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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 - ANSe. 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 its heart rate.
- c. Increases cardiac output by increasing fetal movement. - ANSb. Increases cardiac output by increasing its 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 - ANSa. 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 - ANSg. 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 - ANSb. Decreases baseline

T/F: Oxygen exchange in the placenta takes place in the intervillous space. - ANSTrue

T/F: The parasympathetic nervous system is a cardioaccelerator. - ANSFalse

T/F: Baroreceptors are stretch receptors which respond to increases or decreases in blood pressure. - ANSTrue

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q21-Q26):

NEW QUESTION # 21

(Full question statement)

A woman at 39-weeks gestation is in labor, progressing normally. The baseline fetal heart rate has increased from 125 to 150 beats per minute over the last hour with moderate variability. What is the next step?

- A. Initiate antibiotic therapy
- B. Perform an ultrasound
- C. Continue to observe

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract Without Links:

NCC-recommended references (Simpson, AWHONN FHM, Creasy & Resnik) note that baseline increases within the normal range (110-160 bpm) accompanied by moderate variability are typically benign. Mild physiologic causes-maternal activity, fetal stimulation, or normal sympathetic activation-may transiently raise baseline FHR.

AWHONN stresses that intervention is required only when tachycardia exceeds 160 bpm or when variability is minimal/absent or accompanied by recurrent decelerations.

Here, the baseline increase to 150 bpm remains within normal limits and is paired with moderate variability, which the NCC recognizes as the strongest indicator of adequate fetal oxygenation.

Therefore, evaluation is complete, and continued observation is the appropriate course.

NEW QUESTION # 22

The tracing shown is a:

- A. Category III
- B. Category I
- C. Category II

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References (No URLs):

Interpretation of fetal heart rate (FHR) tracings in the NCC C-EFM exam follows the standardized NICHD three-tier classification, which is fully adopted in NCC's content outline and recommended references such as AWHONN Fetal Heart Monitoring Principles & Practices, Miller's EFM Pocket Guide, Menihan, Simpson's Perinatal Nursing, and Creasy & Resnik.

Baseline:

The tracing demonstrates an FHR baseline around 145-150 bpm, which falls within the normal range of 110-160 bpm. NCC references define baseline as the mean FHR rounded to increments of 5 bpm over a 10-minute window.

Variability:

The strip shows minimal variability, with amplitude fluctuations approximately 0-2 bpm.

According to NCC-aligned definitions:

- * Moderate variability: 6-25 bpm
- * Minimal variability: 1-5 bpm
- * Absent variability: undetectable amplitude

This tracing shows minimal variability, not moderate, so it cannot be Category I.

Accelerations:

No accelerations are present. Lack of accelerations alone does not classify the tracing as Category III.

Decelerations:

There are no recurrent late decelerations, no recurrent variable decelerations, and no prolonged decelerations. Without these, and with minimal variability, the tracing does not meet Category III criteria.

Category III criteria (per NICHD/NCC):

Must include at least one of the following:

- * Absent variability with recurrent late decelerations
- * Absent variability with recurrent variable decelerations
- * Absent variability with bradycardia
- * Sinusoidal pattern

None of these are present.

Category II criteria (per NICHD/NCC):

Category II includes tracings that are not Category I or III.

Examples specifically listed include:

- * Minimal variability
- * Absent accelerations after fetal stimulation
- * Tachycardia
- * Bradycardia without absent variability
- * Variable or late decelerations occurring intermittently

Because this tracing shows minimal variability, a normal baseline, no accelerations, and no recurrent decelerations, it fits squarely into Category II.

Therefore, the correct classification is Category II.

References: NCC C-EFM Candidate Guide and Content Outline (2025); 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; NICHD Three-Tier FHR Interpretation System.

NEW QUESTION # 23

A sentinel or reportable event as defined by the Joint Commission or other regulatory bodies/agencies is one that

- A. requires investigation and response
- B. must involve malpractice or negligence
- C. requires mandatory education for providers

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources Sentinel events are defined by the Joint Commission as unexpected occurrences involving death, serious physical or psychological injury, or the risk thereof, and they require immediate investigation, root-cause analysis, and institutional response. They do not require confirmed malpractice or negligence.

AWHONN's perinatal safety guidelines and NCC's Professional Issues domain specify that sentinel events trigger mandatory reporting, analysis, system review, and corrective action plans. Simpson & Creehan emphasize that they are addressed through standardized safety processes, including interdisciplinary review.

Miller's Pocket Guide notes that sentinel events are "events that require immediate investigation to prevent recurrence," aligning with answer choice B.

References:

AWHONN - Perinatal Safety Guidelines
NCC - C-EFM Content Outline (Professional Issues)
Simpson & Creehan - Perinatal Nursing
Menihan - EFM Professional Standards Chapter
Miller's Pocket Guide

NEW QUESTION # 24

The success of interventions to treat fetal hypoxia first depends on:

- A. Minimizing uterine activity
- B. Improving maternal oxygenation
- C. Optimizing uteroplacental blood flow

Answer: C

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

NCC/AWHONN emphasize that the primary goal of intrauterine resuscitation is to:

- * Optimize uteroplacental blood flow, which restores fetal oxygen delivery.

Key measures include:

- * Maternal repositioning (lateral)
- * Reducing tachysystole
- * IV fluid bolus
- * Correcting maternal hypotension
- * Stopping oxytocin
- * Treating underlying causes

Improving maternal oxygenation is supportive, but improving uteroplacental perfusion is the critical first determinant of resuscitation success.

Why the other answers are not first priority:

- * A. Oxygen - optional and no longer universally recommended unless maternal hypoxemia exists.
- * B. Minimizing uterine activity - essential, but still secondary to restoring perfusion.

Correct answer: C. Optimizing uteroplacental blood flow

References:NCC Pattern Recognition & Intervention Domain; AWHONN FHMPP; Menihan; Simpson & Creehan.

NEW QUESTION # 25

A woman is admitted to labor and delivery with vaginal bleeding. This tracing is obtained. This is most consistent with:

□

- A. Dysrhythmia
- B. Normal baseline
- C. An indeterminate pattern

Answer: C

Explanation:

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

The tracing shows:

- * Baseline approx. 120 bpm
- * Minimal variability (amplitude <5 bpm) across the entire strip
- * No accelerations
- * No decelerations
- * Contractions present but not excessive

NCC defines:

- * Category I requires moderate variability # not present.
- * Category III requires absent variability with recurrent decels, bradycardia, or sinusoidal pattern # not present.
- * Thus this falls into Category II: "indeterminate."

Minimal variability for this length of time cannot be considered a normal baseline, especially in the setting of vaginal bleeding, which raises concern for:

- * Abrupton
- * Maternal anemia
- * Hypovolemia
- * Decreased uteroplacental perfusion

There is no evidence of dysrhythmia (no irregular R-R intervals, no chaotic spikes, no sawtooth pattern).

Therefore, the correct interpretation is A. An indeterminate pattern (Category II).

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

NEW QUESTION # 26

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