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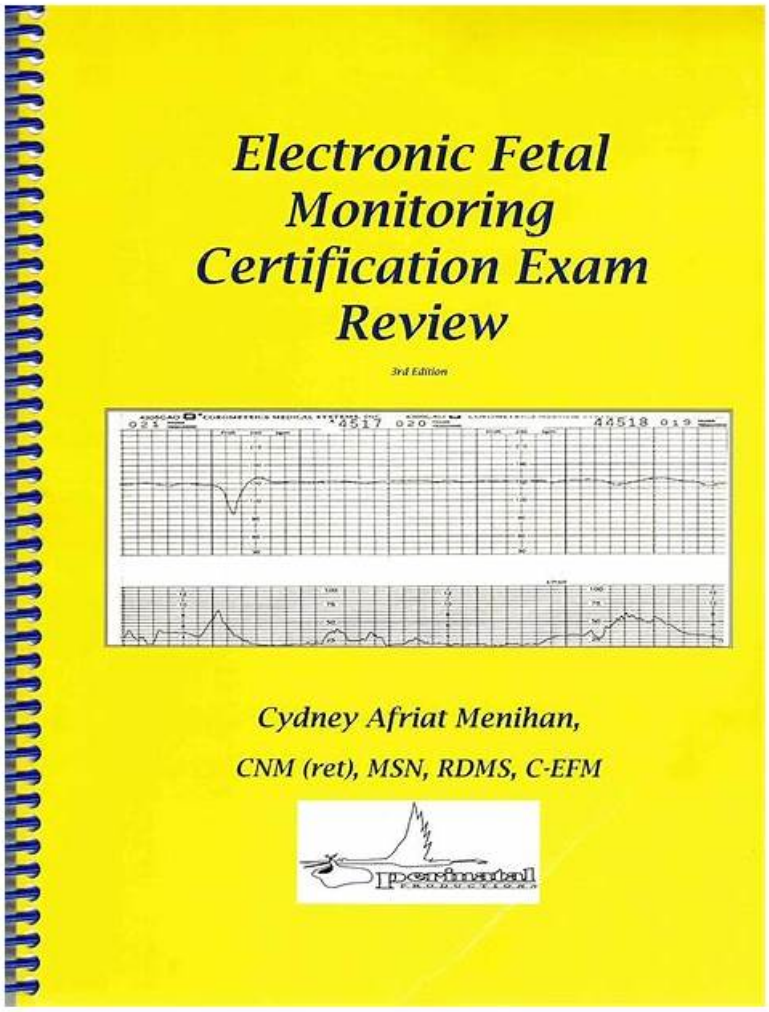

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q105-Q110):

NEW QUESTION # 105
Based on the fetal heart rate tracing shown, the expected fetal pH would be:

- A. Above 7.15
- B. Below 7.15
- C. Unaffected by the fetal heart rate

Answer: A

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
Assessment of likely fetal acid-base status is grounded in NCC-aligned principles that correlate fetal pH with fetal heart rate patterns, especially variability, presence/absence of accelerations, and type and depth of decelerations.
This tracing shows the following features:
Baseline:
The fetal heart rate baseline is approximately 140-150 bpm, within the normal 110-160 bpm range.
Variability:
Moderate variability is present-approximately 6-25 bpm amplitude.
Per NCC and NICHD definitions, moderate variability is strongly associated with normal fetal oxygenation and normal fetal pH > 7.20-7.25.
Accelerations:
There are occasional small accelerations, another strong indicator of normal fetal acid-base status.
Decelerations:
The tracing shows occasional variable decelerations, shallow and brief, recovering rapidly, typical of intermittent cord compression.
NCC references emphasize that intermittent, non-recurrent variables with moderate variability do not correlate with acidemia.
Uterine activity:
Contractions are present but not excessive, and fetal response remains reassuring.
Correlating tracing features with fetal pH (per NCC, AWHONN, Simpson, Menihan):
Moderate variability is the strongest intrapartum indicator of normal fetal pH.
The NICHD/NCC consensus repeatedly states that:
"The presence of moderate variability reliably predicts adequate fetal oxygenation and a fetal pH above the threshold associated with metabolic acidemia." Fetal pH below 7.15 is associated with:
Absent variability
Recurrent late decelerations
Recurrent deep variable decelerations
Prolonged bradycardia
None are present in this tracing.
Because the tracing demonstrates moderate variability, intermittent uncomplicated variables, and no recurrent late decelerations, the physiologic expectation is that the fetal pH remains normal, significantly above 7.15.
Therefore, the correct answer is: A (above 7.15).
References:
NCC C-EFM Candidate Guide (2025); NCC Content Outline; NICHD Interpretation System; AWHONN Fetal Heart Monitoring Principles & Practices; Miller's Fetal Monitoring Pocket Guide; Menihan Electronic Fetal Monitoring; Simpson & Creehan Perinatal Nursing; Creasy & Resnik Maternal-Fetal Medicine.

NEW QUESTION # 106
Intermittent fetal heart rate auscultation for a low-risk, spontaneous laboring patient who is 4-5 centimeters dilated should be assessed at intervals every

- A. 15-30 minutes
- B. 45-60 minutes
- C. 5-10 minutes

Answer: A

Explanation:
Comprehensive and Detailed Explanation From Exact Extract (No URLs or Links) NCC aligns with AWHONN's "Practice Guidelines for Fetal Heart Monitoring", which specify the appropriate frequency of intermittent auscultation (IA) based on labor

phase and risk level. For low- risk patients in active labor, IA must occur:
* Every 15-30 minutes during active labor
* Every 5 minutes during second stage with pushing
AWHONN and Menihan emphasize that intermittent auscultation must follow standardized time intervals to ensure adequate fetal surveillance. These intervals reflect the physiologic understanding that fetal compromise may evolve over relatively short time periods, and active labor (4-7 cm dilation) represents a time of increasing stress on fetal oxygenation.
Simpson & Creehan explain that IA frequency should increase as labor intensifies, and that the 15-30- minute interval is the nationally recognized standard for low-risk active labor. NCC's exam content domain "Fetal Assessment Methods" reinforces knowing these surveillance intervals for safe low- intervention care.
Thus, for a 4-5 cm dilated, low-risk, spontaneous labor, the correct IA interval is every 15-30 minutes.
References (No URLs)
* NCC C-EFM Candidate Guide 2025 - Fetal Assessment Methods
* AWHONN Practice Guidelines for Fetal Heart Monitoring, 2022-2024
* Menihan: Electronic Fetal Monitoring
* Simpson & Creehan: Perinatal Nursing
* Miller: Fetal Monitoring Pocket Guide

NEW QUESTION # 107
Fetal respiratory acidosis is most likely to present with which of the following fetal heart rate decelerations?

- A. Late
- B. Early
- C. Variable

Answer: C

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
NCC and AWHONN physiology teachings:
* Variable decelerations caused by cord compression lead to:
* Transient interruption of umbilical venous flow
* Impaired fetal gas exchange
* Acute rise in CO#
* Respiratory acidosis (early phase of hypoxemia)
This is well documented:
* Early decelerations # head compression # NOT associated with acidemia.
* Late decelerations # uteroplacental insufficiency # metabolic acidosis, not respiratory.
Thus:
* Variable decelerations # respiratory acidosis
* Late decelerations # metabolic acidosis
Correct answer: C. Variable
References:NCC Physiology Domain; AWHONN FHMPP; Menihan EFM; Simpson & Creehan; Creasy & Resnik.

NEW QUESTION # 108
When the fetal heart rate is measured by a Doppler transducer and the intervals between heart beats are persistently identical, this shows as

- A. absent variability
- B. bradycardia
- C. normal baseline

Answer: A

Explanation:
Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources Variability is created by beat-to-beat differences in fetal cardiac intervals due to autonomic nervous system modulation. AWHONN specifies that absent variability appears as "a near-straight line with minimal or no discernible oscillations," which occurs when all beat intervals are identical. Menihan notes that Doppler displays variability based on mechanical motion and will show flat, unchanging intervals when fetal autonomic modulation is suppressed, reflecting absent variability.

Bradycardia refers to a baseline <110 bpm and does not describe the uniformity of intervals. A normal baseline may still show variability; it cannot have identical beat-to-beat intervals, as this violates the definition of variability in NICHD terminology. Simpson & Creehan state that absent variability is a significant marker of impaired fetal oxygenation or CNS depression.
References:
AWHONN - Fetal Heart Monitoring Principles & PracticesMenihan - Electronic Fetal MonitoringSimpson & Creehan - Perinatal NursingCreasy & Resnik - Maternal-Fetal MedicineMiller's Pocket Guide

NEW QUESTION # 109
The presence of fetal breathing movements on a biophysical profile reflects adequate:

- A. Neurologic function
- B. Surfactant levels
- C. Pulmonary vasoconstriction

Answer: A

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
A biophysical profile (BPP) assesses 5 components:
* FHR reactivity
* Fetal breathing movements
* Fetal tone
* Fetal movement
* Amniotic fluid volume
According to NCC/AWHONN, fetal breathing movements are controlled by the fetal central nervous system, specifically brainstem integrity.
Thus, fetal breathing movements signify normal neurologic function, particularly intact CNS and oxygenation.
Why the others are incorrect:
* Pulmonary vasoconstriction is not assessed by BPP.
* Surfactant levels do not correlate directly with fetal breathing movement scores.
Correct answer: A. Neurologic function.
References:NCC C-EFM Candidate Guide; AWHONN; Simpson & Creehan; Creasy & Resnik.

NEW QUESTION # 110
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