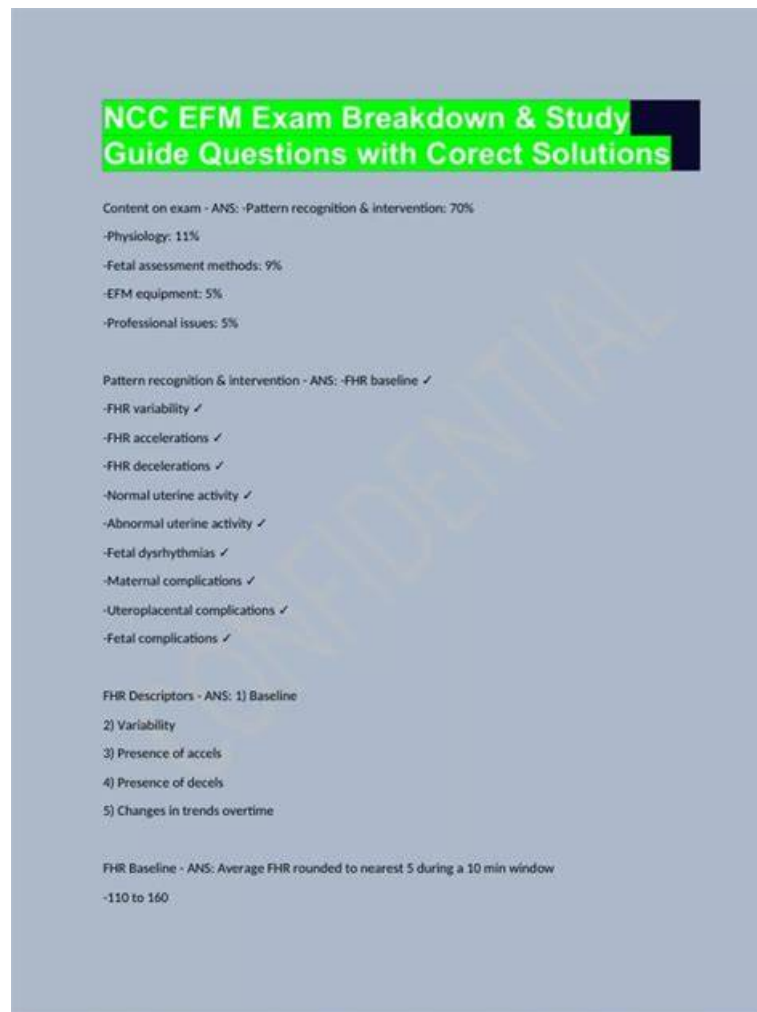


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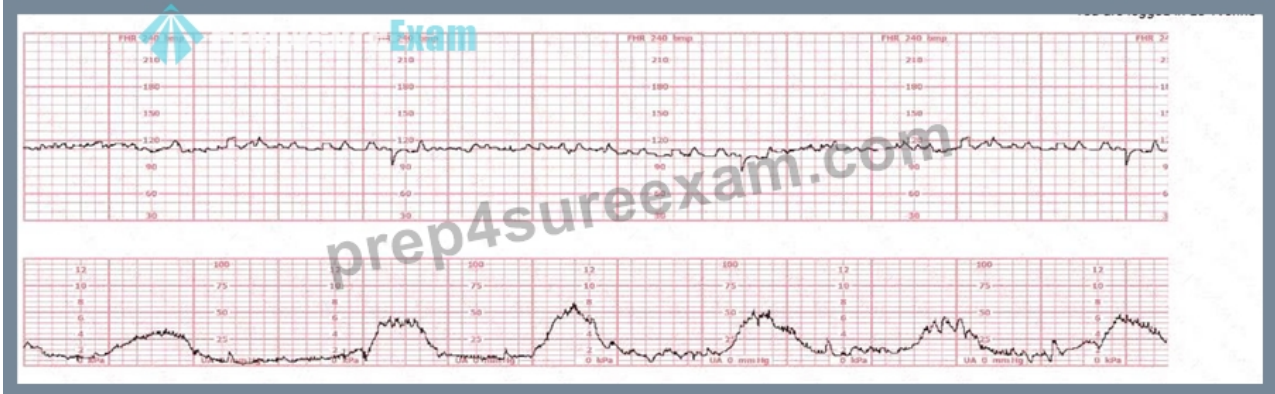
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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q109-Q114):

NEW QUESTION # 109

A woman is admitted to labor and delivery with vaginal bleeding. This tracing is obtained. This is most consistent with:



- A. Normal baseline
- B. Dysrhythmia
- C. An indeterminate pattern

Answer: C

Explanation:

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

The tracing shows:

- * Baseline approx. 120 bpm
- * Minimal variability (amplitude <5 bpm) across the entire strip
- * No accelerations
- * No decelerations
- * Contractions present but not excessive

NCC defines:

- * Category I requires moderate variability # not present.
- * Category III requires absent variability with recurrent decels, bradycardia, or sinusoidal pattern # not present.
- * Thus this falls into Category II: "indeterminate."

Minimal variability for this length of time cannot be considered a normal baseline, especially in the setting of vaginal bleeding, which raises concern for:

- * Abruptio
- * Maternal anemia
- * Hypovolemia
- * Decreased uteroplacental perfusion

There is no evidence of dysrhythmia (no irregular R-R intervals, no chaotic spikes, no sawtooth pattern).

Therefore, the correct interpretation is A. An indeterminate pattern (Category II).

References: NCC C-EFM Candidate Guide; NICHD Definitions; AWHONN Principles & Practices; Menihan; Simpson & Creehan; Creasy & Resnik.

NEW QUESTION # 110

The fetal heart rate tracing shown represents



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

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources The tracing demonstrates a baseline within normal limits, moderate variability, and recurrent variable decelerations associated with contractions. According to NICHD/NCC definitions reproduced in AWHONN' s Fetal Heart Monitoring Principles & Practices and Menihan's Electronic Fetal Monitoring, recurrent variable decelerations with preserved variability classify the tracing as Category II.

A Category I pattern must show baseline 110-160, moderate variability, and absence of late or variable decelerations. Because this tracing shows recurrent variable decelerations, it does not meet Category I criteria.

Category III requires absent variability PLUS recurrent late decelerations, recurrent variable decelerations, bradycardia, or a sinusoidal pattern. This tracing shows moderate variability, therefore it cannot be Category III.

Simpson & Creehan emphasize that variable decelerations reflect cord compression and fall into Category II unless accompanied by absent variability. Miller's Pocket Guide confirms that moderate variability maintains fetal compensatory reserve, keeping the pattern in Category II.

References:

AWHONN - Fetal Heart Monitoring Principles & Practices
 Menihan - Electronic Fetal Monitoring
 Simpson & Creehan - Perinatal Nursing
 Creasy & Resnik - Maternal-Fetal Medicine
 Miller's Pocket Guide

NEW QUESTION # 111

Prenatal diagnosis shows that a fetus has renal agenesis. During delivery, what type of electronic fetal heart rate pattern is most likely to be seen due to a common complication associated with this syndrome?

- A. Fetal heart block
- B. Late decelerations
- C. Variable decelerations

Answer: C

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

Renal agenesis # severe oligohydramnios (due to absent fetal urine production).

Oligohydramnios causes:

- * Cord compression
- * Recurrent variable decelerations
- * Possible prolonged decels from cord entrapment

This is one of the hallmark FHR complications in renal agenesis.

Why the other options are incorrect:

- * A. Heart block - associated with maternal autoimmune antibodies, not renal anomalies.
- * B. Late decelerations - associated with uteroplacental insufficiency, not fluid deficiency.

Correct answer: C. Variable decelerations.

References: NCC Physiology & Pattern Recognition; AWHONN FHMP; Menihan; Simpson & Creehan; Creasy & Resnik.

NEW QUESTION # 112

When R-R intervals are short, the fetal heart rate is

- A. fast
- B. normal
- C. slow

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources The fetal heart rate is calculated from the interval between consecutive R waves in the fetal ECG. Shorter R- R intervals indicate more beats per unit of time, therefore resulting in a higher heart rate. AWHONN and Menihan both note that fetal ECG monitoring measures instantaneous rate based on R-R spacing, and "shorter intervals correspond to fetal tachycardia." Simpson & Creehan reinforce that fetal heart rate variability and baseline are derived from these R-R intervals, with shorter intervals consistently producing faster rates. Miller's Pocket Guide describes the relationship simply: "Short R-R = faster rate; long R-R = slower rate." References:

AWHONN - Fetal Heart Monitoring Menihan - Electronic Fetal Monitoring Simpson & Creehan - Perinatal Nursing Miller's Pocket Guide Creasy & Resnik - Maternal-Fetal Medicine

NEW QUESTION # 113

The ratio of oxyhemoglobin to the total amount of hemoglobin available is called oxygen

- A. carrying capacity
- B. affinity
- C. saturation

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources Oxygen saturation refers to the percentage of hemoglobin binding sites occupied by oxygen. NCC physiology resources, including Simpson & Creehan and Creasy & Resnik, define oxygen saturation as the "ratio of oxyhemoglobin to total hemoglobin"-the same definition used in fetal oxygenation discussions.

Oxygen affinity refers to hemoglobin's tendency to bind oxygen (related to the oxyhemoglobin dissociation curve).

Oxygen carrying capacity refers to the total amount of oxygen hemoglobin can transport, independent of current saturation.

AWHONN and Menihan emphasize that fetal oxygenation assessment is dependent on understanding oxygen saturation, not affinity or carrying capacity, when discussing fetal hypoxemia and gas exchange.

References:

AWHONN - Fetal Heart Monitoring Principles & Practices Simpson & Creehan - Perinatal Nursing Creasy & Resnik - Maternal-Fetal Medicine Menihan - EFM Concepts Miller's Pocket Guide

NEW QUESTION # 114

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