

# NCC EFM Test Guide Online & Valid Test EFM Test

## NCC EFM test 1

Variable decelerations are thought to be caused by:

- A. Fetal head compression
- B. Umbilical cord compression
- C. Uteroplacental insufficiency - correct answer B. Umbilical cord compression

An appropriate treatment for recurrent variable decelerations with moderate variability during second stage pushing is:

- A. Amnioinfusion
- B. Modification of pushing efforts
- C. Oxygen at 10 liters per nonrebreather face mask. - correct answer B. Modification of pushing efforts

The Primary purpose of the use of electronic fetal monitoring is to:

- A. Determine if the fetus is well oxygenated
- B. Document fetal status throughout labor
- C. Identify the fetus at risk - correct answer C. Identify the fetus at risk

An EFM tracing with fetal heart rate of 170 beats per minute and moderate variability would be classified as:

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latest and it has a high quality products.

## NCC Certified - Electronic Fetal Monitoring Sample Questions (Q56-Q61):

### NEW QUESTION # 56

(Full question statement)

This tracing is consistent with:

□

- A. Fetal-maternal transfusion
- **B. Effects of butorphanol administration**
- C. Atrial flutter

**Answer: B**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract Without Links:

NCC and AWHONN teaching materials describe that butorphanol, an opioid analgesic, characteristically produces a transient sinusoidal-like pattern or pseudo-sinusoidal pattern with moderate variability preserved.

This drug-related pattern has:

- \* smooth, regular oscillations
- \* maintained variability
- \* absence of true periodic decelerations
- \* resolution within 20-60 minutes

Simpson & Menihan describe butorphanol as producing a "saw-tooth, wavering pattern" often mistaken for dysrhythmia but actually benign.

True sinusoidal patterns (e.g., fetal-maternal hemorrhage) are fixed, smooth, non-variable patterns with absent variability, not matching the scenario.

Atrial flutter produces very rapid atrial contractions, which manifest as irregular baseline spikes-also not consistent.

Therefore, the described tracing aligns most closely with butorphanol effects.

### NEW QUESTION # 57

A woman at 41-weeks gestation is being induced. She is 2 cm dilated and is on oxytocin at 8 milliunits /minute. Based on the fetal heart rate tracing shown, the best initial response is to:

□

- A. Continue to observe
- **B. Decrease the oxytocin**
- C. Place a fetal spiral electrode

**Answer: B**

Explanation:

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

The tracing shows tachysystole with emerging late decelerations and minimal variability:

- \* 5 contractions in 10 minutes
- \* Deceleration nadirs occur after the peak of the contraction (late pattern)
- \* Variability begins to trend toward minimal
- \* The tracing has deteriorated while on oxytocin 8 mU/min, a common threshold for overstimulation NCC and AWHONN emphasize that when tachysystole occurs with any fetal intolerance, the first action is to reduce or stop oxytocin.

Key NCC principles:

- \* Late decelerations + tachysystole = uteroplacental insufficiency caused by excessive uterine activity
- \* Interventions:
  - \* Stop or reduce oxytocin
  - \* Maternal repositioning
  - \* IV fluid bolus
  - \* Possible oxygen if other measures fail

Why the other options are incorrect:

- \* A. Continue to observe - not acceptable with late decels + tachysystole.
- \* C. Place a spiral electrode - this corrects signal quality, not uterine overstimulation or fetal oxygenation.

Thus, the best initial response is B. Decrease the oxytocin.

References: NCC C-EFM Candidate Guide; AWHONN Fetal Heart Monitoring Principles & Practices; NICHD Definitions; Miller

& Menihan EFM texts; Simpson & Creehan; Creasy & Resnik.

### NEW QUESTION # 58

A characteristic of early decelerations is that they

- A. are thought to be caused by a vagal reflex
- B. commonly fall below 100 beats per minute
- C. are episodic

**Answer: A**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract (No URLs or Links):

Early decelerations are defined in NCC and AWHONN resources as gradual, uniform decelerations that mirror uterine contractions and are associated with fetal head compression. AWHONN's Fetal Heart Monitoring Principles states: "Early decelerations are a benign pattern caused by vagal stimulation secondary to fetal head compression." Menihan similarly notes: "The mechanism of early decelerations is a vagal reflex response; they do not reflect hypoxia." They are periodic, not episodic, because they occur with contractions-which rules out option A.

They typically remain within a normal heart rate range and do not usually fall below 100 bpm; this eliminates option C. NCC Candidate Guide emphasizes that early decelerations are considered a normal physiologic response, not a pathologic pattern, and are categorized as "Category I" when variability is present.

Thus, the correct characteristic is that they are caused by a vagal reflex, making B the correct answer.

References:AWHONN Fetal Heart Monitoring ProgramMenihan: Electronic Fetal MonitoringSimpson & Creasy: Fetal PhysiologyNCC C-EFM Content Domains - Physiology

### NEW QUESTION # 59

Maternal fever can cause fetal tachycardia because the increased maternal temperature:

- A. Decreases tissue perfusion
- B. Increases fetal metabolism
- C. Inhibits catecholamine release

**Answer: B**

Explanation:

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

Maternal hyperthermia-most commonly from infection-causes a rise in fetal temperature, which increases fetal metabolic rate. The fetus responds by increasing heart rate to meet the increased oxygen demand.

Effects include:

- \* Increased fetal oxygen consumption
- \* Enhanced fetal cardiac output
- \* Resultant tachycardia, often 160-180 bpm

This mechanism is repeatedly outlined in NCC's physiology domain, AWHONN, Menihan, Simpson, and Creasy & Resnik.

Option A is incorrect because maternal fever does not reduce perfusion.

Option C is incorrect because catecholamines are often elevated, not inhibited.

Thus, the mechanism is increased fetal metabolism.

References:NCC C-EFM Candidate Guide; NCC Physiology Domain; AWHONN Fetal Heart Monitoring Principles & Practices; Menihan Electronic Fetal Monitoring; Simpson & Creehan Perinatal Nursing; Creasy & Resnik Maternal-Fetal Medicine.

### NEW QUESTION # 60

This patient received an epidural 15 minutes prior to the tracing shown. The next course of action is to:

- A. Check maternal blood pressure
- B. Perform a cervical exam
- C. Continue to monitor

**Answer: A**

Explanation:

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

This tracing demonstrates:

- \* A sudden prolonged deceleration following epidural placement
- \* Minimal variability during the deceleration
- \* Event occurring within 15 minutes of epidural

NCC, AWHONN, and Menihan emphasize that maternal hypotension is the most common complication immediately following epidural analgesia. Hypotension leads to:

- \* Reduced uteroplacental perfusion
- \* Fetal bradycardia or prolonged decelerations
- \* Decreased variability during the deceleration

Typical fetal response to maternal hypotension:

Late-like or prolonged deceleration with weakening variability, exactly like the strip shown.

Therefore, the FIRST and most critical step is to check maternal blood pressure.

Other options:

- \* B. Continue to monitor - unsafe when a prolonged deceleration is present.
- \* C. Cervical exam - not indicated; the fetal tracing deterioration is temporally linked to epidural placement.

Thus, the correct action is A. Check maternal blood pressure.

References: NCC C-EFM Candidate Guide; AWHONN Fetal Heart Monitoring Principles & Practices; Menihan Electronic Fetal Monitoring; Miller's Fetal Monitoring Pocket Guide; Creasy & Resnik Maternal- Fetal Medicine.

## NEW QUESTION # 61

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