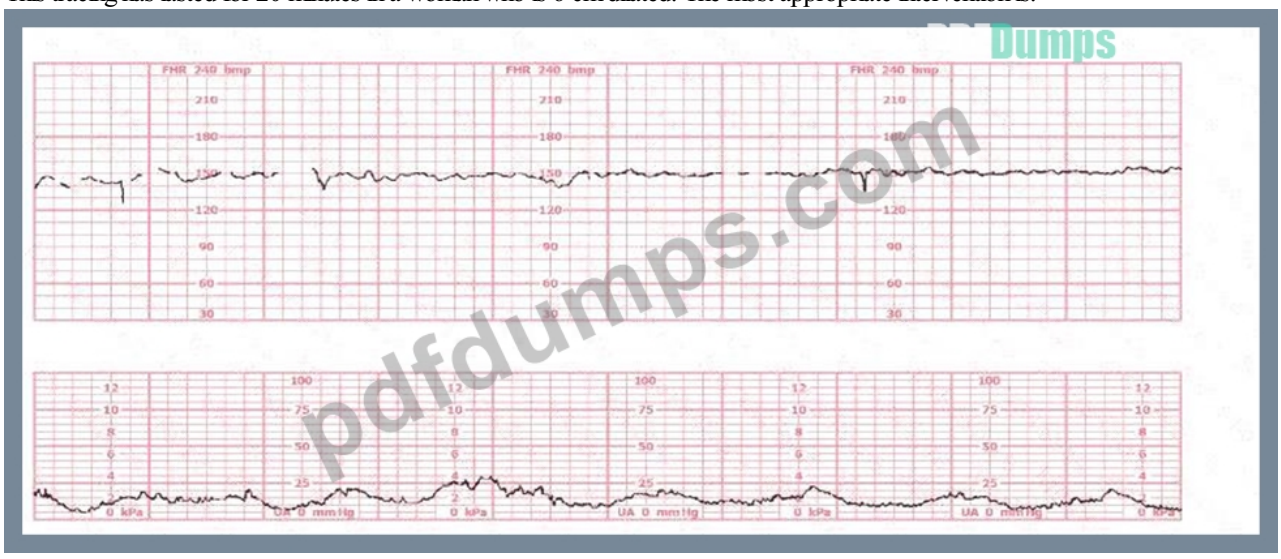


- A. Effects of butorphanol administration
- B. Atrial flutter
- C. Fetal-maternal transfusion

Answer: A

Explanation:
Comprehensive and Detailed Explanation From Exact Extract Without Links:
NCC and AWHONN teaching materials describe that butorphanol, an opioid analgesic, characteristically produces a transient sinusoidal-like pattern or pseudo-sinusoidal pattern with moderate variability preserved.
This drug-related pattern has:
* smooth, regular oscillations
* maintained variability
* absence of true periodic decelerations
* resolution within 20-60 minutes
Simpson & Menihan describe butorphanol as producing a "saw-tooth, wavering pattern" often mistaken for dysrhythmia but actually benign.
True sinusoidal patterns (e.g., fetal-maternal hemorrhage) are fixed, smooth, non-variable patterns with absent variability, not matching the scenario.
Atrial flutter produces very rapid atrial contractions, which manifest as irregular baseline spikes-also not consistent.
Therefore, the described tracing aligns most closely with butorphanol effects.

NEW QUESTION # 64
This tracing has lasted for 20 minutes in a woman who is 6 cm dilated. The most appropriate intervention is:



- A. Intravenous bolus of D5% Lactated Ringers
- B. Fetal scalp stimulation
- C. Delivery

Answer: B

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
This tracing shows:
* Baseline approximately 135-140 bpm
* Minimal variability
* No accelerations
* No recurrent decelerations
* Category II for 20 minutes
According to NCC, AWHONN, and NICHD, minimal variability persisting # 20 minutes without accelerations requires assessment of fetal acid-base status, and fetal scalp stimulation is an accepted method to evaluate fetal well-being when a Category II tracing persists.
Fetal scalp stimulation:
* Should produce an acceleration # 15 bpm lasting # 15 seconds
* A positive response indicates intact fetal nervous system and normal pH
* If no acceleration occurs # further intrauterine resuscitation or expedited delivery may be required Why other options are incorrect:
* A. Delivery - Not indicated; this is Category II, not Category III.
* C. IV bolus - IV hydration may improve variability, but assessment of fetal status comes first after
20 minutes of minimal variability.
Thus, the correct answer is B. Fetal scalp stimulation.
References:NCC C-EFM Candidate Guide; AWHONN FHMPP; NICHD Three-Tier System; Menihan; Miller's Pocket Guide; Simpson & Creehan.

NEW QUESTION # 65
When documenting the occurrence of late decelerations in the medical record, what should be charted?

- A. Tracing category
- B. Notation that the tracing was normal or abnormal
- C. Components of the tracing

Answer: C

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
According to NCC, AWHONN, and evidence-based documentation standards, clinicians must document:
* Baseline
* Variability
* Accelerations
* Decelerations (type, depth, duration, timing)
* Uterine activity
This fulfills the NICHD 3-tier system and legal documentation expectations.
Why the incorrect answers are wrong:
* B. "Normal/abnormal" # vague, not an acceptable documentation standard.
* C. Category alone # insufficient; categories must be supported by the components.
References:NCC C-EFM Candidate Guide; AWHONN Documentation Standards; Menihan.

NEW QUESTION # 66
The baseline heart rate of a 28-week fetus is 170 bpm. The next step is to:

- A. Perform a biophysical profile
- B. Continue observation
- C. Assess maternal vital signs

Answer: C

Explanation:
Comprehensive and Detailed Explanation From Exact Extract Without Any URLs or Links:
NCC references (AWHONN, Simpson, Menihan) and the Physiology domain emphasize that baseline fetal heart rate is higher at earlier gestational ages due to predominant sympathetic tone and immature parasympathetic modulation. For a 28-week fetus, a baseline between 150-170 bpm may fall within the upper normal/mild tachycardic range.
Before classifying fetal tachycardia, recommended by AWHONN and Simpson, clinicians must first assess maternal contributors:
* Fever
* Tachycardia
* Infection
* Dehydration
* Medications (e.g., beta-agonists)
* Anxiety
This matches NCC's required first-line action: evaluate maternal status before escalating fetal assessment.
A biophysical profile (BPP) is not the immediate next step unless maternal status and fetal environment do not explain the finding.
Continuing observation without maternal evaluation is contrary to perinatal safety standards.
References:AWHONN Fetal Monitoring PrinciplesSimpson & Miller Fetal MonitoringMenihan EFM Interpretation GuideNCC C-EFM Exam Content Domains 2025

NEW QUESTION # 67
Fetal respiratory acidosis is most likely to present with which of the following fetal heart rate decelerations?

- A. Early
- B. Variable
- C. Late

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
NCC and AWHONN physiology teachings:
* Variable decelerations caused by cord compression lead to:
* Transient interruption of umbilical venous flow
* Impaired fetal gas exchange
* Acute rise in CO#
* Respiratory acidosis (early phase of hypoxemia)
This is well documented:
* Early decelerations # head compression # NOT associated with acidemia.
* Late decelerations # uteroplacental insufficiency # metabolic acidosis, not respiratory.
Thus:
* Variable decelerations # respiratory acidosis
* Late decelerations # metabolic acidosis
Correct answer: C. Variable
References:NCC Physiology Domain; AWHONN FHMPP; Menihan EFM; Simpson & Creehan; Creasy & Resnik.

NEW QUESTION # 68
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