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NCC EFM WITH COMPLETE SOLUTION

Causes of uteroplacental perfusion decrease: - CORRECT ANSWER • HTN

- Pregnancy
- DM
- Hypotension
- Excessive uterine contractions (hypertonus)
- Decreased surface area, edema, degenerative calcifications, infarcts, infection

FHR reflects fetal oxygenation from which extrinsic factors: - CORRECT ANSWER •

- Maternal oxygenation
- Uterine blood flow
- Placental change
- Umbilical blood flow

FHR reflects oxygenation from which intrinsic factors: - CORRECT ANSWER • Fetal

- circulation
- Oxygenation of tissues
- FHR regulation

Fetal shunts: - CORRECT ANSWER • Ductus venosus- liver

- PFO- Right to left atria
- Ductus arteriosus- pulmonary a. to aorta

Oxygen depletion cascade: - CORRECT ANSWER • Aerobic metabolism

- Hypoxemia
- Tissue hypoxia
- Anaerobic metabolism
- Lactic acid build up
- Metabolic acidosis

Sympathetic innervation: - CORRECT ANSWER • Releases Eip/norepi

- Increases FHR

Parasympathetic/Vagal innervation: - CORRECT ANSWER • Releases ach

- Decreases FHR and transmits variability

Early decel: - CORRECT ANSWER • Fetal head compression

- ->vasovagal response

Variable decel: - CORRECT ANSWER • Cord compression

- ->increase BP/HTN
- ->activation of baroreceptor

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q106-Q111):

NEW QUESTION # 106

A nonstress test is nonreactive in a 36-week gestational age fetus. Vibroacoustic stimulation (VAS) is applied with no fetal response. The next step is to proceed to:

- A. Cesarean birth
- **B. Biophysical profile**
- C. Induction of labor

Answer: B

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

A nonreactive NST with no response to vibroacoustic stimulation indicates:

- * Possible fetal sleep cycle
- * Possible CNS depression
- * Possible hypoxemia

NCC, AWHONN, and MFM guidelines state the next step is a biophysical profile because:

- * It evaluates fetal tone, movement, breathing, amniotic fluid, and NST
 - * Provides a complete assessment of fetal well-being
 - * Is less invasive and more informative than immediate delivery decisions
- Why the wrong answers are incorrect:
- * B. Cesarean birth - not indicated without confirming fetal compromise.
 - * C. Induction of labor - not indicated until BPP clarifies fetal status.

Correct answer: A. Biophysical profile.

References: NCC C-EFM Candidate Guide; AWHONN FHMPP; Creasy & Resnik; Simpson & Creehan.

NEW QUESTION # 107

(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: C

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 # 108

This fetal heart rate tracing is of a woman in labor with dichorionic-diamniotic twins at 36-weeks gestation, 4 cm dilated. She is on oxygen via face mask. Based on the fetal heart rate tracing, what is the most appropriate action?

(Tracing A = black; Tracing B = blue)

- A. Cesarean birth
- B. Give terbutaline
- **C. Continue to observe**

Answer: C

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

Both fetal tracings (A and B) show:

- * Baselines around 140-150 bpm
- * Moderate variability

- * Intermittent accelerations
- * No recurrent decelerations
- * Normal contraction pattern
- * Overall Category I patterns for both twins

NCC, NICHD, and AWHONN emphasize that moderate variability with a normal baseline is the strongest reassurance of fetal well-being, even in multifetal gestations.

There is no evidence of:

- * Tachysystole
- * Recurrent variables
- * Recurrent lates
- * Prolonged decelerations
- * Category III patterns

Therefore, the appropriate action is ongoing observation.

Why the incorrect answers are wrong:

- * A. Cesarean birth - Not indicated with Category I FHR patterns.
- * C. Terbutaline - Reserved for tachysystole or prolonged deceleration patterns, not present here.

References: NCC C-EFM Candidate Guide; NICHD Definitions; AWHONN FHMPP; Menihan; Simpson & Creehan.

NEW QUESTION # 109

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

- A. Early
- B. Late
- 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 CO₂
- * 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 # 110

A woman who is one week past a confirmed due date has serial ultrasounds to determine:

- A. Fetal weight
- B. Amniotic fluid volume
- C. Placental calcification

Answer: B

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

Post-dates surveillance focuses on:

- * Amniotic fluid volume (AFI or deepest vertical pocket)
- * This is the most sensitive parameter of placental function
- * Oligohydramnios is strongly associated with post-maturity and perinatal morbidity NCC and AWHONN emphasize amniotic fluid

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