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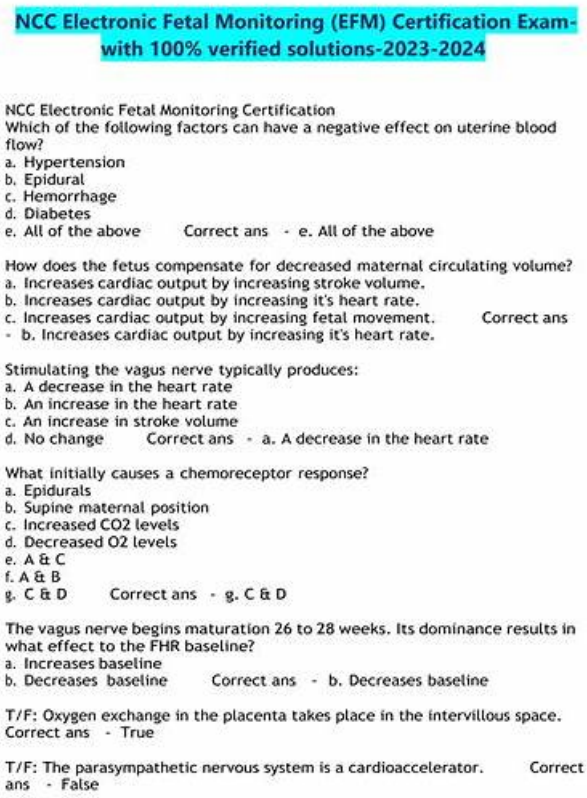

NCC Electronic Fetal Monitoring (EFM) Certification Exam- with 100% verified solutions-2023-2024

NCC Electronic Fetal Monitoring Certification
Which of the following factors can have a negative effect on uterine blood flow?
a. Hypertension
b. Epidural
c. Hemorrhage
d. Diabetes
e. All of the above Correct ans - e. All of the above

How does the fetus compensate for decreased maternal circulating volume?
a. Increases cardiac output by increasing stroke volume.
b. Increases cardiac output by increasing it's heart rate.
c. Increases cardiac output by increasing fetal movement. Correct ans - b. Increases cardiac output by increasing it's heart rate.

Stimulating the vagus nerve typically produces:
a. A decrease in the heart rate
b. An increase in the heart rate
c. An increase in stroke volume
d. No change Correct ans - a. A decrease in the heart rate

What initially causes a chemoreceptor response?
a. Epidurals
b. Supine maternal position
c. Increased CO2 levels
d. Decreased O2 levels
e. A & C
f. A & B
g. C & D Correct ans - g. C & D

The vagus nerve begins maturation 26 to 28 weeks. Its dominance results in what effect to the FHR baseline?
a. Increases baseline
b. Decreases baseline Correct ans - b. Decreases baseline

T/F: Oxygen exchange in the placenta takes place in the intervillous space.
Correct ans - True

T/F: The parasympathetic nervous system is a cardioaccelerator. Correct ans - False

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q75-Q80):

NEW QUESTION # 75
A woman (G1, P0) at 41-weeks gestation presents to OB triage to rule out labor. Her cervical exam is 1 cm/50%/-2. Membranes are intact. She would like to go home if not in labor. Based on this tracing, which represents the last two hours, the best approach is:

- A. discharge to home
- B. admission to hospital
- C. further observation

Answer: A

Explanation:
Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources The fetal heart rate tracing shows a normal baseline (120-150 bpm), moderate variability, and no decelerations, consistent with a Category I pattern. According to AWHONN's Fetal Heart Monitoring Principles & Practices and NCC Perinatal Safety recommendations, a Category I tracing reliably indicates normal fetal acid-base status at the time of assessment and is considered reassuring.
Simpson & Creehan emphasize that in triage, management decisions depend on cervical status, contraction pattern, membrane status, and fetal well-being. With a cervix at 1 cm/50%/-2, intact membranes, and no regular labor pattern, she is not in active or latent labor requiring admission, provided fetal status is reassuring.
Menihan states that a normal tracing lasting two hours with moderate variability supports safe discharge when maternal and fetal assessments are normal. Creasy & Resnik confirm that reassuring fetal testing plus absence of labor is appropriate for outpatient management.
References:
AWHONN - Fetal Heart Monitoring Principles & PracticesSimpson & Creehan - Perinatal NursingMenihan - Electronic Fetal MonitoringCreasy & Resnik - Maternal-Fetal MedicineMiller's Pocket Guide

NEW QUESTION # 76
The pattern on the fetal heart rate tracing shown is likely due to

- A. placental insufficiency
- B. umbilical cord compression
- C. fetal head compression

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract Sources:
The tracing demonstrates an abrupt-onset, sharp, V-shaped deceleration, occurring simultaneously with or slightly after a contraction-classic for variable decelerations, which are caused by umbilical cord compression.
According to AWHONN Fetal Heart Monitoring Principles & Practices, variable decelerations are defined by:
* "Abrupt decreases in FHR below baseline of at least 15 bpm, lasting at least 15 seconds and less than 2 minutes."
* "Most commonly associated with umbilical cord compression, whether transient or recurrent." Physiology reference (Simpson & Miller, Pocket Guide):
* Compression of the umbilical vein causes a brief acceleration.
* Compression of the umbilical arteries triggers a vagal response, producing a rapid deceleration.
* This creates the characteristic sharp 'V', 'U', or 'W' shape on the monitor.
Placental insufficiency (Choice B) produces late decelerations, which are gradual, not abrupt.
Fetal head compression (Choice A) produces early decelerations, which mirror contractions and have a gradual pattern.
Thus, the tracing is most consistent with variable decelerations caused by umbilical cord compression.
References:AWHONN Fetal Heart Monitoring Principles & Practices;Simpson - Fetal Monitoring;Menihan - Electronic Fetal Monitoring;Miller's EFM Pocket Guide;NCC C-EFM Content Outline - Pattern Recognition Domain.

NEW QUESTION # 77
In the event of recurrent variable decelerations with thick meconium, amnioinfusion is recommended to:

- A. Restore uterine blood flow
- B. Dilute thick meconium
- C. Treat oligohydramnios

Answer: C

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
Amnioinfusion is considered an intrauterine resuscitative intervention used specifically for recurrent variable decelerations caused by cord compression. NCC, AWHONN, Miller, and Menihan consistently teach that variables occur when the umbilical cord becomes compressed, reducing fetal oxygenation. When oligohydramnios or decreased amniotic fluid volume is present, the cord is more vulnerable to compression.
Why amnioinfusion is used:
Amnioinfusion works by:
Increasing intraamniotic fluid volume
Reducing umbilical cord compression
Decreasing the frequency and severity of variable decelerations
This directly targets the pathophysiology behind recurrent variables.
Why the other options are incorrect:
A). Dilute thick meconium - NOT supported by NCC
Historically, amnioinfusion was studied for meconium dilution, but major organizations-including NCC- aligned sources-state that amnioinfusion is NOT recommended for the sole purpose of diluting meconium. It does not reduce meconium aspiration syndrome and is no longer indicated for that purpose.
B). Restore uterine blood flow - NOT accurate
Uterine blood flow is addressed through maternal positioning, fluid bolus, reducing uterine tachysystole, and minimizing vasoconstriction-not via amnioinfusion. Amnioinfusion does not physiologically affect uterine perfusion.
C). Treat oligohydramnios - CORRECT
Recurrent variables with thick meconium often occur in the setting of low fluid, which worsens cord compression.
NCC-recommended indications include:
Recurrent variable decelerations unresponsive to repositioning
Suspected or confirmed oligohydramnios
Thick meconium may be associated with low fluid, but the purpose of amnioinfusion is to alleviate cord compression by restoring fluid volume, not to dilute the meconium.
Thus, the correct answer is C. Treat oligohydramnios.
References:
NCC C-EFM Candidate Guide (2025); NCC Content Outline; 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 # 78
A fetal heart rate pattern shows no accelerations or decelerations. It would be interpreted as a Category II pattern if it occurred with:

- A. A fetal heart rate of 110 beats per minute
- B. A sinusoidal pattern
- C. Marked variability

Answer: C

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
NICHD Category II includes:
* Minimal variability
* Marked variability
* Absent accelerations without recurrent decelerations
* Indeterminate baseline characteristics
A tracing with no accelerations and no decelerations becomes Category II if paired with marked variability, because marked variability indicates potential stress.
Why other answers are wrong:
* A. FHR 110 bpm # normal baseline if variability normal.

* B. Sinusoidal pattern # Category III, not Category II.
Correct answer: Marked variability.
References:NCC Candidate Guide; NICHD FHR Definitions; AWHONN FHMPP; Menihan.

NEW QUESTION # 79
(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 # 80
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