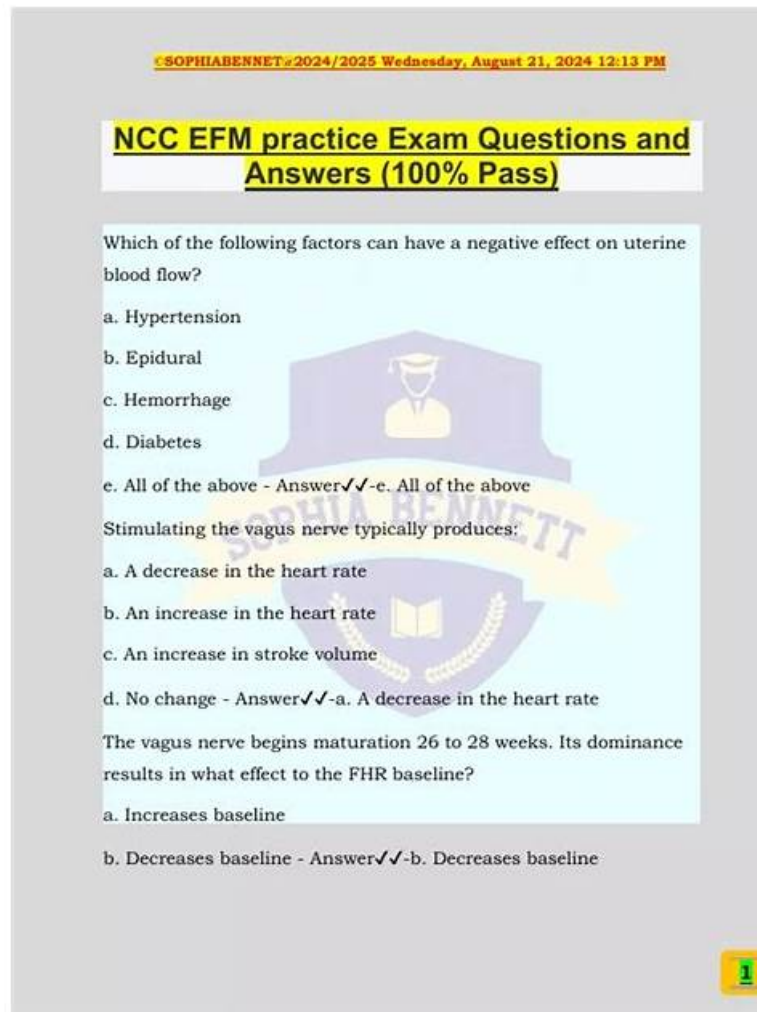


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## **NCC Certified - Electronic Fetal Monitoring Sample Questions (Q96-Q101):**

### **NEW QUESTION # 96**

The factor that differentiates a prolonged deceleration from bradycardia is:

- A. Relationship to contractions
- B. Baseline rate
- **C. Length of time it lasts**

**Answer: C**

Explanation:

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

NICHD/NCC definitions:

\* Prolonged deceleration: decrease in FHR #15 bpm lasting 2 to 10 minutes

\* Bradycardia: baseline FHR <110 bpm lasting #10 minutes

The differentiating factor is duration, not rate and not contraction relationship.

\* Before 10 minutes # prolonged deceleration

\* At or beyond 10 minutes # new baseline # bradycardia

Thus, the factor that differentiates the two is length of time it lasts.

References: NICHD FHR Definitions; NCC C-EFM Candidate Guide; AWHONN; Miller; Menihan.

### **NEW QUESTION # 97**

(Full question statement)

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

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

**Answer: B**

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 # 98**

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

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

**Answer: A**

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 # 99

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

- A. Low predictability of fetal well-being within 7 days of a negative test
- **B. Higher frequency of equivocal test results**
- C. Limited reporting option for the compromised fetus

**Answer: B**

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 # 100

This tracing demonstrates:

□

- **A. Prolonged deceleration**
- B. Category III tracing
- C. Bradycardia

**Answer: A**

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

A prolonged deceleration is defined by NICHD and NCC as:

- \* A deceleration lasting #2 minutes but <10 minutes
- \* Decrease in FHR of #15 bpm
- \* Can occur with or without uterine contractions

This tracing shows:

- \* A deep drop in FHR down to ~60-70 bpm
- \* Duration lasting several minutes

\* Recovery back to baseline  
\* Moderate variability present afterward  
Because variability remains present and the tracing does not show:

- \* Absent variability
- \* Recurrent late decelerations
- \* Recurrent variable decelerations with absent variability
- \* Bradycardia for #10 minutes

...it does not meet criteria for Category III.

It is also not bradycardia, because bradycardia requires:

- \* Baseline <110 bpm for 10 minutes or longer

Therefore the correct interpretation is a prolonged deceleration.

References: NCC C-EFM Candidate Guide; NICHD FHR Definitions; AWHONN FHMPP; Menihan; Simpson & Creehan.

## NEW QUESTION # 101

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