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**NCC Electronic Fetal Monitoring Practice Actual Exam**

**Questions & Verified Answers**

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1. A nurse is explaining to a pregnant patient the purpose of electronic fetal monitoring. Which of the following statements by the nurse is the most accurate way to describe the purpose of EFM?

- a. "EFM is a diagnostic procedure that monitors your baby's heart rate or FHR and your uterine contractions.
- b. "EFM is a screening procedure that monitors your baby's heart rate or FHR and your uterine contractions."
- c. "EFM is a screening procedure that only monitors your baby's heart rate or FHR."
- d. "EFM is a diagnostic procedure that only monitors the frequency, duration, and intensity of your uterine contractions."

**Answer>** b. "EFM is a screening procedure that monitors your baby's heart rate or

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## NCC Certified - Electronic Fetal Monitoring Sample Questions (Q22-Q27):

### NEW QUESTION # 22

Fetal heart rate variability results from normal variance in fetal:

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

**Answer: C**

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 # 23

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

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

**Answer: C**

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:

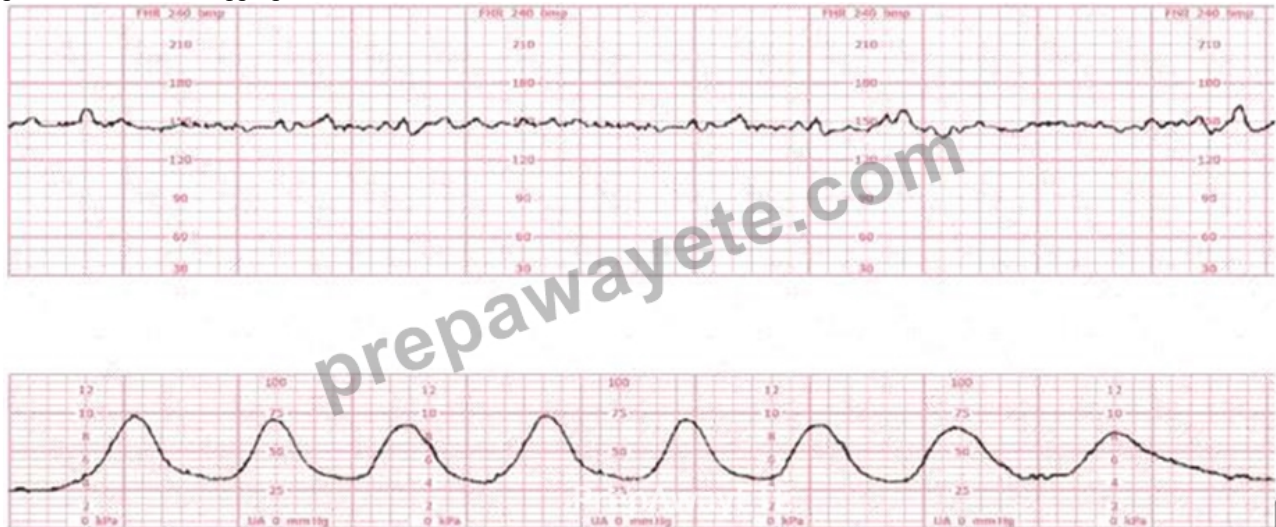
Umbilical vein occlusion.

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 # 24

A 20-year-old woman (G1P0) at 40-weeks gestation was admitted for cervical ripening with dinoprostone (Cervidil) four hours ago. She developed the pattern shown one hour ago. She has been changed to a lateral position and given a fluid bolus, and the pattern continues. An appropriate intervention would be to:



- A. Give 0.25 mg of terbutaline subcutaneously
- **B. Remove the dinoprostone (Cervidil) insert**
- C. Continue to observe

**Answer: B**

Explanation:

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

The tracing shows tachysystole (more than 5 contractions in 10 minutes) with minimal variability and recurrent decelerations consistent with uteroplacental insufficiency caused by excessive uterine activity.

Dinoprostone (Cervidil) is a uterotonic prostaglandin, and one of its known complications is uterine tachysystole with Category II or III fetal heart rate patterns.

NCC/AWHONN guidance for tachysystole caused by prostaglandins:

- \* FIRST intervention: Remove the dinoprostone insert.
- \* Reposition the patient (already done).
- \* IV fluid bolus (already done).
- \* Consider terbutaline only if tachysystole persists after removal of the agent.

Since maternal repositioning and IV fluids have already failed, the next step is to remove the cervical ripening agent.

Why other answers are incorrect:

- \* A. Continue to observe - Never acceptable with tachysystole + fetal intolerance.
- \* B. Terbutaline - May be used after prostaglandin removal, not before.

Thus, the correct answer is C. Remove the dinoprostone insert.

References: NCC C-EFM Candidate Guide; AWHONN Fetal Heart Monitoring Principles & Practices; Menihan; Miller's Pocket Guide; NICHD Definitions; Creasy & Resnik.

### NEW QUESTION # 25

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. Alkalosis
- B. Acidosis
- C. Depression

**Answer: A**

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 ##  $\text{PaCO}_2$  ## 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 # 26

When a difference in interpretation occurs over a non-emergent electronic fetal heart rate tracing, the first step toward resolution is to:

- A. Document the incident in the medical record
- B. Follow the chain of command
- C. Have the involved clinicians review the tracing together

**Answer: C**

Explanation:

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

NCC's Professional Issues domain emphasizes communication, collaboration, and team-based interpretation of electronic fetal monitoring tracings.

For non-emergent differences in interpretation, the first step is:

\* Discussion and joint review of the tracing by the involved clinicians.

Only if disagreement persists should the chain of command be used. Documentation occurs after consensus or escalation-not as the first step.

Thus, the appropriate first step is C. Have the involved clinicians review the tracing together.

References: NCC C-EFM Candidate Guide; AWHONN Standards for Professional Fetal Monitoring Practice; TeamSTEPPS principles.

## NEW QUESTION # 27

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