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Oxygen is transferred from mom to fetus via the placenta through? - Answer✓ Passive (Simple Diffusion)

Intervillous space perfusion is dependent on? - Answer✓ Adequate Uterine Blood Flow

Maternal Fetal Exchange is best promoted by which maternal position? - Answer✓ Either Rt or Lt Lateral

What is transfer down the concentration gradient from higher to lower called? - Answer✓ Diffusion

The most likely physical rationale for recurrent late decels after epidural is? - Answer✓ Maternal Sympathetic Blockade

Which FHR pattern would be anticipated when monitoring mono-mono twins? - Answer✓ Variable Decels

Fetus can survive in an environment w/ a PO2 equal to adult venous blood d/t? - Answer✓ increased O2 carrying capacity

Variable decels are mediated primarily by? - Answer✓ baroreceptors

The sympathetic branch of the ANS influences FHR to? - Answer✓ increase

the average difference in baseline FHR b/w 30 & 40 weeks is? - Answer✓ 10bpm usually 5-6; 10 is closest

Fetal blood is most highly oxygenated in the? - Answer✓ Ductus Venosus

An abrupt rise in fetal bp can stimulate? - Answer✓ variable decels

During an acute episode of fetal hypoxemia, fetal blood flow is redistributed primarily to the? - Answer✓ brain

Over the course of pregnancy, the FHR baseline? - Answer✓ decreases

FHR variability is dependent upon? - Answer✓ cerebral oxygen and intact CNS

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

NEW QUESTION # 63

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

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

Answer: C

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 # 64

(Full question)

This tracing would be categorized as a



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

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract (No URLs):

According to AWHONN Fetal Heart Monitoring Principles & Practice, Simpson & Miller, and the NCC C-EFM Content Outline, fetal heart rate categories are assigned based on baseline, variability, presence /absence of accelerations, and type of decelerations.

A Category II tracing includes any pattern that is not clearly normal (Category I) or clearly abnormal (Category III). Classic Category II features include:

- * Bradycardia NOT accompanied by absent variability
- * Tachycardia
- * Minimal variability
- * Marked variability
- * Absence of accelerations after stimulation
- * Recurrent variable decelerations with minimal or moderate variability
- * Prolonged decelerations (#2 min but <10 min)

In this tracing, the fetus demonstrates:

- A prolonged deceleration with subsequent recovery,
- Presence of baseline variability,
- Return toward baseline but not immediately normal.

AWHONN and Simpson state that any prolonged deceleration automatically places the tracing in Category II unless variability is absent (which would escalate it to Category III). Because variability is present, it cannot be Category III.

Therefore, by NCC standards, this tracing is Category II.

NEW QUESTION # 65

Amnioinfusion can cause what changes in the fetal heart rate tracing?

- A. Resolution of variable decelerations
- B. Increase in fetal heart rate baseline
- C. Improvement in fetal heart rate variability

Answer: A

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

NCC defines amnioinfusion as indicated for:

- * Recurrent variable decelerations caused by cord compression
- * Oligohydramnios reducing buffer around the cord

Expected effect:

- * Reduction or elimination of variable decelerations

Why the other answers are incorrect:

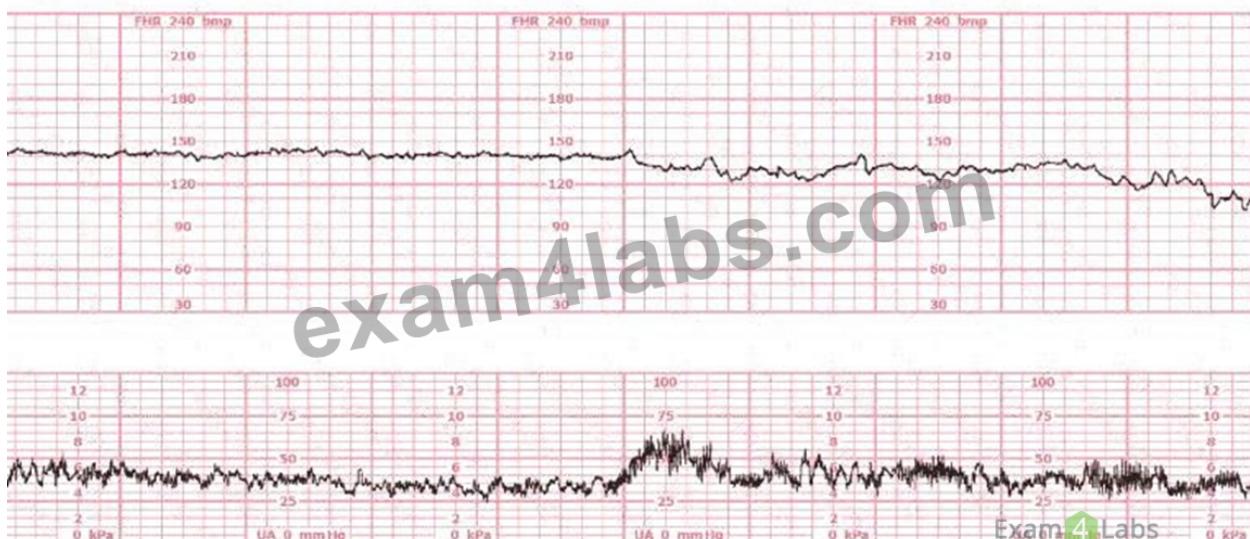
- * A. Variability does not improve with amnioinfusion.
- * B. Baseline FHR does not increase as a result of amnioinfusion.

Correct answer: C. Resolution of variable decelerations.

References:NCC C-EFM Candidate Guide; AWHONN FHMP; Menihan; Simpson & Creehan.

NEW QUESTION # 66

This external tracing is from a 19-year-old (G1P0) at 39-weeks gestation. She is 6 cm dilated, 100% effaced, and -2 station. The fetus is in an occiput posterior position. She rates her pain as 8. She reports being lightheaded. She is most likely at risk for respiratory:



- A. Acidosis
- B. Depression
- C. Alkalosis

Answer: C

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Physiologic References:

This strip shows:

- * Baseline around 150 bpm
- * Moderate variability
- * No decelerations
- * Consistent, strong contractions
- * A maternal report of severe pain (8/10) and feeling lightheaded

In labor, severe pain + anxiety + hyperventilation commonly cause maternal respiratory alkalosis.

NCC and AWHONN physiology guidance explain:

- * Hyperventilation # # PaCO# # respiratory alkalosis
- * Symptoms include:
- * Lightheadedness
- * Tingling
- * Dizziness
- * Sometimes palpitations

* This frequently occurs during painful contractions, especially with occiput posterior labor, which is notoriously more painful due to back pressure.

Why other answers are incorrect:

- * A. Respiratory acidosis occurs with hypoventilation-not present here.
- * C. Respiratory depression occurs with opioids, magnesium sulfate, or anesthesia-not part of this scenario.

Therefore, the correct answer is B. Alkalosis.

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

NEW QUESTION # 67

The pattern on the fetal heart rate tracing shown is likely due to



- A. umbilical cord compression
- B. fetal head compression
- C. placental insufficiency

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract Sources:

The tracing demonstrates an abrupt-onset, sharp, V-shaped deceleration, occurring simultaneously with or slightly after a contraction-classic for variable decelerations, which are caused by umbilical cord compression.

According to AWHONN Fetal Heart Monitoring Principles & Practices, variable decelerations are defined by:

- * "Abrupt decreases in FHR below baseline of at least 15 bpm, lasting at least 15 seconds and less than 2 minutes."
- * "Most commonly associated with umbilical cord compression, whether transient or recurrent." Physiology reference (Simpson & Miller, Pocket Guide):

* Compression of the umbilical vein causes a brief acceleration.
* Compression of the umbilical arteries triggers a vagal response, producing a rapid deceleration.
* This creates the characteristic sharp 'V', 'U', or 'W' shape on the monitor.
Placental insufficiency (Choice B) produces late decelerations, which are gradual, not abrupt.
Fetal head compression (Choice A) produces early decelerations, which mirror contractions and have a gradual pattern.
Thus, the tracing is most consistent with variable decelerations caused by umbilical cord compression.
References: AWHONN Fetal Heart Monitoring Principles & Practices; Simpson - Fetal Monitoring; Menihan
- Electronic Fetal Monitoring; Miller's EFM Pocket Guide; NCC C-EFM Content Outline - Pattern Recognition Domain.

NEW QUESTION # 68

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