

Exam Questions For NCC EFM [Revised] - The Best Method To Pass The Exam

NCC EFM Exam Practice Questions

Oxygen is transferred from mom to fetus via the placenta through?
Passive (Simple) Diffusion
Intervillous space perfusion is dependent on?
Adequate Uterine Blood Flow
Maternal Fetal Exchange is best promoted by which maternal position?
Either Rt or Lt Lateral
What is transfer down the concentration gradient from higher to lower called?
Diffusion
The most likely physical rationale for recurrent late decels after epidural is?
Maternal Sympathetic Blockade
Which FHR pattern would be anticipated when monitoring mono-mono twins?
Variable Decels
Fetus can survive in an environment w/ a PO₂ equal to adult venous blood d/t?
increased O₂ carrying capacity
Variable decels are mediated primarily by?
baroreceptors
The sympathetic branch of the ANS influences FHR to?
increase
the average difference in baseline FHR b/w 30 & 40 weeks is?
10bpm
usually 5-6; 10 is closest
Fetal blood is most highly oxygenated in the?
Ductus Venosus
An abrupt rise in fetal bp can stimulate?
variable decels
00:0200:58
During an acute episode of fetal hypoxemia, fetal blood flow is redistributed primarily to the?
brain
Over the course of pregnancy, the FHR baseline?
decreases
FHR variability is dependent upon?
cerebral oxygen and intact CNS
chemoreceptors respond mainly to?
hypoxemia
pH: 7.22
pCO₂: 50
HCO₃: 24
BE: -3
normal acid-base status
(if pH is normal, answer is normal)
Fetal respiratory acidemia is indicated by a pH of 7.04 and a PCO₂ of?
>60

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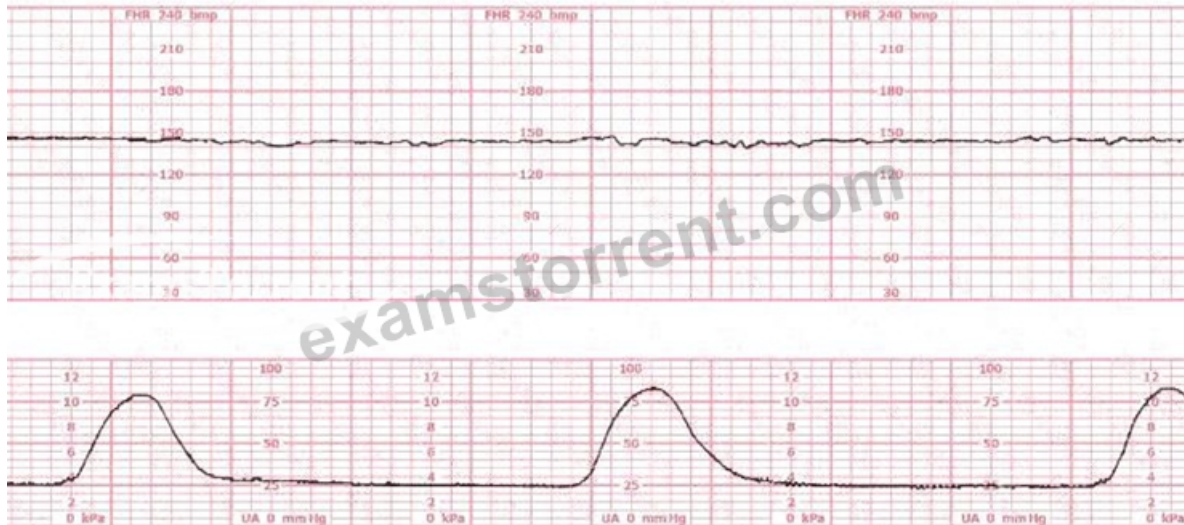
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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q96-Q101):

NEW QUESTION # 96

The most probable underlying fetal physiologic cause for this tracing would be:



- A. Vagal nerve stimulation in response to hypoxemia
- B. Myocardial hypoxic depression
- C. Release of catecholamines

Answer: C

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

This tracing shows:

- * Baseline ~145 bpm
 - * Minimal variability
 - * No accelerations or decelerations
 - * Very little fluctuation # resembles a flat/minimal variability Category II tracing
- The key physiologic mechanism behind minimal variability in the presence of a normal baseline and normal contraction pattern is most often: Increased fetal sympathetic tone, driven by catecholamine release (epinephrine and norepinephrine).

NCC and AWHONN explain:

- * Catecholamine release (due to fetal stress, early hypoxemia, or maternal stress) results in:
- * Reduced beat-to-beat fluctuation
- * Minimal baseline variability
- * This is considered an early compensatory mechanism, not yet a decompensated hypoxic state.

Why the other answers are incorrect:

- * A. Myocardial hypoxic depression
- * Causes absent variability, NOT minimal variability.
- * Represents advanced or severe hypoxia. The FHR here is not absent variability.
- * C. Vagal stimulation in response to hypoxemia
- * Produces decelerations, especially late or prolonged.
- * This strip shows no decelerations, ruling this out.

Therefore the most accurate physiologic explanation is B. Release of catecholamines.

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

NEW QUESTION # 97

When monitoring monochorionic-monoamniotic twins, which of the following fetal heart rate patterns would be anticipated?

- A. Minimal variability
- B. Variable decelerations
- C. Baseline tachycardia

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract (NCC-Referenced Sources) Mono-mono twins share a single amniotic cavity, which significantly increases the risk of cord entanglement, a concept highlighted in AWHONN FHM, Creasy & Resnik Maternal-Fetal Medicine, and Miller's EFM Pocket Guide.

These texts emphasize:

* "Cord entanglement is nearly universal in monoamniotic twins."

* "Variable decelerations are common due to recurrent cord compression." Baseline tachycardia or minimal variability are not expected baseline characteristics, but may appear only in pathologic circumstances.

Thus, variable decelerations are the expected and anticipated FHR pattern in mono-mono twins.

NEW QUESTION # 98

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

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

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 # 99

(Full question statement)

The American College of Obstetricians and Gynecologists (ACOG) recommends continuous electronic fetal monitoring in pregnancies when there is:

- A. A history of preterm birth
- B. Macrosomia
- C. Maternal diabetes

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract Without Links:

NCC relies heavily on ACOG Practice Bulletins for risk-based monitoring decisions. ACOG identifies maternal diabetes (pregestational or poorly controlled gestational diabetes) as a key high-risk obstetric condition warranting continuous electronic fetal monitoring due to risks such as fetal hypoxia, macrosomia, and metabolic complications.

In contrast, a history of preterm birth does not necessarily require continuous monitoring unless current pregnancy complications are present.

Macrosomia alone does not automatically justify continuous EFM unless accompanied by other risk factors.

Therefore, according to NCC-aligned ACOG clinical criteria, maternal diabetes is the correct indication.

NEW QUESTION # 100

A sentinel or reportable event as defined by the Joint Commission or other regulatory bodies/agencies is one that

- A. requires mandatory education for providers

- B. requires investigation and response
- C. must involve malpractice or negligence

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources Sentinel events are defined by the Joint Commission as unexpected occurrences involving death, serious physical or psychological injury, or the risk thereof, and they require immediate investigation, root-cause analysis, and institutional response. They do not require confirmed malpractice or negligence.

AWHONN's perinatal safety guidelines and NCC's Professional Issues domain specify that sentinel events trigger mandatory reporting, analysis, system review, and corrective action plans. Simpson & Creehan emphasize that they are addressed through standardized safety processes, including interdisciplinary review.

Miller's Pocket Guide notes that sentinel events are "events that require immediate investigation to prevent recurrence," aligning with answer choice B.

References:

AWHONN - Perinatal Safety Guidelines
NCC - C-EFM Content Outline (Professional Issues)
Simpson & Creehan - Perinatal Nursing
Menihan - EFM Professional Standards Chapter
Miller's Pocket Guide

NEW QUESTION # 101

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