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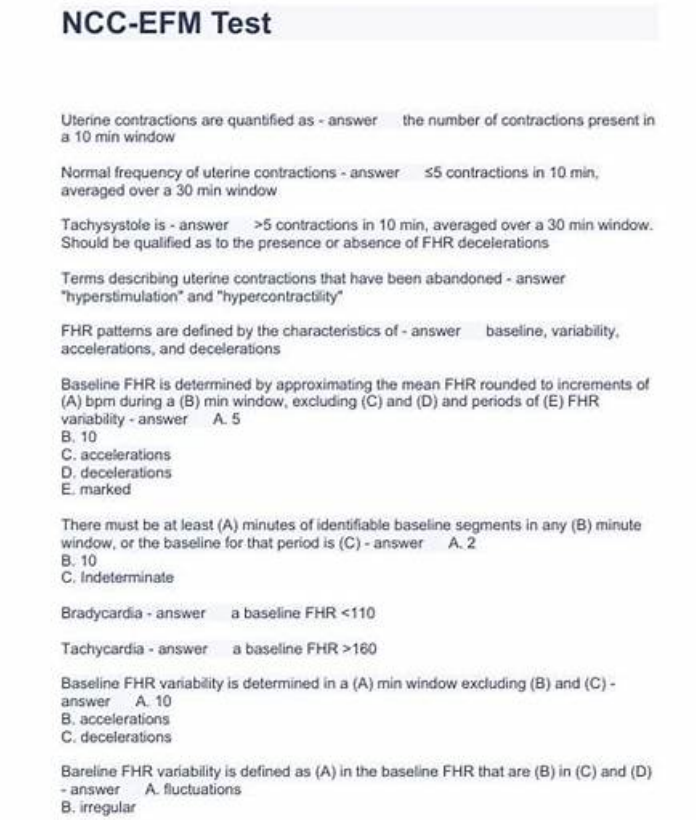

NCC-EFM Test

Uterine contractions are quantified as - answer the number of contractions present in a 10 min window

Normal frequency of uterine contractions - answer ≤5 contractions in 10 min, averaged over a 30 min window

Tachysystole is - answer >5 contractions in 10 min, averaged over a 30 min window. Should be qualified as to the presence or absence of FHR decelerations

Terms describing uterine contractions that have been abandoned - answer "hyperstimulation" and "hypercontractility"

FHR patterns are defined by the characteristics of - answer baseline, variability, accelerations, and decelerations

Baseline FHR is determined by approximating the mean FHR rounded to increments of (A) bpm during a (B) min window, excluding (C) and (D) and periods of (E) FHR variability - answer A. 5
B. 10
C. accelerations
D. decelerations
E. marked

There must be at least (A) minutes of identifiable baseline segments in any (B) minute window, or the baseline for that period is (C) - answer A. 2
B. 10
C. Indeterminate

Bradycardia - answer a baseline FHR <110

Tachycardia - answer a baseline FHR >160

Baseline FHR variability is determined in a (A) min window excluding (B) and (C) - answer A. 10
B. accelerations
C. decelerations

Bareline FHR variability is defined as (A) in the baseline FHR that are (B) in (C) and (D) - answer A. fluctuations
B. irregular

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q105-Q110):

NEW QUESTION # 105
Interventions undertaken to address fetal tachycardia are targeted at maximizing

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

Answer: B

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 & PracticesSimpson & Creehan - Perinatal NursingMenihan - Electronic Fetal MonitoringCreasy & Resnik - Maternal-Fetal MedicineMiller's Pocket Guide

NEW QUESTION # 106
In the event of recurrent variable decelerations with thick meconium, amnioinfusion is recommended to:

- A. Restore uterine blood flow
- B. Treat oligohydramnios
- C. Dilute thick meconium

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
Amnioinfusion is considered an intrauterine resuscitative intervention used specifically for recurrent variable decelerations caused by cord compression. NCC, AWHONN, Miller, and Menihan consistently teach that variables occur when the umbilical cord becomes compressed, reducing fetal oxygenation. When oligohydramnios or decreased amniotic fluid volume is present, the cord is more vulnerable to compression.
Why amnioinfusion is used:
Amnioinfusion works by:
Increasing intraamniotic fluid volume
Reducing umbilical cord compression
Decreasing the frequency and severity of variable decelerations
This directly targets the pathophysiology behind recurrent variables.
Why the other options are incorrect:
A). Dilute thick meconium - NOT supported by NCC
Historically, amnioinfusion was studied for meconium dilution, but major organizations-including NCC- aligned sources-state that amnioinfusion is NOT recommended for the sole purpose of diluting meconium. It does not reduce meconium aspiration syndrome and is no longer indicated for that purpose.
B). Restore uterine blood flow - NOT accurate
Uterine blood flow is addressed through maternal positioning, fluid bolus, reducing uterine tachysystole, and minimizing vasoconstriction-not via amnioinfusion. Amnioinfusion does not physiologically affect uterine perfusion.
C). Treat oligohydramnios - CORRECT
Recurrent variables with thick meconium often occur in the setting of low fluid, which worsens cord compression.
NCC-recommended indications include:
Recurrent variable decelerations unresponsive to repositioning
Suspected or confirmed oligohydramnios
Thick meconium may be associated with low fluid, but the purpose of amnioinfusion is to alleviate cord compression by restoring

fluid volume, not to dilute the meconium.
Thus, the correct answer is C. Treat oligohydramnios.
References:
NCC C-EFM Candidate Guide (2025); NCC Content Outline; AWHONN Fetal Heart Monitoring Principles & Practices; Miller's Fetal Monitoring Pocket Guide; Menihan Electronic Fetal Monitoring; Simpson & Creehan Perinatal Nursing; Creasy & Resnik Maternal-Fetal Medicine.

NEW QUESTION # 107
Based on the fetal heart rate tracing shown, the expected fetal pH would be:

- A. Above 7.15
- B. Unaffected by the fetal heart rate
- C. Below 7.15

Answer: A

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
Assessment of likely fetal acid-base status is grounded in NCC-aligned principles that correlate fetal pH with fetal heart rate patterns, especially variability, presence/absence of accelerations, and type and depth of decelerations.
This tracing shows the following features:
Baseline:
The fetal heart rate baseline is approximately 140-150 bpm, within the normal 110-160 bpm range.
Variability:
Moderate variability is present-approximately 6-25 bpm amplitude.
Per NCC and NICHD definitions, moderate variability is strongly associated with normal fetal oxygenation and normal fetal pH > 7.20-7.25.
Accelerations:
There are occasional small accelerations, another strong indicator of normal fetal acid-base status.
Decelerations:
The tracing shows occasional variable decelerations, shallow and brief, recovering rapidly, typical of intermittent cord compression.
NCC references emphasize that intermittent, non-recurrent variables with moderate variability do not correlate with acidemia.
Uterine activity:
Contractions are present but not excessive, and fetal response remains reassuring.
Correlating tracing features with fetal pH (per NCC, AWHONN, Simpson, Menihan):
Moderate variability is the strongest intrapartum indicator of normal fetal pH.
The NICHD/NCC consensus repeatedly states that:
"The presence of moderate variability reliably predicts adequate fetal oxygenation and a fetal pH above the threshold associated with metabolic acidemia." Fetal pH below 7.15 is associated with:
Absent variability
Recurrent late decelerations
Recurrent deep variable decelerations
Prolonged bradycardia
None are present in this tracing.
Because the tracing demonstrates moderate variability, intermittent uncomplicated variables, and no recurrent late decelerations, the physiologic expectation is that the fetal pH remains normal, significantly above 7.15.
Therefore, the correct answer is: A (above 7.15).
References:
NCC C-EFM Candidate Guide (2025); NCC Content Outline; NICHD Interpretation System; AWHONN Fetal Heart Monitoring Principles & Practices; Miller's Fetal Monitoring Pocket Guide; Menihan Electronic Fetal Monitoring; Simpson & Creehan Perinatal Nursing; Creasy & Resnik Maternal-Fetal Medicine.

NEW QUESTION # 108
When the fetal heart rate is measured by a Doppler transducer and the intervals between heart beats are persistently identical, this shows as

- A. normal baseline
- B. bradycardia

- C. absent variability

Answer: C

Explanation:
Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources Variability is created by beat-to-beat differences in fetal cardiac intervals due to autonomic nervous system modulation. AWHONN specifies that absent variability appears as "a near-straight line with minimal or no discernible oscillations," which occurs when all beat intervals are identical. Menihan notes that Doppler displays variability based on mechanical motion and will show flat, unchanging intervals when fetal autonomic modulation is suppressed, reflecting absent variability.
Bradycardia refers to a baseline <110 bpm and does not describe the uniformity of intervals. A normal baseline may still show variability; it cannot have identical beat-to-beat intervals, as this violates the definition of variability in NICHD terminology.
Simpson & Creehan state that absent variability is a significant marker of impaired fetal oxygenation or CNS depression.
References:
AWHONN - Fetal Heart Monitoring Principles & PracticesMenihan - Electronic Fetal MonitoringSimpson & Creehan - Perinatal NursingCreasy & Resnik - Maternal-Fetal MedicineMiller's Pocket Guide

NEW QUESTION # 109
A 30-minute tracing with moderate variability, accelerations, and one variable deceleration would be classified as:

- A. Category III
- B. Category I
- C. Category II

Answer: C

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
NICHD/NCC criteria:
Category I must have ALL of the following:
* Baseline 110-160 bpm
* Moderate variability
* No late or variable decelerations
* Early decelerations may be present or absent
* Accelerations may be present or absent
Because this tracing has one variable deceleration, it fails Category I criterion ("no late or variable decelerations").
Category III requires:
* Absent variability with recurrent late decels, recurrent variables, or bradycardia, or
* Sinusoidal pattern
Those findings are not present.
Therefore, any tracing that:
* Has moderate variability and accelerations,
* But includes a variable deceleration, and
* Does not meet Category III criteria
...falls into the Category II (indeterminate) group.
Correct classification: B. Category II.
References:NCC C-EFM Candidate Guide; NICHD Three-Tier FHR Interpretation System; AWHONN FHMPP; Menihan; Simpson & Creehan.

NEW QUESTION # 110
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