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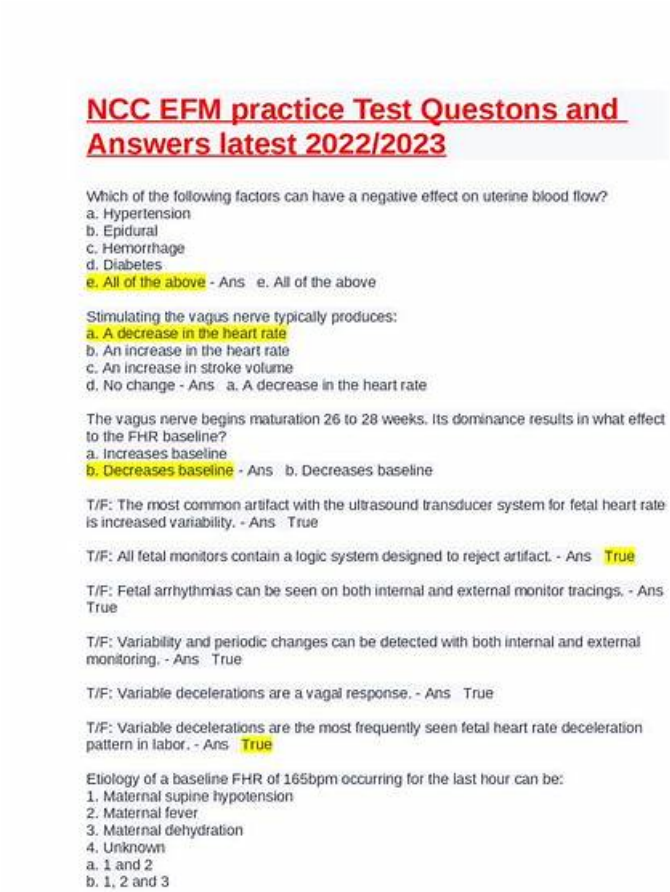

NCC EFM practice Test Questons and Answers latest 2022/2023

Which of the following factors can have a negative effect on uterine blood flow?
a. Hypertension
b. Epidural
c. Hemorrhage
d. Diabetes
e. All of the above - Ans e. All of the above

Stimulating the vagus nerve typically produces:
a. A decrease in the heart rate
b. An increase in the heart rate
c. An increase in stroke volume
d. No change - Ans a. A decrease in the heart rate

The vagus nerve begins maturation 26 to 28 weeks. Its dominance results in what effect to the FHR baseline?
a. Increases baseline
b. Decreases baseline - Ans b. Decreases baseline

T/F: The most common artifact with the ultrasound transducer system for fetal heart rate is increased variability. - Ans True

T/F: All fetal monitors contain a logic system designed to reject artifact. - Ans True

T/F: Fetal arrhythmias can be seen on both internal and external monitor tracings. - Ans True

T/F: Variability and periodic changes can be detected with both internal and external monitoring. - Ans True

T/F: Variable decelerations are a vagal response. - Ans True

T/F: Variable decelerations are the most frequently seen fetal heart rate deceleration pattern in labor. - Ans True

Etiology of a baseline FHR of 165bpm occurring for the last hour can be:
1. Maternal supine hypotension
2. Maternal fever
3. Maternal dehydration
4. Unknown
a. 1 and 2
b. 1, 2 and 3

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q82-Q87):

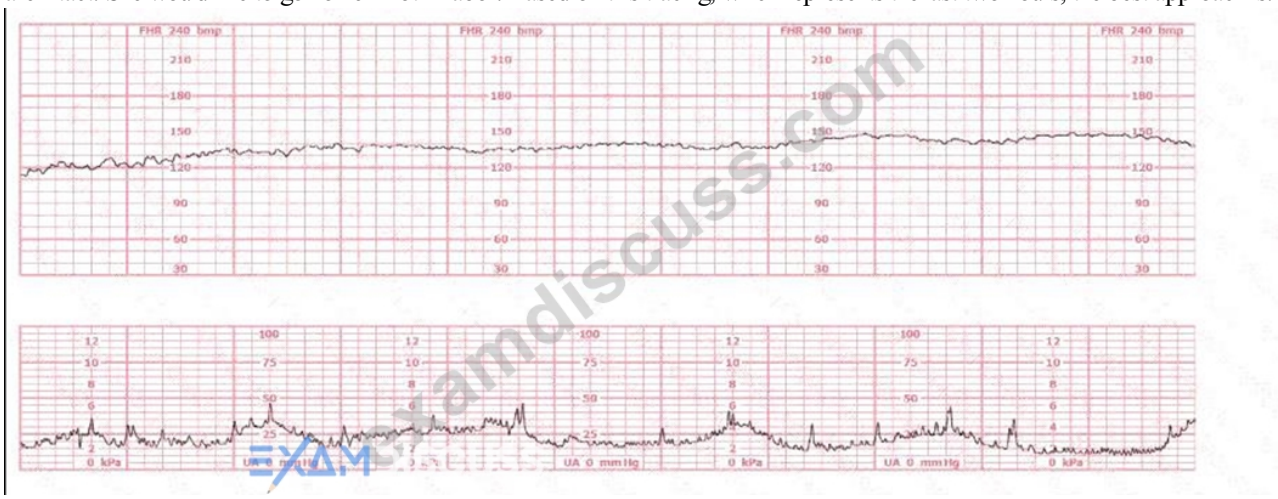
NEW QUESTION # 82
Interventions to decrease uterine activity should take place:

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

Answer: B

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 # 83
A woman (G1, P0) at 41-weeks gestation presents to OB triage to rule out labor. Her cervical exam is 1 cm/50%/-2. Membranes are intact. She would like to go home if not in labor. Based on this tracing, which represents the last two hours, the best approach is:



- A. admission to hospital
- B. discharge to home
- C. further observation

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources The fetal heart rate tracing shows a normal baseline (120-150 bpm), moderate variability, and no decelerations, consistent with a Category I pattern. According to AWHONN's Fetal Heart Monitoring Principles & Practices and NCC Perinatal Safety recommendations, a Category I tracing reliably indicates normal fetal acid-base status at the time of assessment and is considered reassuring.
Simpson & Creehan emphasize that in triage, management decisions depend on cervical status, contraction pattern, membrane status, and fetal well-being. With a cervix at 1 cm/50%/-2, intact membranes, and no regular labor pattern, she is not in active or

latent labor requiring admission, provided fetal status is reassuring.
Menihan states that a normal tracing lasting two hours with moderate variability supports safe discharge when maternal and fetal assessments are normal. Creasy & Resnik confirm that reassuring fetal testing plus absence of labor is appropriate for outpatient management.
References:
AWHONN - Fetal Heart Monitoring Principles & PracticesSimpson & Creehan - Perinatal NursingMenihan - Electronic Fetal MonitoringCreasy & Resnik - Maternal-Fetal MedicineMiller's Pocket Guide

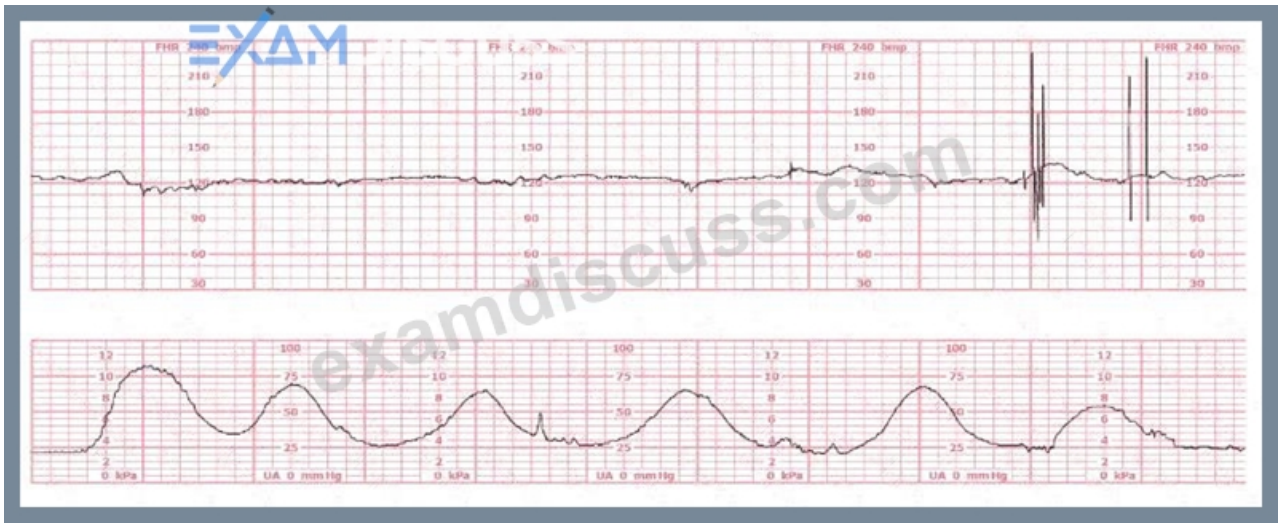
NEW QUESTION # 84
When accelerations precede a variable deceleration pattern, this is caused by

- A. occlusion of the umbilical vein
- B. hypoxic reflex response
- C. oligohydramnios

Answer: A

Explanation:
Comprehensive and Detailed Explanation From Exact Extract (No URLs or Links) NCC-recommended physiologic texts (AWHONN, Menihan, Simpson, Creasy & Resnik) explain that variable decelerations are caused by umbilical cord compression. This process occurs in a three-step sequence, well known in fetal monitoring physiology:
* Umbilical vein occlusion occurs first # decreases fetal venous return # brief fetal acceleration (a compensatory sympathetic response).
* Umbilical artery occlusion follows # increases fetal systemic vascular resistance # variable deceleration as vagal stimulation lowers the fetal heart rate.
* Release of compression # post-deceleration acceleration may occur.
Thus, an acceleration immediately before a variable deceleration represents the initial compression of the umbilical vein, not a hypoxic response. This is a normal physiologic response to transient cord compression, often described in AWHONN and Menihan's physiologic explanation of "shoulders" around variable decelerations.
Oligohydramnios can contribute to cord compression but does not explain accelerations preceding the deceleration. A "hypoxic reflex" would not produce a pre-deceleration acceleration.
Therefore, the correct physiologic cause is:
Umbilical vein occlusion.
References (No URLs)
* NCC C-EFM Candidate Guide 2025 - Physiology
* AWHONN Fetal Heart Monitoring Principles
* Menihan: Electronic Fetal Monitoring
* Simpson & Creehan: Perinatal Nursing
* Creasy & Resnik: Maternal-Fetal Medicine

NEW QUESTION # 85
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:

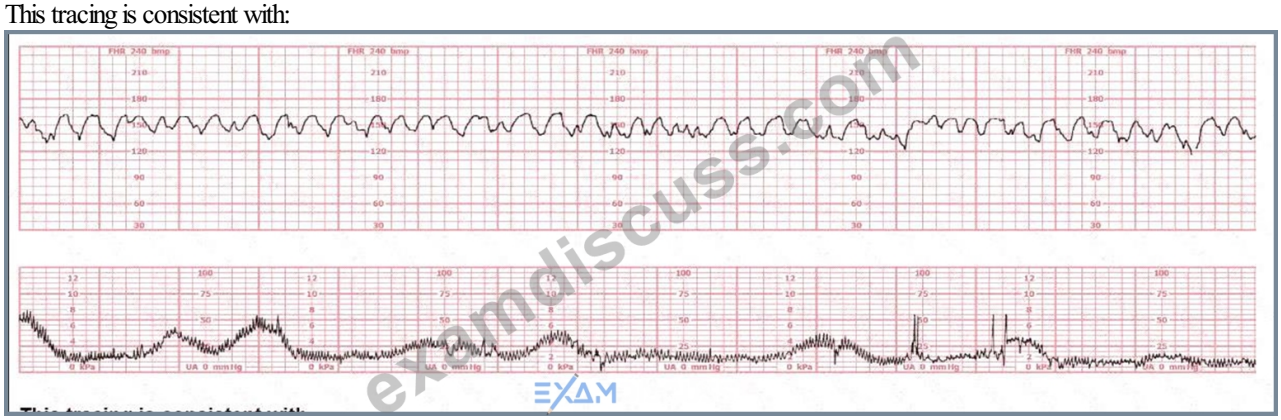


- A. Decrease the oxytocin
- B. Continue to observe
- C. Place a fetal spiral electrode

Answer: A

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 # 86
(Full question statement)
This tracing is consistent with:



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

Answer: C

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 # 87
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