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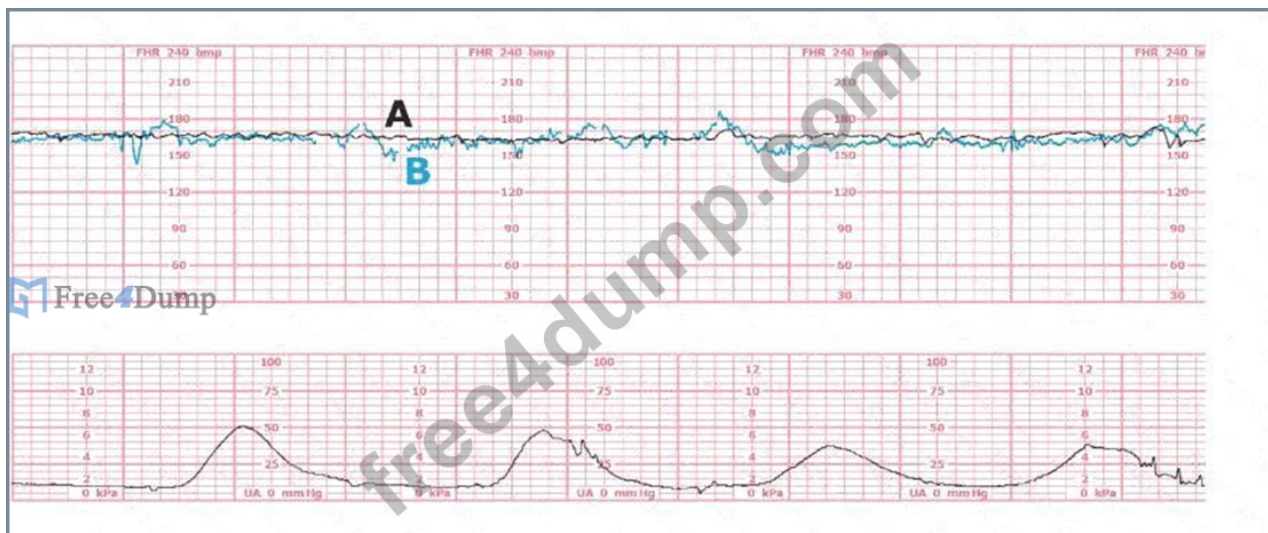
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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q77-Q82):

NEW QUESTION # 77

The black pattern represents the heart rate pattern for Baby A. The blue pattern represents the heart rate pattern for Baby B. A possible etiology of the baseline fetal heart rate of Baby A is:



- A. Infection
- B. Fetal positioning
- C. Magnesium sulfate

Answer: A

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

The black tracing (Baby A) demonstrates:

- * Baseline ~170-175 bpm
- * Moderate variability
- * No recurrent decelerations

This is fetal tachycardia.

NCC physiology guidelines list common causes of fetal tachycardia:

- * Maternal fever / infection (chorioamnionitis)
- * Maternal dehydration
- * Maternal anxiety
- * Maternal hyperthyroidism
- * Fetal infection
- * Certain medications (terbutaline, illicit stimulants)

Why the other options are incorrect:

- * A. Fetal positioning does not influence baseline heart rate.
- * C. Magnesium sulfate typically lowers fetal baseline and variability-it does not cause tachycardia.

Thus, the most likely etiology is infection.

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

NEW QUESTION # 78

The presence of fetal breathing movements on a biophysical profile reflects adequate:

- A. Pulmonary vasoconstriction
- B. Neurologic function
- C. Surfactant levels

Answer: B

Explanation:

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

A biophysical profile (BPP) assesses 5 components:

- * FHR reactivity
- * Fetal breathing movements
- * Fetal tone
- * Fetal movement
- * Amniotic fluid volume

According to NCC/AWHONN, fetal breathing movements are controlled by the fetal central nervous system, specifically brainstem integrity.

Thus, fetal breathing movements signify normal neurologic function, particularly intact CNS and oxygenation.

Why the others are incorrect:

* Pulmonary vasoconstriction is not assessed by BPP.

* Surfactant levels do not correlate directly with fetal breathing movement scores.

Correct answer: A. Neurologic function.

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

NEW QUESTION # 79

Interventions undertaken to address fetal tachycardia are targeted at maximizing

- A. uteroplacental perfusion
- B. maternal circulation
- C. sympathetic autonomic tone

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources Fetal tachycardia is typically caused by maternal fever, dehydration, hypoxia, medications, infection, or fetal stress. AWHONN and Simpson & Creehan emphasize that management focuses on improving oxygen delivery across the placenta, which is governed by uteroplacental perfusion.

Menihan's EFM text states that "interventions for fetal tachycardia must address oxygen transfer by optimizing uteroplacental blood flow," including hydration, reducing uterine activity, maternal repositioning, and treating maternal fever.

Increasing maternal circulation alone is insufficient unless it improves placental blood flow. Enhancing fetal sympathetic tone is not a clinical goal and would worsen tachycardia.

Creasy & Resnik highlight that fetal heart rate abnormalities resolve when uteroplacental perfusion is restored, confirming this as the primary target of intervention.

References:

AWHONN - Fetal Heart Monitoring Principles & Practices Simpson & Creehan - Perinatal Nursing Menihan

- Electronic Fetal Monitoring Creasy & Resnik - Maternal-Fetal Medicine Miller's Pocket Guide

NEW QUESTION # 80

Intrapartum asphyxia can be determined by:

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

Answer: A

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 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 # 81

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

- A. Shorter

- B. The same
- C. Longer

Answer: B

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 # 82

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