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NCC EFM Exam Breakdown & Study Guide (2022/2023) 100% Pass

Content on exam ✓✓-Pattern recognition & intervention: 70%

-Physiology: 11%

-Fetal assessment methods: 9%

-EFM equipment: 5%

-Professional issues: 5%

Pattern recognition & intervention ✓✓-FHR baseline ✓

-FHR variability ✓

-FHR accelerations ✓

-FHR decelerations ✓

-Normal uterine activity ✓

-Abnormal uterine activity ✓

-Fetal dysrhythmias ✓

-Maternal complications ✓

-Uteroplacental complications ✓

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q72-Q77):

NEW QUESTION # 72

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

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

Answer: A

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 # 73

Nonstress testing is used more frequently for antepartum testing than contraction stress testing because contraction stress testing has a:

- A. Limited reporting option for the compromised fetus
- B. Low predictability of fetal well-being within 7 days of a negative test
- C. Higher frequency of equivocal test results

Answer: C

Explanation:

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

NCC and AWHONN explain that Contraction Stress Testing (CST):

- * Has a higher rate of equivocal ("equivocal-suspicious" or "equivocal-hyperstimulation") results
- * Frequently must be repeated or replaced with other tests
- * Requires inducing contractions, which carries risk (hyperstimulation, preterm labor, uterine rupture in scarred uterus) NST is used more commonly because it is:
 - * Noninvasive
 - * Easier to perform
 - * Has fewer contraindications
 - * Has a lower rate of equivocal results

Why the others are incorrect:

- * B - CST does detect fetal compromise reliably and is NOT limited in its reporting structure.
- * C - A negative CST actually has very high negative predictive value for 7 days, making this answer incorrect.

Thus the correct choice is A. Higher frequency of equivocal results.

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

NEW QUESTION # 74

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

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 # 75

This fetal heart rate pattern is classified as Category III based on:

- **A. Absent variability**
- B. Type of deceleration
- C. Contraction pattern

Answer: A

Explanation:

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

This tracing shows recurrent late decelerations accompanied by absent variability.

Per NICHD/NCC, a tracing is Category III if ANY of the following are present:

* Absent variability AND recurrent late decelerations

* Absent variability AND recurrent variable decelerations

* Absent variability AND bradycardia

* Sinusoidal pattern

In this strip:

* Variability is absent

* Decelerations are recurrent and late

The determining feature for the classification is absent variability, which indicates significant risk for fetal acidemia.

The contraction pattern (option B) does not determine category.

The deceleration type alone (option C) does not determine Category III without absent variability.

Thus, the classification is Category III because of absent variability.

References: NCC C-EFM Candidate Guide; NICHD Three-Tier System; AWHONN Fetal Heart Monitoring Principles & Practices; Miller's Fetal Monitoring Pocket Guide; Menihan Electronic Fetal Monitoring.

NEW QUESTION # 76

The most common fetal heart rate pattern consistent with uterine rupture is

- A. absent variability
- B. loss of uterine pressure

- C. prolonged and variable decelerations

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract (NCC-Referenced Sources) According to AWHONN, Simpson, and NCC C-EFM physiologic competencies, uterine rupture commonly presents with:

- * Sudden prolonged deceleration
- * Recurrent variables
- * Fetal bradycardia
- * Possible loss of station, vaginal bleeding, maternal pain

AWHONN specifically lists:

"Prolonged deceleration is the most common initial fetal sign of uterine rupture." Absent variability can occur later, but it is not the most common initial pattern.

"Loss of uterine pressure" refers to loss of toco signal, not a fetal heart rate characteristic.

Therefore, NCC-validated interpretation: prolonged and variable decelerations.

NEW QUESTION # 77

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