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NCC EFM WITH COMPLETE SOLUTION

- Causes of uteroplacental perfusion decrease: - CORRECT ANSWER • HTN
 - Pregnancy
 - DM
 - Hypotension
 - Excessive uterine contractions (hypertonus)
 - Decreased surface area, edema, degenerative calcifications, infarcts, infection
- FHR reflects fetal oxygenation from which extrinsic factors: - CORRECT ANSWER •
 - Maternal oxygenation
 - Uterine blood flow
 - Placental change
 - Umbilical blood flow
- FHR reflects oxygenation from which intrinsic factors: - CORRECT ANSWER • Fetal circulation
 - Oxygenation of tissues
 - FHR regulation
- Fetal shunts: - CORRECT ANSWER • Ductus venosus- liver
 - PFO- Right to left atria
 - Ductus arteriosus- pulmonary a. to aorta
- Oxygen depletion cascade: - CORRECT ANSWER • Aerobic metabolism
 - Hypoxemia
 - Tissue hypoxia
 - Anaerobic metabolism
 - Lactic acid build up
 - Metabolic acidosis
- Sympathetic innervation: - CORRECT ANSWER • Releases Epi/norepi
 - Increases FHR
- Parasympathetic/Vagal innervation: - CORRECT ANSWER • Releases ach
 - Decreases FHR and transmits variability
- Early decel: - CORRECT ANSWER • Fetal head compression
 - ->vasovagal response
- Variable decel: - CORRECT ANSWER • Cord compression
 - ->increase BP/HTN
 - ->activation of baroreceptor

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q95-Q100):

NEW QUESTION # 95

(Full question)

Spontaneous fetal heart rate accelerations indicate

- A. immaturity of the fetal parasympathetic nervous system
- B. dominance of the fetal sympathetic nervous system
- C. integrated response of the fetal central nervous system

Answer: C

Explanation:

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

NCC references (AWHONN, Menihan, Simpson, Creasy & Resnik) consistently state that fetal accelerations are a reassuring sign of intact neurologic function. Accelerations represent the interaction of both the sympathetic and parasympathetic branches moderated through the central nervous system, reflecting effective autonomic regulation.

AWHONN specifically describes fetal accelerations as:

- * A maturity marker of CNS function,
- * Reflecting vigorous fetal movement,
- * Demonstrating adequate oxygenation,
- * Indicating a well-oxygenated brainstem and cortex.

Simpson & Miller emphasize that accelerations require both systems to be functioning and respond appropriately, which confirms CNS integration, not sympathetic or parasympathetic dominance alone.

Therefore, spontaneous accelerations indicate an integrated CNS response, making Option C the correct NCC-aligned answer.

NEW QUESTION # 96

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 # 97

A fetal heart rate tracing is abnormal. A change in maternal position and oxygen administration do not correct the pattern. Following birth, a fetal cord blood sample is taken:

pH = 7.25

PaCO# = 46 mm Hg

PaO# = 20 mm Hg

HCO# = 22 mEq/L

Base deficit = -4 mEq/L

These results are best interpreted as:

- A. Normal
- B. Acidosis
- C. Hypoxia

Answer: A

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

Normal umbilical arterial values per NCC/AWHONN/Menihan:

- * pH: 7.20-7.30
- * PaCO#: 45-55 mmHg
- * HCO#: 20-24 mEq/L
- * Base deficit: 0 to -5 (normal to mild respiratory changes)

This sample shows:

- * pH 7.25 # normal
- * Base deficit -4 # no metabolic acidosis
- * HCO# normal
- * Slightly elevated PaCO#, consistent with mild respiratory influence but still normal
- * PaO# 20 mmHg is normal for cord arterial blood

This profile is not acidotic (acidosis requires pH <7.10 and base deficit #12).

It also does not indicate hypoxia, which would present with metabolic acidosis.

Therefore: Normal.

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

NEW QUESTION # 98

A patient presents at 38-weeks gestation with complaints of decreased fetal movement and ruptured membranes. The fetal heart rate is not able to be determined with an external ultrasound monitor. A spiral electrode is placed, and the tracing shows a rate of 90 bpm. What is the next most appropriate action?

- A. Request for an urgent bedside ultrasound
- B. Intrauterine resuscitation measures
- C. Palpation of the maternal radial pulse

Answer: C

Explanation:

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

Whenever a fetal heart rate is unexpectedly low (such as 90 bpm), the FIRST step per NCC and AWHONN is to confirm that the signal is fetal, not maternal.

Even internal spiral electrodes can capture maternal heart rate, especially after:

- * Rupture of membranes
- * Maternal hypotension
- * Maternal dehydration
- * Maternal tachycardia or bradycardia

Thus, the first, most immediate action is:

Palpate the maternal radial pulse to determine whether the tracing is maternal or fetal.

If rates match # the monitor is falsely detecting the maternal pulse.

If rates differ # confirm true fetal bradycardia and begin intrauterine resuscitation.

Why the other options are incorrect:

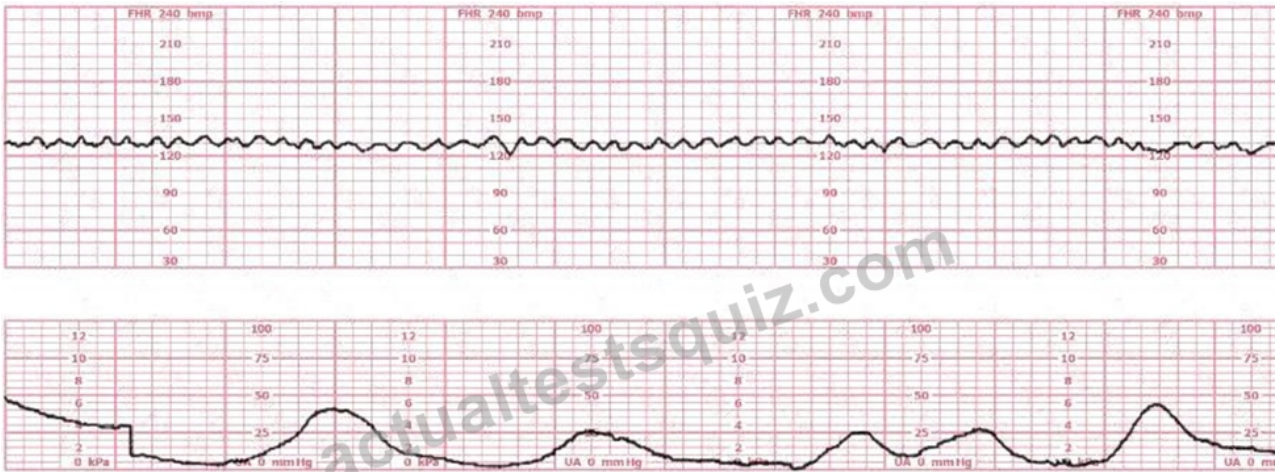
- * A. Intrauterine resuscitation - should NOT begin before confirming the tracing is fetal.
- * C. Bedside ultrasound - appropriate after confirming that the tracing is not maternal, not before.

Correct answer: B. Palpation of the maternal radial pulse.

References:NCC C-EFM Candidate Guide; AWHONN FHMPP; Menihan; Miller's Pocket Guide; Simpson & Creehan.

NEW QUESTION # 99

A 45-year-old woman at 36-weeks gestation presents for a nonstress test. Vital signs are:



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| | |
|---------------------|---------------------|
| Maternal pulse rate | 86 beats per minute |
| Blood pressure | 118/76 mm Hg |
| Temperature | 36.7°C (98.1°F) |

- * Maternal pulse rate: 86 beats per minute
- * Blood pressure: 118/76 mm Hg
- * Temperature: 36.7°C (98.1°F)

The next course of action would include:

- A. Induce labor
- **B. Discharge home**
- C. Perform a Kleihauer-Betke test

Answer: B

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

The NST strip shows:

- * Baseline FHR about 140 bpm
- * Moderate variability
- * Two or more accelerations meeting 15×15 criteria
- * No decelerations
- * Normal, infrequent contractions

Per NCC and AWHONN, a reactive NST is defined as:

- * #2 accelerations of 15 bpm × 15 seconds in a 20-minute period
- * With baseline 110-160 and moderate variability
- * No recurrent decelerations

A reactive NST at 36 weeks in a hemodynamically stable mother with normal vitals is reassuring, and the appropriate disposition is routine follow-up and discharge.

Why the other options are incorrect:

- * B. Induce labor - Not indicated solely on maternal age or a reactive NST.
 - * C. Kleihauer-Betke test - Used to quantify fetomaternal hemorrhage after trauma or sensitization risk; there is no such history here.
- Therefore, the correct action is A. Discharge home.

References: NCC C-EFM Candidate Guide; AWHONN Fetal Heart Monitoring Principles & Practices; Simpson & Creehan; Creasy & Resnik.

NEW QUESTION # 100

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