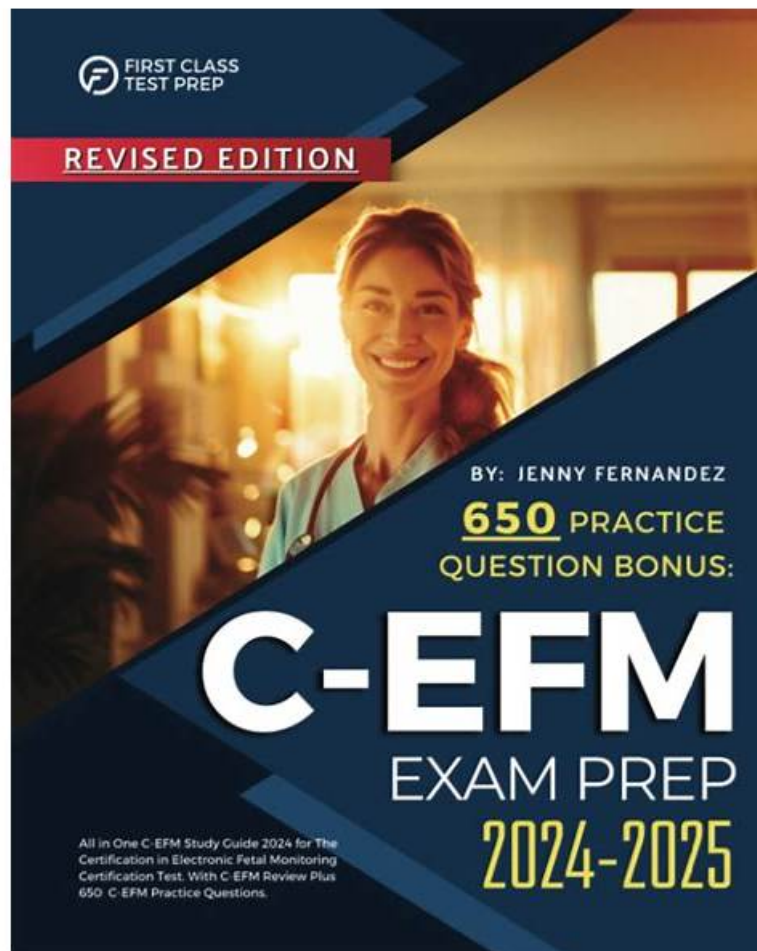


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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q13-Q18):

NEW QUESTION # 13

(Full question)

This tracing would be categorized as a

□

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

Answer: C

Explanation:

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

According to AWHONN Fetal Heart Monitoring Principles & Practice, Simpson & Miller, and the NCC C-EFM Content Outline, fetal heart rate categories are assigned based on baseline, variability, presence /absence of accelerations, and type of decelerations.

A Category II tracing includes any pattern that is not clearly normal (Category I) or clearly abnormal (Category III). Classic Category II features include:

- * Bradycardia NOT accompanied by absent variability
- * Tachycardia
- * Minimal variability
- * Marked variability
- * Absence of accelerations after stimulation
- * Recurrent variable decelerations with minimal or moderate variability
- * Prolonged decelerations (#2 min but <10 min)

In this tracing, the fetus demonstrates:

- A prolonged deceleration with subsequent recovery,
- Presence of baseline variability,
- Return toward baseline but not immediately normal.

AWHONN and Simpson state that any prolonged deceleration automatically places the tracing in Category II unless variability is absent (which would escalate it to Category III). Because variability is present, it cannot be Category III.

Therefore, by NCC standards, this tracing is Category II.

NEW QUESTION # 14

(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 # 15

This tracing demonstrates:

□

- A. Category III tracing
- B. Bradycardia
- C. Prolonged deceleration

Answer: C

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

A prolonged deceleration is defined by NICHD and NCC as:

- * A deceleration lasting #2 minutes but <10 minutes
- * Decrease in FHR of #15 bpm
- * Can occur with or without uterine contractions

This tracing shows:

- * A deep drop in FHR down to ~60-70 bpm
- * Duration lasting several minutes
- * Recovery back to baseline
- * Moderate variability present afterward

Because variability remains present and the tracing does not show:

- * Absent variability
- * Recurrent late decelerations
- * Recurrent variable decelerations with absent variability
- * Bradycardia for #10 minutes

...it does not meet criteria for Category III.

It is also not bradycardia, because bradycardia requires:

- * Baseline <110 bpm for 10 minutes or longer

Therefore the correct interpretation is a prolonged deceleration.

References:NCC C-EFM Candidate Guide; NICHD FHR Definitions; AWHONN FHMPP; Menihan; Simpson & Creehan.

NEW QUESTION # 16

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

Answer: A

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 FHMPP; Menihan; Simpson & Creehan; Creasy & Resnik.

NEW QUESTION # 17

This tracing reflects:

□

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

Answer: C

Explanation:

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

In NCC C-EFM interpretation, classification of a fetal heart tracing is based on NICHD's three-tier system:

Category I, II, and III. Category III represents an abnormal tracing requiring immediate evaluation and prompt intervention.

Key findings in this tracing:

- * **Baseline:**Baseline is approximately 140 bpm, within the normal range (110-160 bpm).Baseline alone does not determine category.
- * **Variability:**The tracing shows absent variability:
- * No beat-to-beat oscillations
- * Flat, minimal fluctuationNICHD and NCC define absent variability as amplitude range undetectable.
- * **Accelerations:**No accelerations are present.
- * **Decelerations:**The strip does not show decelerations or bradycardia.However, absent variability alone with no accelerations for 20 minutes is highly concerning.

Category Classification per NICHD/NCC:

Category III criteria include ANY of the following:

- * Absent variability with recurrent late decelerations
- * Absent variability with recurrent variable decelerations
- * Absent variability with bradycardia
- * Sinusoidal pattern

Also recognized as Category III:

- * Persistent absent variability lasting #20 minutes with no accelerations, which is strongly suggestive of fetal acidemia when sustained.

This tracing shows:

- * Absent variability (flat line)
- * No accelerations
- * Persisting over an extended period

Under NCC and AWHONN guidance:

A persistently flat tracing must be classified as Category III unless proven otherwise (e.g., fetal sleep, maternal medications), and it requires immediate intrauterine resuscitation and evaluation for potential expedited delivery.

Why Category I is NOT correct:

Category I requires:

- * Moderate variability
- * No late or variable decelerationsThis tracing does not have moderate variability.

Why Category II is NOT correct:

Category II includes minimal variability, marked variability, intermittent variables/lates, absence of accelerations after stimulation.

This tracing is worse than Category II because variability is absent, not minimal.

Thus, the tracing fits Category III.

References:NCC C-EFM Candidate Guide (2025); NCC Content Outline; NICHD Three-Tier FHR 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 # 18

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