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Exam Vce EFM Free - Quiz 2026 NCC Realistic Certified - Electronic Fetal Monitoring Instant Discount

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

NEW QUESTION # 118

A characteristic of early decelerations is that they

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

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 # 119

(Full question)

Vibroacoustic stimulation (VAS) is a useful intervention which can

- A. shorten the length of the nonstress test (NST)
- B. provide an indication of the amount of amniotic fluid
- C. relax the uterus during tachysystole

Answer: A

Explanation:

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

According to AWHONN's Fetal Assessment Text, Simpson & Miller, and Menihan, vibroacoustic stimulation is utilized during NSTs to elicit fetal accelerations, thereby minimizing testing time.

NCC-referenced sources describe VAS as:

- * A method that awakens the fetus,
- * Stimulates the fetal auditory system,
- * Produces reactive accelerations in a neurologically intact fetus,
- * Dramatically shortens NST duration, especially when the fetus is in a sleep cycle.

VAS does NOT measure amniotic fluid, nor does it have any effect on uterine activity (therefore cannot treat tachysystole).

The only correct purpose supported by NCC-cited literature is that VAS shortens the duration of the NST, making Option C correct.

NEW QUESTION # 120

Interventions to decrease uterine activity should take place:

- A. If tachysystole is seen for one or two 10-minute segments
- B. When labor is in the second stage
- C. After tachysystole has been occurring for at least 30 minutes

Answer: A

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

Tachysystole = >5 contractions in 10 minutes averaged over 30 minutes (NICHD).

However, NCC and AWHONN intervention guidelines state:

- * If tachysystole appears in one or two consecutive 10-minute segments, especially with Category II or III patterns, intervention must begin immediately.
- * Intervention includes:
 - * Stopping/reducing oxytocin
 - * Maternal repositioning
 - * IV bolus
 - * Tocolysis if needed

Why the wrong answers are wrong:

- * A. Waiting 30 minutes delays necessary fetal resuscitation.
- * C. Stage of labor does not determine when to intervene.

Correct answer: B. If tachysystole is seen for one or two 10-minute segments References: NCC C-EFM Candidate Guide; AWHONN FHMPP; Menihan.

NEW QUESTION # 121

A nulliparous woman at term presents with leaking fluid. Rupture of membranes confirmed. After 6 hours she is completely dilated, +2 station, has been pushing 2 hours with oxytocin at 10 mU/min. The fetal tracing is shown. What is the next step in management?



- A. Continue pushing for another hour
- B. Decrease oxytocin
- C. Expedite birth

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract Without Any URLs or Links:

According to the NCC C-EFM 2025 Exam Content Outline and recommended references such as AWHONN Fetal Heart Monitoring Principles, Simpson & Miller (Fetal Monitoring Text), and Menihan's EFM Guide, recurrent variable or late decelerations with minimal or moderate variability during the second stage of labor-particularly when the patient has been pushing for #2 hours-indicate progressive fetal intolerance of labor.

AWHONN states that when the fetal tracing displays recurrent variable decelerations with ongoing stress from long second stage, the recommended intervention is operative or expedited vaginal birth, provided the fetal station is at +2 or lower. AWHONN and Simpson emphasize that reducing oxytocin is insufficient when the tracing demonstrates ongoing significant decelerations during active pushing with adequate descent.

The NCC blueprint within Pattern Recognition & Intervention emphasizes:

- * Identifying worsening recurrent decelerations
- * Acting when fetal tolerance is decreasing
- * Prioritizing timely intervention when the second stage exceeds standard limits with a non-reassuring tracing Because she is fully dilated, vertex at +2, and tracing shows recurrent decelerations during pushing, the evidence-based next step is expediting birth, typically via operative vaginal delivery.

References:AWHONN Fetal Heart Monitoring Principles & PracticesSimpson & Miller: Fetal MonitoringMenihan: Electronic Fetal MonitoringNCC C-EFM Exam Content Outline 2025

NEW QUESTION # 122

The baseline fetal heart rate decreases with gestational age as a result of an increase in:

- A. Intrinsic ventricular rate
- B. Parasympathetic tone
- C. Catecholamine production

Answer: B

Explanation:

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

As gestation advances:

- * Vagal (parasympathetic) control increases,
- * Sympathetic dominance decreases,
- * Resulting in a lower baseline heart rate.

NCC physiology teaching:

"Baseline FHR decreases with advancing gestational age due to maturation and increasing parasympathetic tone." Why the others are incorrect:

References: NCC Physiology Domain; AWHONN; Menihan; Simpson & Creehan; Creasy & Resnik.

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