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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

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q100-Q105):

NEW QUESTION # 100

(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 # 101

When monitoring monochorionic-monoamniotic twins, which of the following fetal heart rate patterns would be anticipated?

- A. Minimal variability
- B. Baseline tachycardia
- **C. Variable decelerations**

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract (NCC-Referenced Sources) Mono-mono twins share a single amniotic cavity, which significantly increases the risk of cord entanglement, a concept highlighted in AWHONN FHM, Creasy & Resnik Maternal-Fetal Medicine, and Miller's EFM Pocket Guide.

These texts emphasize:

* "Cord entanglement is nearly universal in monoamniotic twins."

* "Variable decelerations are common due to recurrent cord compression." Baseline tachycardia or minimal variability are not expected baseline characteristics, but may appear only in pathologic circumstances.

Thus, variable decelerations are the expected and anticipated FHR pattern in mono-mono twins.

NEW QUESTION # 102

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

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

Answer: C

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 # 103

(Full question)

Vibroacoustic stimulation (VAS) is a useful intervention which can

- **A. shorten the length of the nonstress test (NST)**
- B. provide an indication of the amount of amniotic fluid
- C. relax the uterus during tachysystole

Answer: A

Explanation:

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

According to AWHONN's Fetal Assessment Text, Simpson & Miller, and Menihan, vibroacoustic stimulation is utilized during NSTs to elicit fetal accelerations, thereby minimizing testing time.

NCC-referenced sources describe VAS as:

- * A method that awakens the fetus,
- * Stimulates the fetal auditory system,
- * Produces reactive accelerations in a neurologically intact fetus,
- * Dramatically shortens NST duration, especially when the fetus is in a sleep cycle.

VAS does NOT measure amniotic fluid, nor does it have any effect on uterine activity (therefore cannot treat tachysystole).

The only correct purpose supported by NCC-cited literature is that VAS shortens the duration of the NST, making Option C correct.

NEW QUESTION # 104

The tracing shown is a:

□

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

Answer: B

Explanation:

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

The tracing demonstrates:

- * Baseline: approx. 140 bpm
- * Variability: minimal-to-moderate (fluctuating but not consistently moderate)
- * Decelerations: shallow variable decelerations
- * Accelerations: not consistently present

According to NICHD/NCC definitions:

Category I requires ALL of the following:

- * Baseline 110-160
- * Moderate variability

* No late or variable decelerations

* Early decels and accelerations may be present

This tracing does not have consistently moderate variability and does have variable decelerations, so it is not Category I.

Category III requires ANY of the following:

* Absent variability with recurrent late decels

* Absent variability with recurrent variable decels

* Absent variability with bradycardia

* Sinusoidal pattern

This tracing does not show absent variability, bradycardia, or recurrent significant lates.

Category II includes:

* Minimal variability

* Absence of accelerations

* Variable decelerations

* Tracings not clearly Category I or III

This strip fits Category II exactly due to minimal variability + intermittent variable decelerations.

Thus, the correct classification is Category II.

References: NCC C-EFM Candidate Guide; NICHD Three-Tier Interpretation System; AWHONN Fetal Heart Monitoring Principles & Practices; Menihan; Miller; Simpson & Creehan.

NEW QUESTION # 105

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