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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?

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q42-Q47):

NEW QUESTION # 42

A fetal heart rate tracing is abnormal. A change in maternal position and oxygen administration do not correct the pattern. Following birth, a fetal cord blood sample is taken:

pH = 7.25
PaCO# = 46 mm Hg
PaO# = 20 mm Hg
HCO# = 22 mEq/L
Base deficit = -4 mEq/L

These results are best interpreted as:

- A. Normal
- B. Hypoxia
- C. Acidosis

Answer: A

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

Normal umbilical arterial values per NCC/AWHONN/Menihan:

- * pH: 7.20-7.30
- * PaCO#: 45-55 mmHg
- * HCO#: 20-24 mEq/L
- * Base deficit: 0 to -5 (normal to mild respiratory changes)

This sample shows:

- * pH 7.25 # normal
- * Base deficit -4 # no metabolic acidosis
- * HCO# normal
- * Slightly elevated PaCO#, consistent with mild respiratory influence but still normal
- * PaO# 20 mmHg is normal for cord arterial blood

This profile is not acidotic (acidosis requires pH <7.10 and base deficit #12).

It also does not indicate hypoxia, which would present with metabolic acidosis.

Therefore: Normal.

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

NEW QUESTION # 43

Fetal heart rate variability results from normal variance in fetal:

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

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 # 44

Sustained fetal supraventricular tachycardia that goes untreated is most likely to result in:

- A. Hydrops fetalis
- B. The need for a neonatal pacemaker
- C. Fetal anemia

Answer: A

Explanation:

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

Sustained fetal supraventricular tachycardia (SVT) often produces heart rates > 200-240 bpm, causing:

- * Poor ventricular filling
- * Decreased stroke volume
- * Reduced cardiac output
- * Congestive heart failure
- * Progressive fluid accumulation

NCC and AWHONN emphasize that untreated SVT leads to hydrops fetalis, characterized by:

- * Ascites
- * Pleural effusion
- * Pericardial effusion
- * Skin edema

Why the other answers are incorrect:

- * A. Fetal anemia - Causes tachycardia but is not caused by SVT.
- * C. Neonatal pacemaker - Pacemakers treat heart block, not SVT.

Correct answer: B. Hydrops fetalis

References: NCC C-EFM Candidate Guide; AWHONN Principles & Practices; Simpson & Creehan; Creasy & Resnik Maternal-Fetal Medicine.

NEW QUESTION # 45

A sentinel or reportable event as defined by the Joint Commission or other regulatory bodies/agencies is one that

- **A. requires investigation and response**
- B. requires mandatory education for providers
- C. must involve malpractice or negligence

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources Sentinel events are defined by the Joint Commission as unexpected occurrences involving death, serious physical or psychological injury, or the risk thereof, and they require immediate investigation, root-cause analysis, and institutional response. They do not require confirmed malpractice or negligence.

AWHONN's perinatal safety guidelines and NCC's Professional Issues domain specify that sentinel events trigger mandatory reporting, analysis, system review, and corrective action plans. Simpson & Creehan emphasize that they are addressed through standardized safety processes, including interdisciplinary review.

Miller's Pocket Guide notes that sentinel events are "events that require immediate investigation to prevent recurrence," aligning with answer choice B.

References:

AWHONN - Perinatal Safety Guidelines
NCC - C-EFM Content Outline (Professional Issues)
Simpson & Creehan - Perinatal Nursing
Menihan - EFM Professional Standards Chapter
Miller's Pocket Guide

NEW QUESTION # 46

Accelerations that last 10 minutes or more are considered:

- A. Baseline variability
- **B. A baseline change**
- C. Tachycardia

Answer: B

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

NICHD definitions endorsed by NCC:

- * An acceleration lasting #10 minutes is no longer an acceleration
 - * It is classified as a baseline change
 - * This also applies to decelerations lasting #10 minutes being considered a new baseline bradycardia
- Why the incorrect answers are

wrong:

* B. Baseline variability # refers to amplitude fluctuations, not duration.

* C. Tachycardia # requires baseline >160 bpm for 10 minutes, but the definition of "acceleration #10 minutes = baseline change" supersedes this.

References: NCC C-EFM Candidate Guide; NICHD Definitions; AWHONN FHMPP.

NEW QUESTION # 47

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