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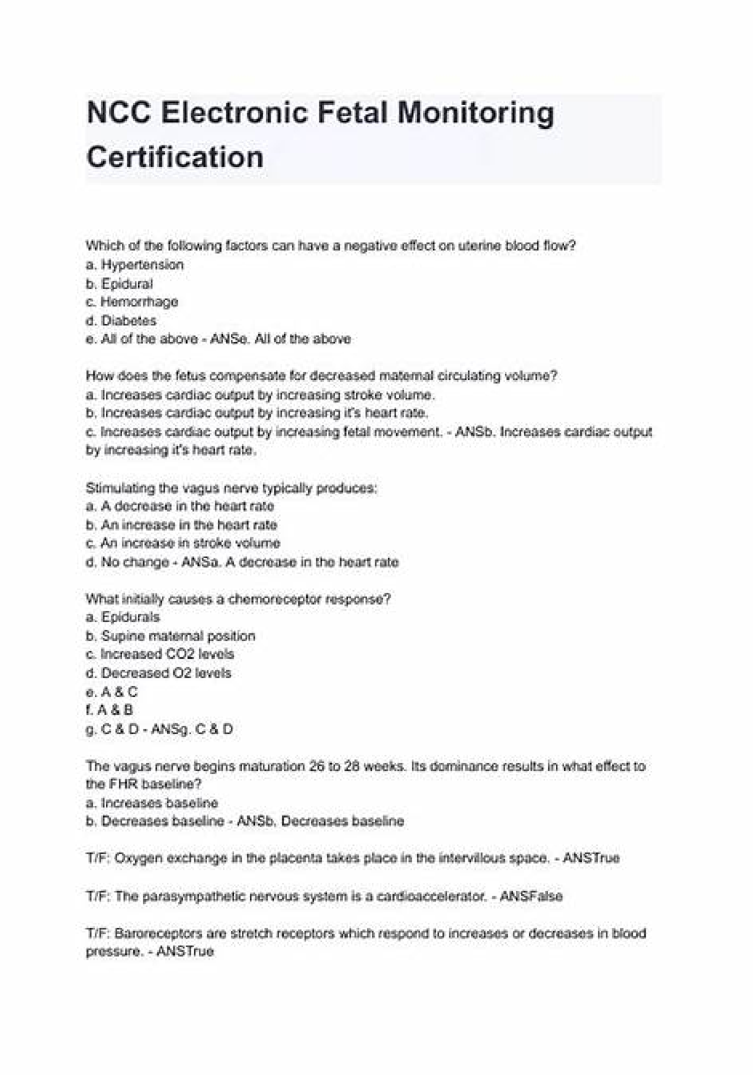

NCC Electronic Fetal Monitoring Certification

Which of the following factors can have a negative effect on uterine blood flow?
a. Hypertension
b. Epidural
c. Hemorrhage
d. Diabetes
e. All of the above - ANSe. All of the above

How does the fetus compensate for decreased maternal circulating volume?
a. Increases cardiac output by increasing stroke volume.
b. Increases cardiac output by increasing it's heart rate.
c. Increases cardiac output by increasing fetal movement. - ANSb. Increases cardiac output by increasing it's heart rate.

Stimulating the vagus nerve typically produces:
a. A decrease in the heart rate
b. An increase in the heart rate
c. An increase in stroke volume
d. No change - ANSa. A decrease in the heart rate

What initially causes a chemoreceptor response?
a. Epidurals
b. Supine maternal position
c. Increased CO2 levels
d. Decreased O2 levels
e. A & C
f. A & B
g. C & D - ANSg. C & D

The vagus nerve begins maturation 26 to 28 weeks. Its dominance results in what effect to the FHR baseline?
a. Increases baseline
b. Decreases baseline - ANSb. Decreases baseline

T/F: Oxygen exchange in the placenta takes place in the intervillous space. - ANSTrue

T/F: The parasympathetic nervous system is a cardioaccelerator. - ANSFalse

T/F: Baroreceptors are stretch receptors which respond to increases or decreases in blood pressure. - ANSTrue

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q58-Q63):

NEW QUESTION # 58
Maternal fever can cause fetal tachycardia because the increased maternal temperature:

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

Answer: B

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 # 59
Usually, the duration of an early deceleration in comparison with the contraction is:

- A. Longer
- B. Shorter
- C. The same

Answer: C

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
An early deceleration is defined by NICHD and NCC as a gradual decrease and return of the fetal heart rate associated with uterine contractions. NCC emphasizes that early decelerations are:
* Symmetrical
* Uniform in shape
* Mirror images of the contraction
This means:
* Onset of deceleration = onset of contraction
* Nadir of deceleration = peak of contraction
* Recovery = end of contraction
* Duration of the deceleration # duration of the contraction
Thus, the correct answer is C. The same.
References:NCC C-EFM Candidate Guide; AWHONN Fetal Heart Monitoring Principles & Practices; NICHD Definitions; Menihan Electronic Fetal Monitoring; Simpson & Creehan Perinatal Nursing.

NEW QUESTION # 60
The tracing shown is a:

- A. Category III

- B. Category I
- C. Category II

Answer: C

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References (No URLs):
Interpretation of fetal heart rate (FHR) tracings in the NCC C-EFM exam follows the standardized NICHD three-tier classification, which is fully adopted in NCC's content outline and recommended references such as AWHONN Fetal Heart Monitoring Principles & Practices, Miller's EFM Pocket Guide, Menihan, Simpson' s Perinatal Nursing, and Creasy & Resnik.
Baseline:
The tracing demonstrates an FHR baseline around 145-150 bpm, which falls within the normal range of 110-160 bpm. NCC references define baseline as the mean FHR rounded to increments of 5 bpm over a 10-minute window.
Variability:
The strip shows minimal variability, with amplitude fluctuations approximately 0-2 bpm.
According to NCC-aligned definitions:
* Moderate variability: 6-25 bpm
* Minimal variability: 1-5 bpm
* Absent variability: undetectable amplitude
This tracing shows minimal variability, not moderate, so it cannot be Category I.
Accelerations:
No accelerations are present. Lack of accelerations alone does not classify the tracing as Category III.
Decelerations:
There are no recurrent late decelerations, no recurrent variable decelerations, and no prolonged decelerations. Without these, and with minimal variability, the tracing does not meet Category III criteria.
Category III criteria (per NICHD/NCC):
Must include at least one of the following:
* Absent variability with recurrent late decelerations
* Absent variability with recurrent variable decelerations
* Absent variability with bradycardia
* Sinusoidal pattern
None of these are present.
Category II criteria (per NICHD/NCC):
Category II includes tracings that are not Category I or III.
Examples specifically listed include:
* Minimal variability
* Absent accelerations after fetal stimulation
* Tachycardia
* Bradycardia without absent variability
* Variable or late decelerations occurring intermittently
Because this tracing shows minimal variability, a normal baseline, no accelerations, and no recurrent decelerations, it fits squarely into Category II.
Therefore, the correct classification is Category II.
References:NCC C-EFM Candidate Guide and Content Outline (2025); 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; NICHD Three-Tier FHR Interpretation System.

NEW QUESTION # 61
Fetal cardiac output is essentially dependent on the fetal:

- A. Baroreceptors
- B. Activity
- C. Heart rate

Answer: C

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
Because the fetal myocardium is immature, it has:
* Limited ability to increase stroke volume

* Limited ability to increase contractility
Therefore, fetal cardiac output (CO) is almost entirely dependent on heart rate.
NCC and AWHONN physiology describe:
* CO = stroke volume × heart rate
* In the fetus, stroke volume is relatively fixed
* Therefore, changes in HR directly affect cardiac output
* Tachycardia # increases CO
* Bradycardia # decreases CO # decreased perfusion and oxygen delivery
Why the other options are incorrect:
* A. Activity does not fundamentally determine CO.
* B. Baroreceptors regulate HR reflexively but are not the primary determinant of cardiac output.
Correct answer: C. Heart rate
References:NCC Physiology Domain; AWHONN FHMPP; Menihan; Simpson & Creehan; Creasy & Resnik.

NEW QUESTION # 62

When a difference in interpretation occurs over a non-emergent electronic fetal heart rate tracing, the first step toward resolution is to:

- A. Document the incident in the medical record
- B. Have the involved clinicians review the tracing together
- C. Follow the chain of command

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
NCC's Professional Issues domain emphasizes communication, collaboration, and team-based interpretation of electronic fetal monitoring tracings.
For non-emergent differences in interpretation, the first step is:
* Discussion and joint review of the tracing by the involved clinicians.
Only if disagreement persists should the chain of command be used. Documentation occurs after consensus or escalation-not as the first step.
Thus, the appropriate first step is C. Have the involved clinicians review the tracing together.
References:NCC C-EFM Candidate Guide; AWHONN Standards for Professional Fetal Monitoring Practice; TeamSTEPPS principles.

NEW QUESTION # 63

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