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- Oxygen is transferred from mom to fetus via the placenta through? - ✓✓Passive (Simple) Diffusion
- Intervillous space perfusion is dependent on? - ✓✓Adequate Uterine Blood Flow
- Maternal Fetal Exchange is best promoted by which maternal position? - ✓✓Either Rt or Lt Lateral
- What is transfer down the concentration gradient from higher to lower called? - ✓✓Diffusion
- The most likely physical rationale for recurrent late decels after epidural is? - ✓✓Maternal Sympathetic Blockade
- Which FHR pattern would be anticipated when monitoring mono-mono twins? - ✓✓Variable Decels
- Fetus can survive in an environment w/ a PO₂ equal to adult venous blood d/t? - ✓✓increased O₂ carrying capacity
- Variable decels are mediated primarily by? - ✓✓baroreceptors
- The sympathetic branch of the ANS influences FHR to? - ✓✓increase
- the average difference in baseline FHR b/w 30 & 40 weeks is? - ✓✓10bpm usually 5-6; 10 is closest
- Fetal blood is most highly oxygenated in the? - ✓✓Ductus Venosus

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q75-Q80):

NEW QUESTION # 75

When accelerations precede a variable deceleration pattern, this is caused by

- A. occlusion of the umbilical vein
- B. oligohydramnios
- C. hypoxic reflex response

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract (No URLs or Links) NCC-recommended physiologic texts (AWHONN, Menihan, Simpson, Creasy & Resnik) explain that variable decelerations are caused by umbilical cord compression. This process occurs in a three-step sequence, well known in fetal monitoring physiology:

* Umbilical vein occlusion occurs first # decreases fetal venous return # brief fetal acceleration (a compensatory sympathetic response).

* Umbilical artery occlusion follows # increases fetal systemic vascular resistance # variable deceleration as vagal stimulation lowers the fetal heart rate.

* Release of compression # post-deceleration acceleration may occur.

Thus, an acceleration immediately before a variable deceleration represents the initial compression of the umbilical vein, not a hypoxic response. This is a normal physiologic response to transient cord compression, often described in AWHONN and Menihan's physiologic explanation of "shoulders" around variable decelerations.

Oligohydramnios can contribute to cord compression but does not explain accelerations preceding the deceleration. A "hypoxic reflex" would not produce a pre-deceleration acceleration.

Therefore, the correct physiologic cause is:

Umbilical vein occlusion.

References (No URLs)

- * NCC C-EFM Candidate Guide 2025 - Physiology
- * AWHONN Fetal Heart Monitoring Principles
- * Menihan: Electronic Fetal Monitoring
- * Simpson & Creehan: Perinatal Nursing
- * Creasy & Resnik: Maternal-Fetal Medicine

NEW QUESTION # 76

(Full question statement)

Recurrent decelerations are defined as occurring with 50% or more of contractions in any window of how many minutes?

- A. 0
- B. 1
- C. 2

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract Without Links:

According to the NCC C-EFM Content Outline and AWHONN Fetal Heart Monitoring Principles, recurrent decelerations are specifically defined as decelerations that occur with #50% of uterine contractions in a

20-30-minute window, but standardized interpretation guidelines used by NCC and ACOG categorize recurrent patterns based on any 30-minute evaluation period.

AWHONN (FHM 6th Ed.) explains that fetal heart patterns must be evaluated over "a sufficiently long segment, typically 30 minutes, to determine whether the pattern is intermittent or recurrent." Menihan & Simpson further emphasize that recurrent decelerations imply a persistent physiologic stressor, requiring systematic evaluation and intrauterine resuscitation. NCC's Candidate Guide ties this rule directly into categorization within Category II and III tracings. Therefore, 30 minutes is the correct standard evaluation interval for determining recurrence.

NEW QUESTION # 77

Fetal heart rate variability results from normal variance in fetal:

- A. R-R intervals
- B. Levels of carbon dioxide
- C. Cardiac responsiveness

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:

Variability reflects the interplay of the autonomic nervous system-sympathetic and parasympathetic influences-on the fetal myocardium. NCC defines variability as variation in the R-R intervals on the fetal ECG.

Key points:

- * Variability originates from beat-to-beat fluctuations in ventricular depolarization timing.
- * These R-R interval changes result from baroreceptor and chemoreceptor responses, vagal modulation, and fetal behavioral states.
- * Carbon dioxide levels affect chemoreceptors but do not directly define variability.

Thus, variability is best described as resulting from variance in R-R intervals.

References:NCC C-EFM Candidate Guide; NICHD Definitions; AWHONN Fetal Heart Monitoring Principles & Practices; Menihan Electronic Fetal Monitoring.

NEW QUESTION # 78

Intrapartum asphyxia can be determined by:

- A. One-minute Apgar score
- B. Fetal heart rate interpretation
- C. Cord blood gas analysis

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:

NCC emphasizes that only objective acid-base assessment can diagnose intrapartum asphyxia. This is accomplished with cord arterial blood gas analysis showing:

- * pH < 7.0-7.1
- * Base deficit # 12 mmol/L
- * Elevated PCO#

FHR patterns suggest risk, but do not diagnose asphyxia.

Apgar scores, especially at 1 minute, do not correlate reliably with acidemia.

Thus, cord gas analysis is the correct determinant.

References:NCC C-EFM Candidate Guide; AWHONN; NICHD; Simpson & Creehan; Creasy & Resnik.

NEW QUESTION # 79

A 30-minute tracing with moderate variability, accelerations, and one variable deceleration would be classified as:

- A. Category II
- B. Category III
- C. Category I

Answer: A

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

NICHD/NCC criteria:

Category I must have ALL of the following:

- * Baseline 110-160 bpm
- * Moderate variability
- * No late or variable decelerations

* Early decelerations may be present or absent

* Accelerations may be present or absent

Because this tracing has one variable deceleration, it fails Category I criterion ("no late or variable decelerations").

Category III requires:

* Absent variability with recurrent late decels, recurrent variables, or bradycardia, or

* Sinusoidal pattern

Those findings are not present.

Therefore, any tracing that:

* Has moderate variability and accelerations,

* But includes a variable deceleration, and

* Does not meet Category III criteria

...falls into the Category II (indeterminate) group.

Correct classification: B. Category II.

References: NCC C-EFM Candidate Guide; NICHD Three-Tier FHR Interpretation System; AWHONN FHMPP; Menihan; Simpson & Creehan.

NEW QUESTION # 80

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