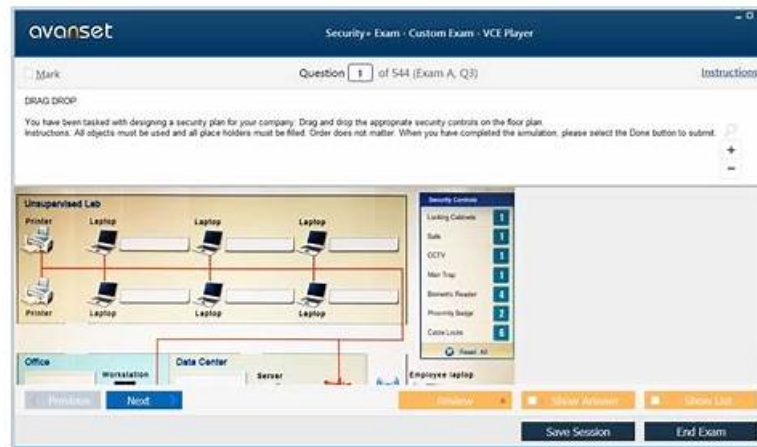


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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q24-Q29):

NEW QUESTION # 24

A woman with hypertension at 38-weeks gestation has a biophysical profile. The result is 4/10 with decreased amniotic fluid volume. The next step should be to:

- A. Repeat the biophysical profile in 24 hours
- **B. Admit for delivery**
- C. Discharge home on bedrest

Answer: B

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned BPP Management Standards:
NCC, AWHONN, and maternal-fetal medicine guidelines state:

- * A BPP score of 4/10 at term is abnormal.
- * A low score indicates hypoxia-related CNS suppression.
- * Oligohydramnios is an additional high-risk finding, especially in hypertension.
- * At # 37 weeks, a BPP score of # 4/10 warrants immediate delivery.

Repeating the test is acceptable at preterm gestations (e.g., < 32-34 weeks), but not at 38 weeks.

Why the other answers are incorrect:

* B. Discharge home - Contraindicated with abnormal BPP.

* C. Repeat in 24 hours - Not recommended at term with a score of 4.

Correct answer: A. Admit for delivery

References: NCC C-EFM Candidate Guide; AWHONN FHMPP; Creasy & Resnik MFM; Simpson & Creehan; Menihan.

NEW QUESTION # 25

This tracing demonstrates:



- A. Bradycardia
- B. Category III tracing
- 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 # 26

When evaluating a baseline fetal heart rate change, the fetal heart rate is assessed for a minimum of:

- A. 30 minutes
- **B. 10 minutes**
- C. 15 minutes

Answer: B

Explanation:

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

NCC and NICHD define baseline FHR as the mean FHR rounded to increments of 5 bpm during a minimum of a 10-minute window, excluding:

- * Accelerations
- * Decelerations
- * Marked variability

If a segment shorter than 10 minutes is used, it cannot be called a "baseline".

Thus the required minimum is 10 minutes.

References: NICHD Definitions; NCC C-EFM Candidate Guide; AWHONN; Miller's Pocket Guide.

NEW QUESTION # 27

The pattern on the fetal heart rate tracing shown is likely due to



- A. placental insufficiency
- **B. umbilical cord compression**
- C. fetal head compression

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract Sources:

The tracing demonstrates an abrupt-onset, sharp, V-shaped deceleration, occurring simultaneously with or slightly after a contraction—classic for variable decelerations, which are caused by umbilical cord compression.

According to AWHONN Fetal Heart Monitoring Principles & Practices, variable decelerations are defined by:

- * "Abrupt decreases in FHR below baseline of at least 15 bpm, lasting at least 15 seconds and less than 2 minutes."
- * "Most commonly associated with umbilical cord compression, whether transient or recurrent." Physiology reference (Simpson & Miller, Pocket Guide):
- * Compression of the umbilical vein causes a brief acceleration.
- * Compression of the umbilical arteries triggers a vagal response, producing a rapid deceleration.
- * This creates the characteristic sharp 'V', 'U', or 'W' shape on the monitor.

Placental insufficiency (Choice B) produces late decelerations, which are gradual, not abrupt.

Fetal head compression (Choice A) produces early decelerations, which mirror contractions and have a gradual pattern.

Thus, the tracing is most consistent with variable decelerations caused by umbilical cord compression.

References: AWHONN Fetal Heart Monitoring Principles & Practices; Simpson - Fetal Monitoring; Menihan

- Electronic Fetal Monitoring; Miller's EFM Pocket Guide; NCC C-EFM Content Outline - Pattern Recognition Domain.

NEW QUESTION # 28

The baseline heart rate of a 28-week fetus is 170 bpm. The next step is to:

- A. Assess maternal vital signs
- B. Perform a biophysical profile
- C. Continue observation

Answer: A

Explanation:

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

NCC references (AWHONN, Simpson, Menihan) and the Physiology domain emphasize that baseline fetal heart rate is higher at earlier gestational ages due to predominant sympathetic tone and immature parasympathetic modulation. For a 28-week fetus, a baseline between 150-170 bpm may fall within the upper normal/mild tachycardic range.

Before classifying fetal tachycardia, recommended by AWHONN and Simpson, clinicians must first assess maternal contributors:

- * Fever
- * Tachycardia
- * Infection
- * Dehydration
- * Medications (e.g., beta-agonists)
- * Anxiety

This matches NCC's required first-line action: evaluate maternal status before escalating fetal assessment.

A biophysical profile (BPP) is not the immediate next step unless maternal status and fetal environment do not explain the finding.

Continuing observation without maternal evaluation is contrary to perinatal safety standards.

References: AWHONN Fetal Monitoring Principles Simpson & Miller Fetal Monitoring Menihan EFM Interpretation Guide NCC C- EFM Exam Content Domains 2025

NEW QUESTION # 29

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