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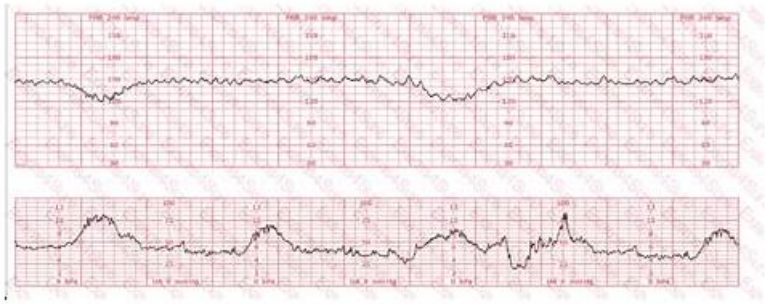

The EFM Mock Exams not just give you a chance to self-access before you actually sit for the certification exam, but also help you get an idea of the NCC exam structure. It is well known that students who do a mock version of an exam benefit from it immensely. Some NCC certified experts even say that it can be a more beneficial way to prepare for the Certified - Electronic Fetal Monitoring exam than spending the same amount of time studying.

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Holding a Certified - Electronic Fetal Monitoring EFM Certification in a certain field definitely shows that one have a good command of the EFM knowledge and professional skills in the related field. However, it is universally accepted that the majority of the candidates for the Certified - Electronic Fetal Monitoring exam are those who do not have enough spare time and are not able to study in the most efficient way.

NCC Certified - Electronic Fetal Monitoring Sample Questions (Q118-Q123):

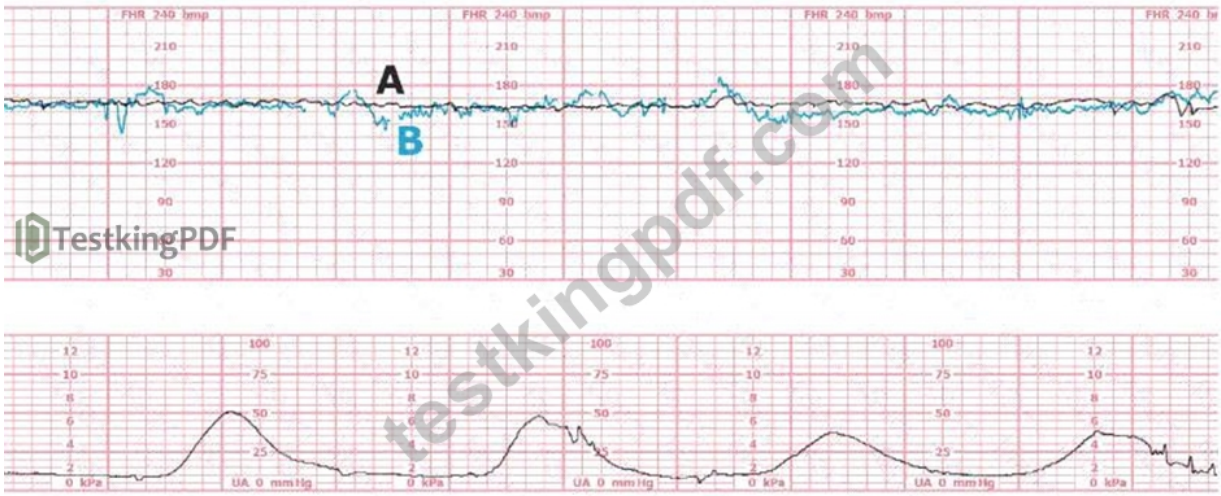
NEW QUESTION # 118
Stimulation of the vagus nerve in a healthy fetus will cause:

- A. Decreased fetal heart rate
- B. Increased fetal blood pressure
- C. Increased cardiac contractility

Answer: A

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
Vagal stimulation is part of the parasympathetic nervous system, which causes:
* Slowing of the fetal heart rate (FHR)
* Rapid but temporary changes in HR
* Seen with head compression, scalp stimulation, or fetal movement
NICHD/NCC physiology explains:
* Vagus nerve activation # acetylcholine release # slowed SA node firing # decrease in FHR
* This mechanism is responsible for early decelerations during labor due to head compression.
Why the incorrect answers are wrong:
* B. Increased cardiac contractility # sympathetic effect, not vagal.
* C. Increased fetal blood pressure # also a sympathetic effect.
Correct answer: A. Decreased fetal heart rate
References:NCC Candidate Guide; AWHONN FHMPP; Menihan; Miller's Pocket Guide; Simpson & Creehan.

NEW QUESTION # 119
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. Magnesium sulfate
- B. Infection
- C. Fetal positioning

Answer: B

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 # 120
(Full question statement)
Interobserver reliability in interpretation of fetal heart rate tracings is greatest when the tracing is:

- A. Indeterminate
- B. Abnormal
- C. Normal

Answer: C

Explanation:
Comprehensive and Detailed Explanation From Exact Extract Without Links:
NCC examination standards and AWHONN clearly state that normal Category I patterns have the highest interobserver agreement because they contain objective, easily identifiable components:

* baseline 110-160 bpm
* moderate variability
* absence of late or variable decelerations
* presence or absence of accelerations

Simpson highlights that Category II tracings have poor reliability due to multiple combinations of variability and decelerations, while Category III patterns have higher agreement but occur far less frequently, limiting reliability measures.
Research cited within NCC-endorsed materials confirms that clinicians demonstrate the greatest agreement in identifying normal Category I patterns, making normal the correct answer.

NEW QUESTION # 121
To differentiate a fetal dysrhythmia from artifact, it is important to recognize that artifact appears as deflections that are:

- A. Uniform but occur irregularly
- B. Similar in pattern
- C. Varied and disorganized

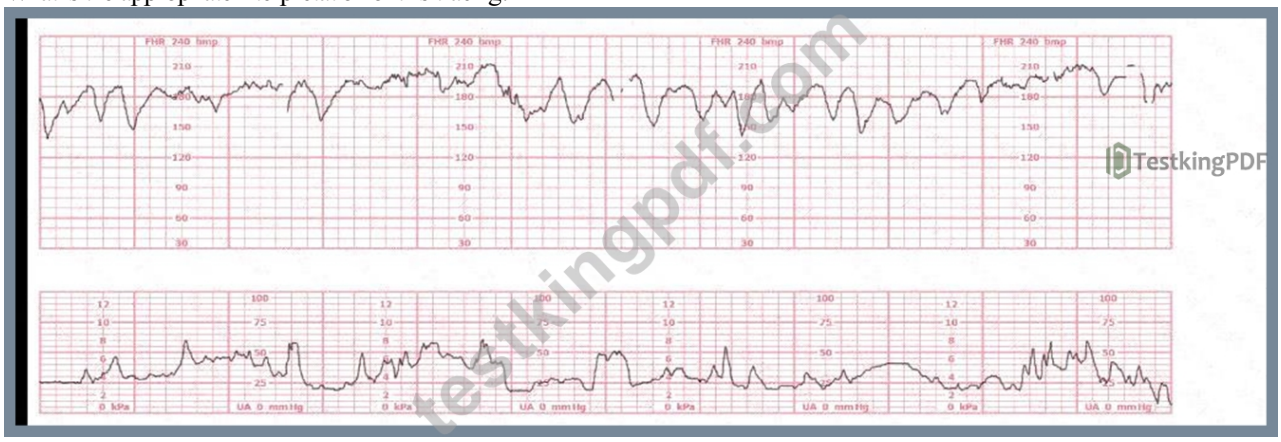
Answer: C

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
Artifact on fetal monitoring:
* Appears erratic, disorganized, and without physiologic pattern
* Shows random amplitude changes
* Often correlates with maternal movement, monitor displacement, or poor signal
* Lacks cyclical, repetitive characteristics seen in true dysrhythmias

Fetal dysrhythmias, by contrast:
* Have repetitive, patterned, predictable rhythm disturbances
* May show uniform premature beats, bigeminy, or sudden rate shifts

Therefore, varied and disorganized = artifact.
References:NCC Candidate Guide; AWHONN FHMPP; Menihan; Miller's Pocket Guide.

NEW QUESTION # 122
What is the appropriate interpretation of this tracing?



- A. Marked variability
- B. Multiple prolonged accelerations
- C. Tachycardia with variable decelerations

Answer: A

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
The tracing demonstrates:
* Baseline ~150 bpm
* Variability # 25 bpm amplitude, highly erratic and wide

* No sustained decelerations
* No sustained accelerations # 2 min
NICHD/NCC definition of marked variability:
Amplitude of baseline FHR fluctuations greater than 25 bpm.
Marked variability often reflects transient fetal autonomic instability due to:
* Fetal stimulation
* Mild hypoxemia
* Maternal anxiety
* Drugs (e.g., butorphanol)
Why other answers are incorrect:
* B. Multiple prolonged accelerations - No accelerations of #2 minutes are present.
* C. Tachycardia with variables - Baseline is NOT tachycardic (>160 bpm), and decelerations are not present.
Thus, the correct interpretation is A. Marked variability.
References:NICHD FHR Definitions; NCC C-EFM Candidate Guide; AWHONN; Menihan; Simpson & Creehan.

NEW QUESTION # 123
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