

100% Pass Quiz 2026 NCC EFM: Certified - Electronic Fetal Monitoring High Hit-Rate Reliable Exam Question

NCC EFM Electronic Fetal Monitoring Practice Questions & Answers

1. A nurse is explaining to a pregnant patient the purpose of electronic fetal monitoring. Which of the following statements by the nurse is the most accurate way to describe the purpose of EFM?

- a. "EFM is a diagnostic procedure that monitors your baby's heart rate or FHR and your uterine contractions."
- b. "EFM is a screening procedure that monitors your baby's heart rate or FHR and your uterine contractions."
- c. "EFM is a screening procedure that only monitors your baby's heart rate or FHR."
- d. "EFM is a diagnostic procedure that only monitors the frequency, duration, and intensity of your uterine contractions."

Answer b. "EFM is a screening procedure that monitors your baby's heart rate or FHR and your uterine contractions."

2. The nurse measures fetal well being during labor by paying attention to

- a. the response of the FHR to uterine contractions
- b. mom's complaint of pain during the labor
- c. the FHR only
- d. the frequency, duration, and intensity of the mother's uterine contractions only

Answer a. the response of the FHR to uterine contractions

1/30

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q126-Q131):

NEW QUESTION # 126

The baseline fetal heart rate decreases with gestational age as a result of an increase in:

- A. Catecholamine production
- B. **Parasympathetic tone**
- C. Intrinsic ventricular rate

Answer: B

Explanation:

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

As gestation advances:

- * Vagal (parasympathetic) control increases,
- * Sympathetic dominance decreases,
- * Resulting in a lower baseline heart rate.

NCC physiology teaching:

"Baseline FHR decreases with advancing gestational age due to maturation and increasing parasympathetic tone." Why the others are incorrect:

- * Catecholamines increase heart rate, not decrease it.
- * Intrinsic ventricular rate does not change significantly with gestational age.

Thus, the correct physiologic factor is increased parasympathetic tone.

References:NCC Physiology Domain; AWHONN; Menihan; Simpson & Creehan; Creasy & Resnik.

NEW QUESTION # 127

A characteristic of early decelerations is that they

- A. commonly fall below 100 beats per minute
- B. **are thought to be caused by a vagal reflex**
- C. are episodic

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract (No URLs or Links):

Early decelerations are defined in NCC and AWHONN resources as gradual, uniform decelerations that mirror uterine contractions and are associated with fetal head compression. AWHONN's Fetal Heart Monitoring Principles states: "Early decelerations are a benign pattern caused by vagal stimulation secondary to fetal head compression." Menihan similarly notes: "The mechanism of early decelerations is a vagal reflex response; they do not reflect hypoxia." They are periodic, not episodic, because they occur with contractions-which rules out option A.

They typically remain within a normal heart rate range and do not usually fall below 100 bpm; this eliminates option C. NCC Candidate Guide emphasizes that early decelerations are considered a normal physiologic response, not a pathologic pattern, and are categorized as "Category I" when variability is present.

Thus, the correct characteristic is that they are caused by a vagal reflex, making B the correct answer.

References:AWHONN Fetal Heart Monitoring ProgramMenihan: Electronic Fetal MonitoringSimpson & Creasy: Fetal PhysiologyNCC C-EFM Content Domains - Physiology

NEW QUESTION # 128

Maternal fever can cause fetal tachycardia because the increased maternal temperature:

- A. Inhibits catecholamine release
- B. Decreases tissue perfusion
- C. **Increases fetal metabolism**

Answer: C

Explanation:

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

Maternal hyperthermia-most commonly from infection-causes a rise in fetal temperature, which increases fetal metabolic rate. The fetus responds by increasing heart rate to meet the increased oxygen demand.

Effects include:

- * Increased fetal oxygen consumption
- * Enhanced fetal cardiac output
- * Resultant tachycardia, often 160-180 bpm

This mechanism is repeatedly outlined in NCC's physiology domain, AWHONN, Menihan, Simpson, and Creasy & Resnik.

Option A is incorrect because maternal fever does not reduce perfusion.

Option C is incorrect because catecholamines are often elevated, not inhibited.

Thus, the mechanism is increased fetal metabolism.

References:NCC C-EFM Candidate Guide; NCC Physiology Domain; AWHONN Fetal Heart Monitoring Principles & Practices; Menihan Electronic Fetal Monitoring; Simpson & Creehan Perinatal Nursing; Creasy & Resnik Maternal-Fetal Medicine.

NEW QUESTION # 129

What is the appropriate interpretation of this tracing?

- A. Tachycardia with variable decelerations
- **B. Marked variability**
- C. Multiple prolonged accelerations

Answer: B

Explanation:

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

The tracing demonstrates:

- * Baseline ~150 bpm
- * Variability # 25 bpm amplitude, highly erratic and wide
- * No sustained decelerations
- * No sustained accelerations # 2 min

NICHD/NCC definition of marked variability:

Amplitude of baseline FHR fluctuations greater than 25 bpm.

Marked variability often reflects transient fetal autonomic instability due to:

- * Fetal stimulation
- * Mild hypoxemia
- * Maternal anxiety
- * Drugs (e.g., butorphanol)

Why other answers are incorrect:

- * B. Multiple prolonged accelerations - No accelerations of #2 minutes are present.
- * C. Tachycardia with variables - Baseline is NOT tachycardic (>160 bpm), and decelerations are not present.

Thus, the correct interpretation is A. Marked variability.

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

NEW QUESTION # 130

A fetal heart rate pattern shows no accelerations or decelerations. It would be interpreted as a Category II pattern if it occurred with:

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

Answer: A

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 # 131

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