

FETAL HEALTH SURVEILLANCE PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. When is the optimal time to take a fetal scalp blood sample?**
 - A. During active labor
 - B. Immediately after a contraction
 - C. Just before a contraction
 - D. At rest without contractions
- 2. What might be a predisposing factor for prolonged decelerations?**
 - A. Increased maternal mobility
 - B. High dose oxytocin infusion
 - C. Maternal hydration
 - D. Low activity level of the fetus
- 3. Which of the following is true about the placement of spiral electrodes on the fetus?**
 - A. Safe to place on the fetal face
 - B. Should be placed on a known presenting part
 - C. Best placed on suture lines for accuracy
 - D. Can be placed in any fetal position
- 4. When should intrapartum fetal heart rate (FHR) assessment occur before initiation of labor-enhancing procedures?**
 - A. After cervical exams
 - B. Before medications are administered
 - C. After artificial rupture of membranes
 - D. At admission of the patient
- 5. What is the typical range for bicarbonate (HCO_3) in meq/L?**
 - A. 10.0-15.0
 - B. 18.4-25.6
 - C. 5.0-10.0
 - D. 30.0-40.0

- 6. How is abnormal bradycardia defined?**
- A. FHR below 100 bpm
 - B. FHR below 110 bpm
 - C. FHR below 120 bpm
 - D. FHR below 90 bpm
- 7. What is a contraindication for using a spiral electrode?**
- A. Multiple gestations
 - B. Vaginal or intrauterine infection
 - C. Maternal obesity
 - D. Previous fetal surgeries
- 8. What is a potential step to consider during tachycardia management if other periodic changes are present?**
- A. Fetal scalp blood sampling
 - B. Delivering the fetus without assessment
 - C. Postponing intervention until the next appointment
 - D. Reducing maternal physical activity
- 9. What type of receptors respond slowly to changes in oxygen and CO₂ concentrations in fetal blood?**
- A. Baroreceptors
 - B. Photoreceptors
 - C. Chemoreceptors
 - D. Mechanoreceptors
- 10. What intervention is typically recommended in response to atypical EFM findings?**
- A. Doppler ultrasound assessment
 - B. Digital fetal scalp stimulation
 - C. Additional analgesia
 - D. Maternal position change

Answers

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1. C
2. B
3. B
4. B
5. B
6. A
7. B
8. A
9. C
10. B

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Explanations

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1. When is the optimal time to take a fetal scalp blood sample?

- A. During active labor
- B. Immediately after a contraction
- C. Just before a contraction**
- D. At rest without contractions

The optimal time to take a fetal scalp blood sample is just before a contraction. This timing is crucial because fetal scalp blood sampling is performed to assess the fetal acid-base status and well-being during labor, particularly in situations where there are concerns about fetal distress. Taking the sample just before a contraction allows for a more accurate measurement of the fetal blood pH and avoids the transient effects that a contraction may have on blood flow and fetal heart rate. Contractions can temporarily affect the fetal blood supply and may cause fluctuations in the acid-base balance. Therefore, obtaining the sample at this specific time helps ensure that the results reflect the fetal status accurately without the influence of labor contractions. In contrast, taking a sample during or immediately after a contraction could yield misleading results due to the physiological changes occurring at those moments. Consequently, timing the sample collection just before a contraction optimizes the reliability of the data obtained, which is essential for making timely and appropriate clinical decisions regarding fetal health.

2. What might be a predisposing factor for prolonged decelerations?

- A. Increased maternal mobility
- B. High dose oxytocin infusion**
- C. Maternal hydration
- D. Low activity level of the fetus

The correct choice highlights that a high dose of oxytocin infusion can be a predisposing factor for prolonged decelerations during labor. Oxytocin is a hormone commonly used to induce or augment labor by stimulating uterine contractions. However, when administered in high doses, it can lead to excessively strong or frequent contractions, potentially resulting in fetal distress. This distress may manifest as prolonged decelerations, as the fetus may not receive adequate oxygen due to compromised blood flow and increased uterine pressure. In contrast, increased maternal mobility typically helps facilitate labor and reduce fetal stress. Maternal hydration is also beneficial, as it improves uterine tone and can enhance placental perfusion, thus supporting fetal well-being. A low activity level of the fetus may be concerning, but it generally reflects a state of less fetal distress rather than causing prolonged decelerations directly. Therefore, the infusion of high doses of oxytocin stands out as a significant risk factor for inducing prolonged decelerations in fetal heart rate patterns during labor.

3. Which of the following is true about the placement of spiral electrodes on the fetus?

- A. Safe to place on the fetal face
- B. Should be placed on a known presenting part**
- C. Best placed on suture lines for accuracy
- D. Can be placed in any fetal position

The placement of spiral electrodes on the fetus is crucial for obtaining reliable fetal heart rate monitoring. The correct choice indicates that spiral electrodes should be placed on a known presenting part. This ensures that the electrode has a strong connection with the fetal scalp and accurately reflects the fetal heart rate. The presenting part is the part of the fetus that is closest to the cervix in the birth canal, typically the vertex in head-down presentations. By placing the electrode on a known presenting part, healthcare providers can monitor the fetal heart rate more effectively, since the connection is firm and less likely to be lost during contractions or movement. In fetal monitoring, an appropriate placement is vital to avoid inaccuracies. For example, placing an electrode on an unsuitable area could result in unreliable readings. Therefore, having the electrode on the presenting part promotes accurate assessment of fetal well-being, especially during labor.

4. When should intrapartum fetal heart rate (FHR) assessment occur before initiation of labor-enhancing procedures?

- A. After cervical exams
- B. Before medications are administered**
- C. After artificial rupture of membranes
- D. At admission of the patient

Intrapartum fetal heart rate (FHR) assessment is crucial for monitoring the well-being of the fetus during labor. The correct timing for this assessment is before medications are administered. This is important because administering medications can influence the FHR pattern and may alter the fetal response, making it difficult to assess the baseline heart rate and any potential fetal distress accurately. By conducting the FHR assessment prior to the initiation of any labor-enhancing medications, healthcare providers can establish a clear baseline, allowing for effective interpretation of any subsequent changes in the FHR resulting from the labor process itself or the effects of the administered medications. Additionally, performing the FHR assessment at this stage ensures that any immediate interventions can be made if abnormal patterns are identified, thus ensuring the best outcomes for both mother and fetus during labor. Each of the other options would not provide the same clarity regarding the fetal status prior to interventions that may change the FHR characteristics. For example, cervical exams or artificial rupture of membranes can also impact the fetus, but these events occur after the initial assessment of the FHR. Similarly, while evaluating the FHR at the time of admission is essential, it may not necessarily provide the most relevant data just before labor-enhancing procedures are undertaken.

5. What is the typical range for bicarbonate (HCO₃) in meq/L?

- A. 10.0-15.0
- B. 18.4-25.6**
- C. 5.0-10.0
- D. 30.0-40.0

The typical range for bicarbonate (HCO₃) in milliequivalents per liter (meq/L) is indeed between 18.4 and 25.6. This range is crucial in assessing a patient's acid-base balance, which can provide vital insights into various physiological conditions. Bicarbonate acts as a buffer in the blood, helping to maintain the body's pH within a narrow range, which is essential for normal cellular function. Levels of bicarbonate can indicate whether the body is experiencing metabolic acidosis or alkalosis. If the bicarbonate levels fall below this range, it could signify metabolic acidosis, while levels above can indicate metabolic alkalosis. Understanding this range helps healthcare providers in diagnosing and managing conditions related to acid-base disturbances, making it a fundamental component of clinical practice, especially in fetal health when monitoring the well-being of both the fetus and the pregnant individual.

6. How is abnormal bradycardia defined?

- A. FHR below 100 bpm**
- B. FHR below 110 bpm
- C. FHR below 120 bpm
- D. FHR below 90 bpm

Abnormal bradycardia in the context of fetal heart rate (FHR) monitoring is defined as a FHR that falls below 100 beats per minute (bpm). This threshold is important as it indicates a slow heart rate, which may signify that the fetus is experiencing some level of stress or that there may be issues with the placenta or umbilical cord. A heart rate below this level can be concerning, as it may impact fetal oxygenation and necessitate further evaluation or intervention. Understanding this definition is crucial for healthcare providers when assessing fetal well-being during labor or monitoring pregnancy, as it helps them make informed decisions based on the condition of the fetus.

7. What is a contraindication for using a spiral electrode?

- A. Multiple gestations
- B. Vaginal or intrauterine infection**
- C. Maternal obesity
- D. Previous fetal surgeries

Using a spiral electrode for fetal monitoring is a technique that involves placing a small electrode on the fetal scalp to directly measure fetal heart rate. There are specific contraindications for this procedure, and one of the primary concerns is the risk of introducing infection. When a spiral electrode is applied, it requires cervical dilation to insert the electrode through the vaginal canal into the uterus. If there is a vaginal or intrauterine infection, this process could exacerbate the infection and lead to serious complications for both the mother and the fetus. Intrauterine infections can affect fetal well-being, and the potential introduction of additional pathogens during electrode placement makes this scenario particularly dangerous. Therefore, the presence of a vaginal or intrauterine infection is a strong contraindication to the use of a spiral electrode. Other factors, like multiple gestations, maternal obesity, or previous fetal surgeries, do not pose the same level of risk associated with infection and may not preclude the use of the electrode. These considerations might affect the technical aspects of monitoring, but they are not absolute contraindications like the possibility of increasing infection risk does. Thus, the correct identification of a contraindication for the use of a spiral electrode is crucial for ensuring the safety and health of both the mother and the fetus.

8. What is a potential step to consider during tachycardia management if other periodic changes are present?

- A. Fetal scalp blood sampling**
- B. Delivering the fetus without assessment
- C. Postponing intervention until the next appointment
- D. Reducing maternal physical activity

Fetal scalp blood sampling serves as a significant intervention during the management of fetal tachycardia, particularly when other periodic changes in fetal heart rate (FHR) patterns are present. This procedure allows for the assessment of the fetal acid-base status by directly sampling blood from the fetal scalp, providing crucial information regarding the fetus's well-being. In cases of tachycardia associated with decreasing fetal heart rate variability or abnormal decelerations, conducting a scalp blood sampling can help determine if the fetus is experiencing a compromised state or if the changes are benign. This targeted assessment helps healthcare providers make informed decisions about the need for further interventions or delivery, based on the immediate health status of the fetus. The capability to obtain real-time data regarding fetal distress can guide the management plan effectively, ensuring that any necessary actions are taken promptly for the health and safety of the fetus. Choosing to deliver the fetus without prior assessment, postponing interventions, or reducing maternal physical activity are less effective methods in this context, as they do not directly address the need for assessing fetal well-being in response to concerning heart rate patterns. Thus, fetal scalp blood sampling emerges as the most appropriate and clinically relevant step during tachycardia management in the presence of other alarming changes.

9. What type of receptors respond slowly to changes in oxygen and CO2 concentrations in fetal blood?

- A. Baroreceptors
- B. Photoreceptors
- C. Chemoreceptors**
- D. Mechanoreceptors

Chemoreceptors are specialized sensory receptors that respond to chemical changes in the environment. In the context of fetal health, chemoreceptors are particularly important for monitoring the levels of oxygen (O2) and carbon dioxide (CO2) in the blood. These receptors are sensitive to changes in chemical composition and play a crucial role in maintaining fetal homeostasis. In the fetal circulation, chemoreceptors are primarily located in the central nervous system and the peripheral arteries. They help regulate respiratory and cardiovascular functions by detecting variations in blood gas concentrations. When O2 levels decrease or CO2 levels increase, chemoreceptors respond accordingly, initiating reflexes that can enhance oxygen delivery to the fetus, such as increasing heart rate or altering blood flow dynamics. The slow response of chemoreceptors to changes is significant as it allows for a more nuanced reaction to gradual changes in the fetal environment, facilitating a balance between oxygen and carbon dioxide levels. This slow, ongoing monitoring is essential for ensuring that the fetus remains in a healthy state throughout gestation. Other types of receptors, such as baroreceptors and mechanoreceptors, may respond to changes in pressure and mechanical deformation, respectively, while photoreceptors are involved in sensing light. Therefore, while all these receptors play

10. What intervention is typically recommended in response to atypical EFM findings?

- A. Doppler ultrasound assessment
- B. Digital fetal scalp stimulation**
- C. Additional analgesia
- D. Maternal position change

In response to atypical electronic fetal monitoring (EFM) findings, digital fetal scalp stimulation is often recommended as an intervention. This technique involves applying gentle pressure to the fetal scalp through the cervix using a gloved finger, which can facilitate assessment of fetal well-being. The goal of this stimulation is to provoke a fetal heart rate response, indicating that the fetus is likely not in distress. If a positive response is observed, it is an encouraging sign that the fetus is responding appropriately to the intrauterine environment. This intervention can be an effective and immediate way to gauge fetal status without the need for more invasive procedures or immediate changes in the labor management plan. The technique is also quick and can provide reassurance to both the healthcare team and the parents-to-be about the fetus's condition. Other options such as Doppler ultrasound assessment may be more appropriate for initial evaluation but are not as direct or immediate in responding to atypical findings. Maternal position change can sometimes help alleviate issues with umbilical cord compression but is not a specific intervention for assessing fetal status. Additional analgesia does not address the underlying concern of fetal well-being and is focused on maternal comfort rather than fetal health surveillance.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://fetalhealthsurveillance.examzify.com>

We wish you the very best on your exam journey. You've got this!

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