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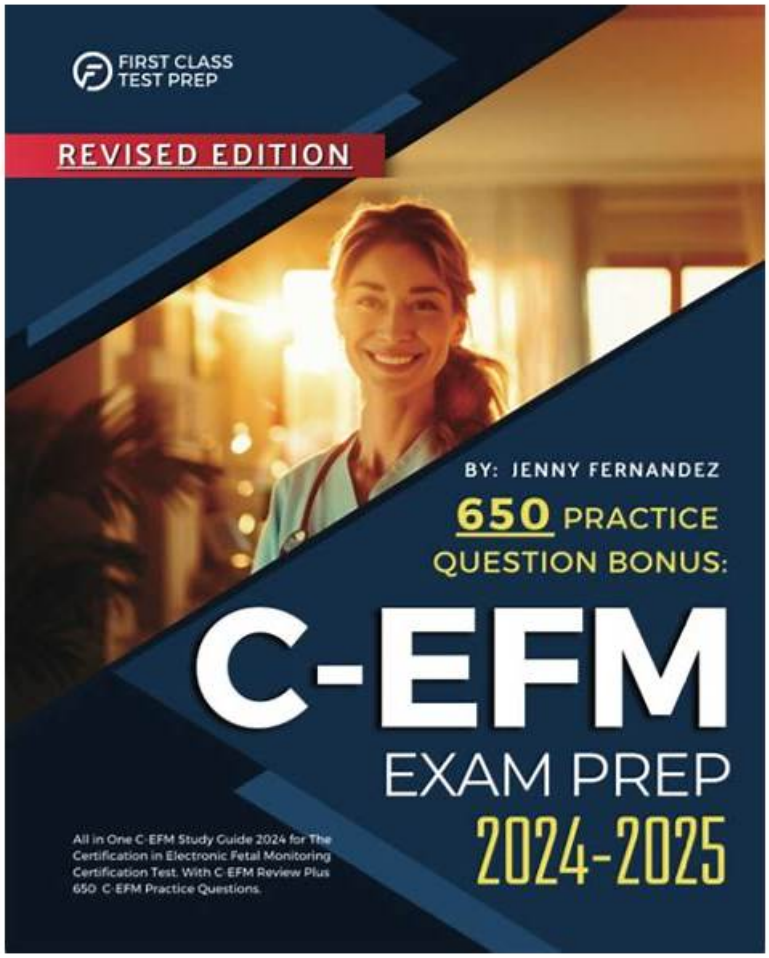

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The customization feature of these Certified - Electronic Fetal Monitoring (EFM) practice questions (desktop or web-based) allows users to change the settings of their mock exams as per their preferences. Customers of DumpStillValid can attempt multiple EFM Exam Questions till their satisfaction. On each attempt, our EFM practice exam will give your results on the spot.

NCC Certified - Electronic Fetal Monitoring Sample Questions (Q21-Q26):

NEW QUESTION # 21
The fetal heart rate baseline is

- A. established between periodic and episodic changes
- B. documented in a 15 beats per minute range

- C. normally between 110 and 170 beats per minute

Answer: A

Explanation:
Comprehensive and Detailed Explanation (From NCC C-EFM-Referenced Sources) The NCC C-EFM exam outline, along with AWHONN and Miller's Pocket Guide, define baseline fetal heart rate as the mean FHR rounded to increments of 5 bpm, measured over a 10-minute window, excluding:
* accelerations
* decelerations
* periods of marked variability
* any segments differing by >25 bpm
This aligns with ACOG, AWHONN, and Simpson's interpretation standards.
Option A is incorrect: the baseline is not documented as a 15-bpm range; it is documented as a single value (e.g., 140 bpm).
Option C is incorrect: the correct NCC/ACOG standardized normal baseline is 110-160 bpm, not 170.
Exact Extract Concepts Referenced:
- "Baseline is determined over a 10-minute period excluding periodic or episodic changes." (AWHONN FHR Principles)
- "Baseline is the mean FHR rounded to 5-bpm increments." (Miller's Pocket Guide)
- "Normal baseline is 110-160 bpm." (Simpson & Menihan; Creasy & Resnik)

NEW QUESTION # 22
A characteristic of early decelerations is that they

- A. commonly fall below 100 beats per minute
- B. are episodic
- C. are thought to be caused by a vagal reflex

Answer: C

Explanation:
Comprehensive and Detailed Explanation From Exact Extract (No URLs or Links):
Early decelerations are defined in NCC and AWHONN resources as gradual, uniform decelerations that mirror uterine contractions and are associated with fetal head compression. AWHONN's Fetal Heart Monitoring Principles states: "Early decelerations are a benign pattern caused by vagal stimulation secondary to fetal head compression." Menihan similarly notes: "The mechanism of early decelerations is a vagal reflex response; they do not reflect hypoxia." They are periodic, not episodic, because they occur with contractions-which rules out option A.
They typically remain within a normal heart rate range and do not usually fall below 100 bpm; this eliminates option C. NCC Candidate Guide emphasizes that early decelerations are considered a normal physiologic response, not a pathologic pattern, and are categorized as "Category I" when variability is present.
Thus, the correct characteristic is that they are caused by a vagal reflex, making B the correct answer.
References:AWHONN Fetal Heart Monitoring ProgramMenihan: Electronic Fetal MonitoringSimpson & Creasy: Fetal PhysiologyNCC C-EFM Content Domains - Physiology

NEW QUESTION # 23
This tracing reflects

- A. Minimal variability
- B. Sinusoidal pattern
- C. Moderate variability

Answer: C

Explanation:
Comprehensive and Detailed Explanation From Exact Extract (NCC-Recommended Sources Only) The fetal heart rate (FHR) tracing shown demonstrates a baseline approximately 135-145 bpm with fluctuations of 6-25 bpm, a hallmark of moderate variability. Moderate variability is defined in all NCC- endorsed resources as the normal amplitude range of 6-25 bpm around the fetal baseline.
According to the AWHONN Fetal Heart Monitoring Principles & Practices (2022-2024), moderate variability is considered the single most reliable indicator of adequate fetal oxygenation and intact neurologic pathways, specifically reflecting well-functioning sympathetic and parasympathetic interplay.
The NICHD/NCC standardized definitions included in the NCC C-EFM Candidate Guide state:
* Minimal variability: amplitude range # 5 bpm
* Moderate variability: amplitude range 6-25 bpm
* Marked variability: amplitude > 25 bpm
* Sinusoidal pattern: smooth, undulating waveform, 3-5 cycles per minute, equal amplitude, absent beat-to-beat variability The tracing provided does not show the repetitive, smooth, wave-like pattern of a sinusoidal rhythm; nor does it show flattening associated with minimal variability. Instead, it includes continuous beat-to-beat fluctuation within the moderate range, without periods of absent or minimal variability.
Menihan's Electronic Fetal Monitoring (5th ed.) and Simpson & Creehan's Perinatal Nursing (5th ed.) both emphasize that moderate variability is:
* A reassuring feature
* Indicative of adequate fetal CNS oxygenation
* Expected in a reactive, well-oxygenated fetus
* A key criterion for Category I classification
Additionally, Miller's EFM Pocket Guide reiterates that variability between 6-25 bpm is considered the normal (moderate) fetal autonomic response and is not a sinusoidal pattern, which has a fixed amplitude and frequency.
Therefore, based on NCC-standard definitions and the observed amplitude, the correct interpretation is moderate variability.
References (No URLs):
AWHONN Fetal Heart Monitoring Principles & Practices; NCC C-EFM Candidate Guide 2025; Simpson & Creehan Perinatal Nursing; Menihan Electronic Fetal Monitoring; Miller's Pocket Guide to Fetal Monitoring; Creasy & Resnik Maternal-Fetal Medicine.

NEW QUESTION # 24
When accelerations precede a variable deceleration pattern, this is caused by

- A. hypoxic reflex response
- B. occlusion of the umbilical vein
- C. oligohydramnios

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract (No URLs or Links) NCC-recommended physiologic texts (AWHONN, Menihan, Simpson, Creasy & Resnik) explain that variable decelerations are caused by umbilical cord compression. This process occurs in a three-step sequence, well known in fetal monitoring physiology:
* Umbilical vein occlusion occurs first # decreases fetal venous return # brief fetal acceleration (a compensatory sympathetic response).
* Umbilical artery occlusion follows # increases fetal systemic vascular resistance # variable deceleration as vagal stimulation lowers the fetal heart rate.
* Release of compression # post-deceleration acceleration may occur.
Thus, an acceleration immediately before a variable deceleration represents the initial compression of the umbilical vein, not a hypoxic response. This is a normal physiologic response to transient cord compression, often described in AWHONN and Menihan's physiologic explanation of "shoulders" around variable decelerations.
Oligohydramnios can contribute to cord compression but does not explain accelerations preceding the deceleration. A "hypoxic reflex" would not produce a pre-deceleration acceleration.
Therefore, the correct physiologic cause is:

Umbilical vein occlusion.
References (No URLs)
* NCC C-EFM Candidate Guide 2025 - Physiology
* AWHONN Fetal Heart Monitoring Principles
* Menihan: Electronic Fetal Monitoring
* Simpson & Creehan: Perinatal Nursing
* Creasy & Resnik: Maternal-Fetal Medicine

NEW QUESTION # 25
Amnioinfusion can cause what changes in the fetal heart rate tracing?

- A. Resolution of variable decelerations
- B. Improvement in fetal heart rate variability
- C. Increase in fetal heart rate baseline

Answer: A

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
NCC defines amnioinfusion as indicated for:
* Recurrent variable decelerations caused by cord compression
* Oligohydramnios reducing buffer around the cord
Expected effect:
* Reduction or elimination of variable decelerations
Why the other answers are incorrect:
* A. Variability does not improve with amnioinfusion.
* B. Baseline FHR does not increase as a result of amnioinfusion.
Correct answer: C. Resolution of variable decelerations.
References:NCC C-EFM Candidate Guide; AWHONN FHMPP; Menihan; Simpson & Creehan.

NEW QUESTION # 26
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