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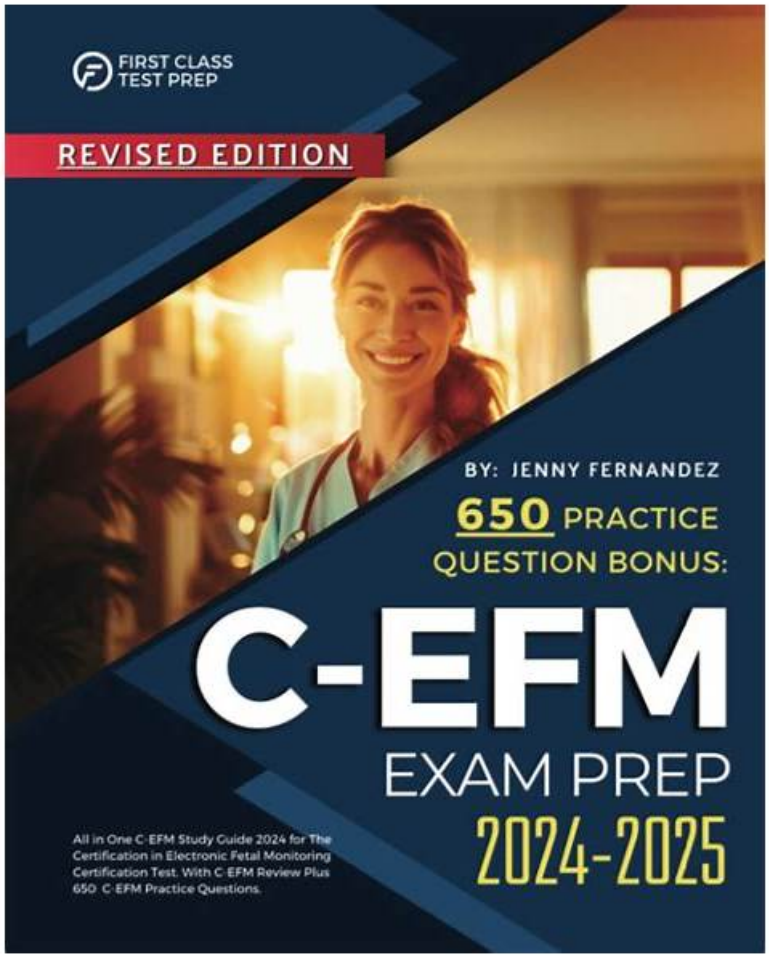

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Whatever your professional, working towards a Certified - Electronic Fetal Monitoring EFM certification or designation takes a significant amount of effort and time. Once you have put all your effort, and investment and prepared well then you will be in a position to pass the Certified - Electronic Fetal Monitoring EFM Certification Exam. But once you get success in the Certified - Electronic Fetal Monitoring EFM test you'll be eligible to avail all the personal and professional benefits associated with Certified - Electronic Fetal Monitoring EFM certification.

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

NEW QUESTION # 126
This fetal heart rate tracing is from a woman in the second stage of labor. This tracing is best interpreted as:

- A. Variable decelerations
- B. Intermittent late decelerations
- C. Wandering baseline

Answer: A

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
The tracing shows the classic features of variable decelerations:
* Abrupt onset (<30 seconds from baseline to nadir)
* Rapid drop followed by a rapid recovery
* Significant variability in shape, depth, and timing
* "Shouldering"-brief accelerations before or after the deceleration, typical of cord compression
* The decelerations vary in appearance and timing relative to contractions In second stage, this pattern is extremely common due to:
* Recurrent cord compression during descent
* Maternal pushing
* Reduced amniotic fluid with advancing labor
Why the other options are incorrect:
A). Intermittent late decelerations
* Late decelerations are uniform, smooth, begin after the contraction peak, and recover after the contraction ends.
* This tracing shows abrupt, variable-shaped, non-uniform decels # NOT late decels.
C). Wandering baseline
* A wandering baseline is a slowly fluctuating, low-amplitude, smooth, preterminal pattern.
* This tracing shows an identifiable baseline with variability and clear decelerations, not wandering baseline.
Thus, the tracing is most consistent with variable decelerations.
References:NCC C-EFM Candidate Guide; AWHONN FHMPP; NICHD FHR Definitions; Menihan Electronic Fetal Monitoring; Simpson & Creehan Perinatal Nursing; Creasy & Resnik Maternal-Fetal Medicine.

NEW QUESTION # 127
Patient safety is enhanced when alarms:

- A. Can be called by anyone
- B. Occur infrequently
- C. Are determined by the unit leaders

Answer: A

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
NCC and AWHONN emphasize unit-wide shared responsibility for:
* Recognizing abnormal maternal or fetal findings
* Calling for help
* Triggering emergency responses (e.g., unit huddle, rapid response, safety pathways) Safety culture requires:
* Any staff member (RN, tech, provider) to initiate an alarm or escalate concern
* No hierarchy delay
* Rapid action when fetal compromise is suspected
Why the other answers are wrong:
* A. Determined by unit leaders # incorrect; safety is team-wide, not hierarchical.
* C. Occur infrequently # false; alarms must occur whenever needed, not limited.
Correct answer: B. Can be called by anyone.
References:NCC Professional Issues Domain; AWHONN Standards for Professional Practice; Perinatal Safety Bundles; Simpson & Creehan.

NEW QUESTION # 128
The black pattern represents the heart rate pattern for Baby A. The blue pattern represents the heart rate pattern for Baby B. A possible etiology of the baseline fetal heart rate of Baby A is:

- A. Magnesium sulfate
- B. Fetal positioning
- C. Infection

Answer: C

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
The black tracing (Baby A) demonstrates:
* Baseline ~170-175 bpm
* Moderate variability
* No recurrent decelerations
This is fetal tachycardia.
NCC physiology guidelines list common causes of fetal tachycardia:
* Maternal fever / infection (chorioamnionitis)
* Maternal dehydration
* Maternal anxiety
* Maternal hyperthyroidism
* Fetal infection
* Certain medications (terbutaline, illicit stimulants)
Why the other options are incorrect:
* A. Fetal positioning does not influence baseline heart rate.
* C. Magnesium sulfate typically lowers fetal baseline and variability-it does not cause tachycardia.
Thus, the most likely etiology is infection.
References:NCC C-EFM Candidate Guide; AWHONN FHMPP; Menihan EFM; Simpson & Creehan; Creasy & Resnik.

NEW QUESTION # 129
The baseline heart rate of a 28-week fetus is 170 bpm. The next step is to:

- A. Continue observation
- B. Perform a biophysical profile
- C. Assess maternal vital signs

Answer: C

Explanation:
Comprehensive and Detailed Explanation From Exact Extract Without Any URLs or Links:
NCC references (AWHONN, Simpson, Menihan) and the Physiology domain emphasize that baseline fetal heart rate is higher at earlier gestational ages due to predominant sympathetic tone and immature parasympathetic modulation. For a 28-week fetus, a baseline between 150-170 bpm may fall within the upper normal/mild tachycardic range.
Before classifying fetal tachycardia, recommended by AWHONN and Simpson, clinicians must first assess maternal contributors:
* Fever
* Tachycardia
* Infection
* Dehydration
* Medications (e.g., beta-agonists)
* Anxiety
This matches NCC's required first-line action: evaluate maternal status before escalating fetal assessment.
A biophysical profile (BPP) is not the immediate next step unless maternal status and fetal environment do not explain the finding.
Continuing observation without maternal evaluation is contrary to perinatal safety standards.
References:AWHONN Fetal Monitoring PrinciplesSimpson & Miller Fetal MonitoringMenihan EFM Interpretation GuideNCC C-EFM Exam Content Domains 2025

NEW QUESTION # 130
This external tracing is from a 19-year-old (G1P0) at 39-weeks gestation. She is 6 cm dilated, 100% effaced, and -2 station. The fetus is in an occiput posterior position. She rates her pain as 8. She reports being lightheaded. She is most likely at risk for respiratory:

- A. Depression
- B. Alkalosis
- C. Acidosis

Answer: B

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Physiologic References:
This strip shows:
* Baseline around 150 bpm
* Moderate variability
* No decelerations
* Consistent, strong contractions
* A maternal report of severe pain (8/10) and feeling lightheaded
In labor, severe pain + anxiety + hyperventilation commonly cause maternal respiratory alkalosis.
NCC and AWHONN physiology guidance explain:
* Hyperventilation # # PaCO# # respiratory alkalosis
* Symptoms include:
* Lightheadedness
* Tingling
* Dizziness
* Sometimes palpitations
* This frequently occurs during painful contractions, especially with occiput posterior labor, which is notoriously more painful due to back pressure.
Why other answers are incorrect:
* A. Respiratory acidosis occurs with hypoventilation-not present here.
* C. Respiratory depression occurs with opioids, magnesium sulfate, or anesthesia-not part of this scenario.
Therefore, the correct answer is B. Alkalosis.
References:NCC C-EFM Candidate Guide; AWHONN FHMPP; Menihan EFM; Miller's Pocket Guide; Simpson & Creehan; Creasy & Resnik.

NEW QUESTION # 131
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