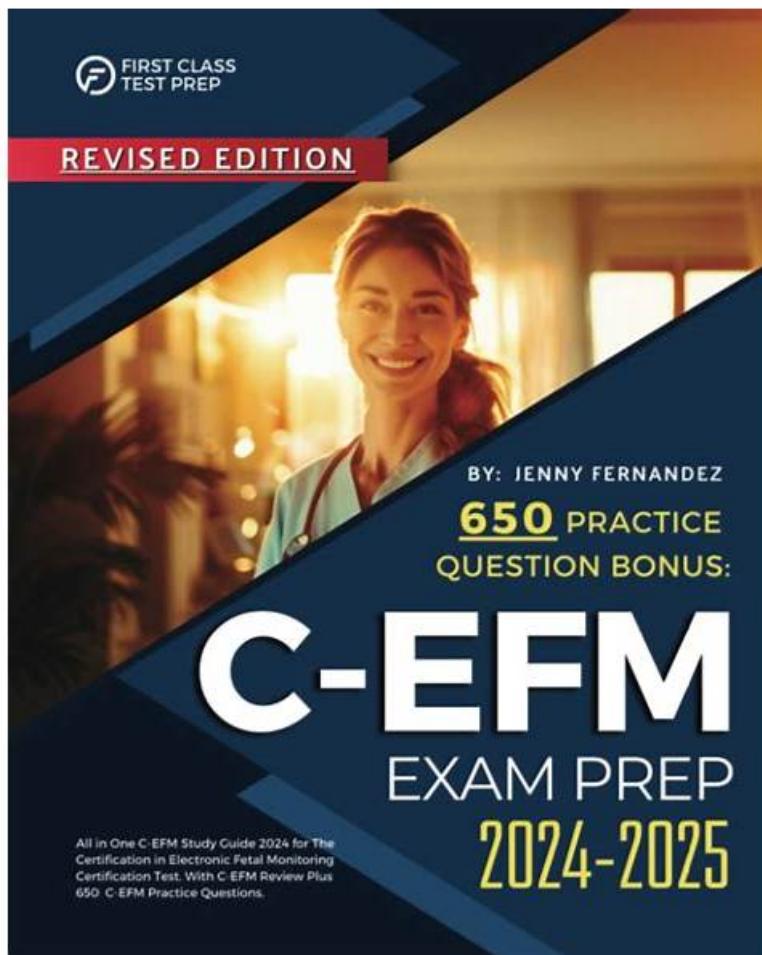


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## NCC Certified - Electronic Fetal Monitoring Sample Questions (Q116-Q121):

### NEW QUESTION # 116

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 # 117

Intrapartum asphyxia can be determined by:

- A. One-minute Apgar score
- B. **Cord blood gas analysis**
- C. Fetal heart rate interpretation

**Answer: B**

Explanation:

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

NCC emphasizes that only objective acid-base assessment can diagnose intrapartum asphyxia. This is accomplished with cord arterial blood gas analysis showing:

- \* pH < 7.0-7.1
- \* Base deficit  $\# 12 \text{ mmol/L}$
- \* Elevated PCO $\#$

FHR patterns suggest risk, but do not diagnose asphyxia.

Apgar scores, especially at 1 minute, do not correlate reliably with acidemia.

Thus, cord gas analysis is the correct determinant.

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

### NEW QUESTION # 118

When the fetal heart rate is measured by a Doppler transducer and the intervals between heart beats are persistently identical, this shows as

- A. normal baseline
- **B. absent variability**
- C. bradycardia

**Answer: B**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources Variability is created by beat-to-beat differences in fetal cardiac intervals due to autonomic nervous system modulation. AWHONN specifies that absent variability appears as "a near-straight line with minimal or no discernible oscillations," which occurs when all beat intervals are identical. Menihan notes that Doppler displays variability based on mechanical motion and will show flat, unchanging intervals when fetal autonomic modulation is suppressed, reflecting absent variability.

Bradycardia refers to a baseline <110 bpm and does not describe the uniformity of intervals. A normal baseline may still show variability; it cannot have identical beat-to-beat intervals, as this violates the definition of variability in NICHD terminology.

Simpson & Creehan state that absent variability is a significant marker of impaired fetal oxygenation or CNS depression.

References:

AWHONN - Fetal Heart Monitoring Principles & Practices  
Menihan - Electronic Fetal Monitoring  
Simpson & Creehan - Perinatal Nursing  
Creasy & Resnik - Maternal-Fetal Medicine  
Miller's Pocket Guide

### NEW QUESTION # 119

Prenatal diagnosis shows that a fetus has renal agenesis. During delivery, what type of electronic fetal heart rate pattern is most likely to be seen due to a common complication associated with this syndrome?

- **A. Variable decelerations**
- B. Late decelerations
- C. Fetal heart block

**Answer: A**

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

Renal agenesis # severe oligohydramnios (due to absent fetal urine production).

Oligohydramnios causes:

- \* Cord compression
- \* Recurrent variable decelerations
- \* Possible prolonged decels from cord entrapment

This is one of the hallmark FHR complications in renal agenesis.

Why the other options are incorrect:

- \* A. Heart block - associated with maternal autoimmune antibodies, not renal anomalies.
- \* B. Late decelerations - associated with uteroplacental insufficiency, not fluid deficiency.

Correct answer: C. Variable decelerations.

References:NCC Physiology & Pattern Recognition; AWHONN FHMPP; Menihan; Simpson & Creehan; Creasy & Resnik.

### NEW QUESTION # 120

Nonstress testing is used more frequently for antepartum testing than contraction stress testing because contraction stress testing has a:

- **A. Higher frequency of equivocal test results**
- B. Limited reporting option for the compromised fetus

- C. Low predictability of fetal well-being within 7 days of a negative test

**Answer: A**

Explanation:

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

NCC and AWHONN explain that Contraction Stress Testing (CST):

- \* Has a higher rate of equivocal ("equivocal-suspicious" or "equivocal-hyperstimulation") results
- \* Frequently must be repeated or replaced with other tests
- \* Requires inducing contractions, which carries risk (hyperstimulation, preterm labor, uterine rupture in scarred uterus) NST is used more commonly because it is:
  - \* Noninvasive
  - \* Easier to perform
  - \* Has fewer contraindications
  - \* Has a lower rate of equivocal results

Why the others are incorrect:

- \* B - CST does detect fetal compromise reliably and is NOT limited in its reporting structure.
- \* C - A negative CST actually has very high negative predictive value for 7 days, making this answer incorrect.

Thus the correct choice is A. Higher frequency of equivocal results.

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

**NEW QUESTION # 121**

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