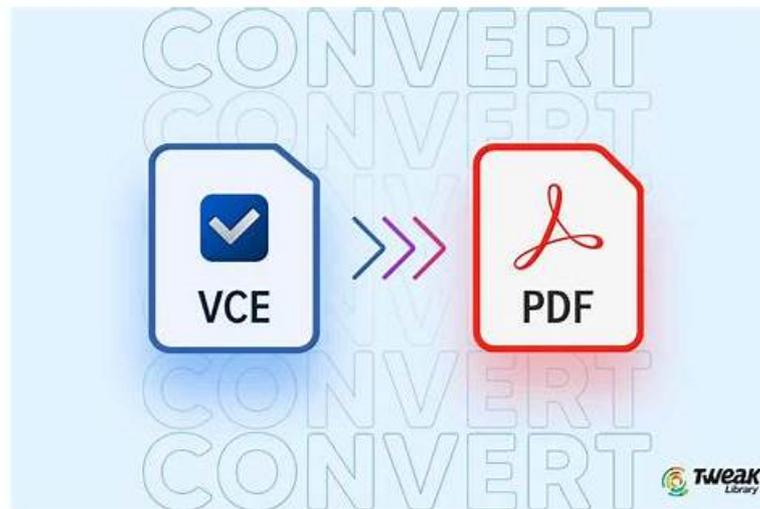


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## NCC Certified - Electronic Fetal Monitoring Sample Questions (Q57-Q62):

### NEW QUESTION # 57

During amnioinfusion, the infusion should be stopped periodically to assess changes in:

- A. Baseline uterine pressure
- B. Patient pain level
- C. Contraction pattern

**Answer: A**

Explanation:

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

During amnioinfusion, NCC emphasizes monitoring for uterine overdistention, which can lead to uterine hypertonus, uterine rupture, or placental separation. The primary way to evaluate overdistention is by measuring baseline uterine pressure via IUPC.

\* Rising resting tone (>20-25 mmHg) indicates accumulating fluid and risk.

\* Stopping the infusion intermittently allows recalibration and assessment of uterine baseline pressure.

\* Contraction pattern (option B) is important but not the primary safety parameter.

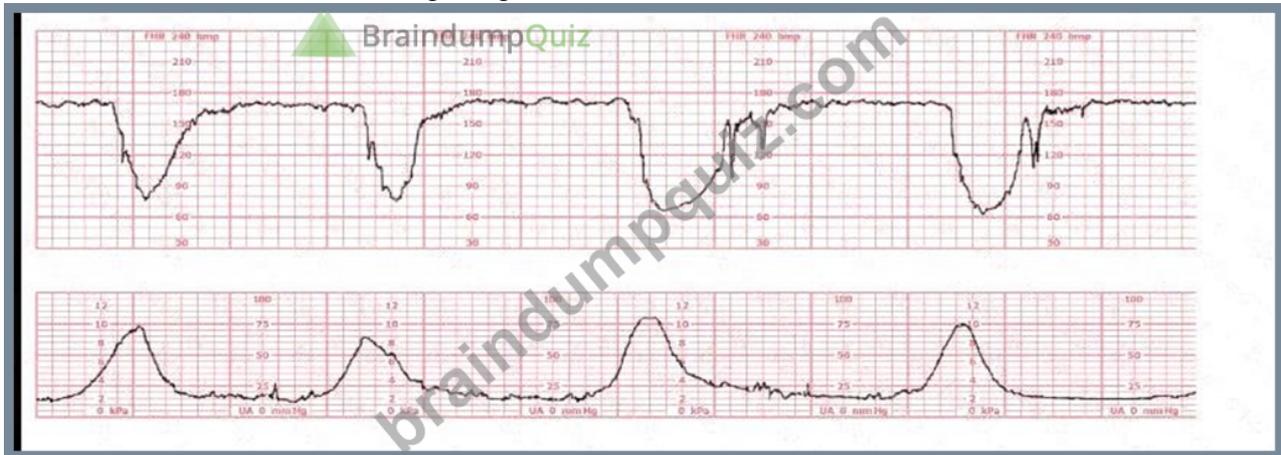
\* Pain (option C) is nonspecific and not a reliable indicator of uterine overdistention.

Thus, the infusion is stopped to assess baseline uterine pressure.

References: NCC C-EFM Candidate Guide; AWHONN Fetal Heart Monitoring Principles & Practices; Miller's Fetal Monitoring Pocket Guide; Menihan Electronic Fetal Monitoring.

### NEW QUESTION # 58

The decelerations seen in the fetal monitoring tracing shown are best described as:



- A. Variable
- B. Early
- C. Late

**Answer: A**

Explanation:

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

Accurate classification of decelerations requires evaluating their shape, onset, nadir, recovery, relationship to contractions, and variability characteristics. NCC uses the NICHD standardized definitions, reinforced across AWHONN, Miller's Pocket Guide, Menihan, Simpson, and Creasy & Resnik.

Key features in this tracing:

\* Abrupt onset The FHR drops rapidly from baseline to nadir in less than 30 seconds-this is the defining hallmark of a variable deceleration per NICHD.

\* Sharp V-shape and deep amplitude The tracing shows steep descents and ascents, characteristic of cord compression-type variable decelerations.

\* Inconsistent timing with contractions The decelerations do not begin at the start of contractions (as early decelerations would) and do not consistently begin after the peak of contractions (as late decelerations would). Variable decelerations can occur before, during, or after a contraction-exactly what is demonstrated here.

\* Rapid return to baseline Another core feature of variable decelerations in NICHD/NCC definitions.

\* No uniform contraction relationship Early decelerations are symmetrical and mirror contractions.

Late decelerations begin after the peak of the contraction. This strip does not match either pattern.

Differentiation per NCC-aligned definitions:

\* Early Decelerations: Gradual onset (>30 sec), nadir mirrors contraction peak, shallow, uniform. Not present.

\* Late Decelerations: Gradual descent, nadir after contraction peak, smooth shape. Not present.

\* Variable Decelerations: Abrupt onset (<30 sec), variable timing, sharp V-shape, rapid recovery, often with shoulders. Exactly matches the tracing.

Therefore, according to NICHD/NCC criteria, the decelerations shown are variable decelerations.

References: NCC C-EFM Candidate Guide (2025); NCC Content Outline; NICHD Standardized Definitions; 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 # 59

A woman experiences an eclamptic seizure during the second stage of labor. An anticipated fetal heart rate abnormality post-seizure would be:

- A. Bradycardia
- B. Sinusoidal pattern

- C. Variable decelerations

**Answer: A**

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Emergency Fetal Response Principles:

Following an eclamptic seizure:

- \* Maternal hypoxia, apnea, and intense sympathetic discharge occur
- \* Uteroplacental perfusion drops
- \* Fetus experiences acute hypoxemia
- \* The expected fetal heart rate response is a prolonged bradycardia

This is well-described in NCC and AWHONN emergency physiology:

\* "Post-seizure fetal bradycardia is common and often resolves within 5-10 minutes as maternal oxygenation stabilizes." Why other answers are incorrect:

- \* B. Sinusoidal pattern - Rare and usually indicates fetal anemia, not post-seizure status.
- \* C. Variable decelerations - Associated with cord compression, not seizures.

Correct answer: A. Bradycardia

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

### NEW QUESTION # 60

When documenting the occurrence of late decelerations in the medical record, what should be charted?

- A. Tracing category
- B. Notation that the tracing was normal or abnormal
- C. Components of the tracing

**Answer: C**

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

According to NCC, AWHONN, and evidence-based documentation standards, clinicians must document:

- \* Baseline
- \* Variability
- \* Accelerations
- \* Decelerations (type, depth, duration, timing)
- \* Uterine activity

This fulfills the NICHD 3-tier system and legal documentation expectations.

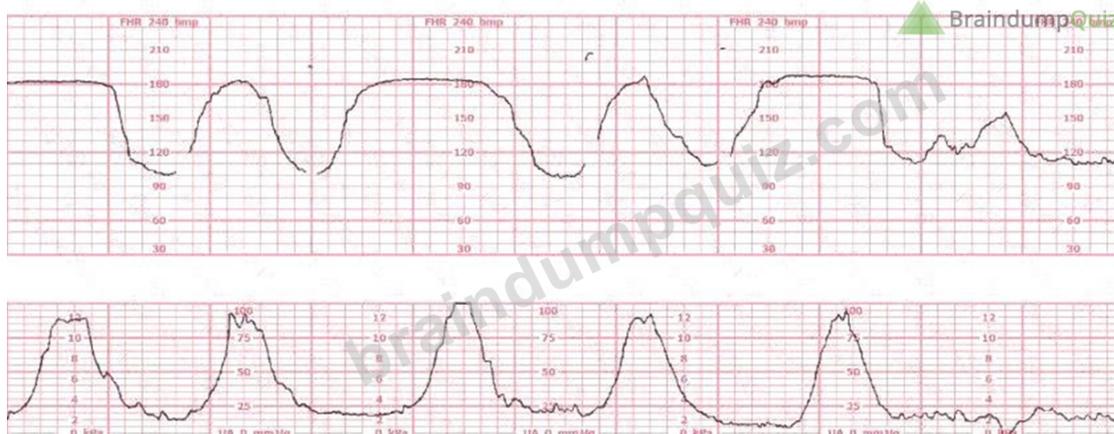
Why the incorrect answers are wrong:

- \* B. "Normal/abnormal" # vague, not an acceptable documentation standard.
- \* C. Category alone # insufficient; categories must be supported by the components.

References: NCC C-EFM Candidate Guide; AWHONN Documentation Standards; Menihan.

### NEW QUESTION # 61

This fetal heart rate pattern is classified as Category III based on:



- A. Type of deceleration
- B. Contraction pattern
- C. Absent variability

**Answer: C**

Explanation:

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

This tracing shows recurrent late decelerations accompanied by absent variability.

Per NICHD/NCC, a tracing is Category III if ANY of the following are present:

- \* Absent variability AND recurrent late decelerations
- \* Absent variability AND recurrent variable decelerations
- \* Absent variability AND bradycardia
- \* Sinusoidal pattern

In this strip:

- \* Variability is absent
- \* Decelerations are recurrent and late

The determining feature for the classification is absent variability, which indicates significant risk for fetal acidemia.

The contraction pattern (option B) does not determine category.

The deceleration type alone (option C) does not determine Category III without absent variability.

Thus, the classification is Category III because of absent variability.

References: NCC C-EFM Candidate Guide; NICHD Three-Tier System; AWHONN Fetal Heart Monitoring Principles & Practices; Miller's Fetal Monitoring Pocket Guide; Menihan Electronic Fetal Monitoring.

## NEW QUESTION # 62

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