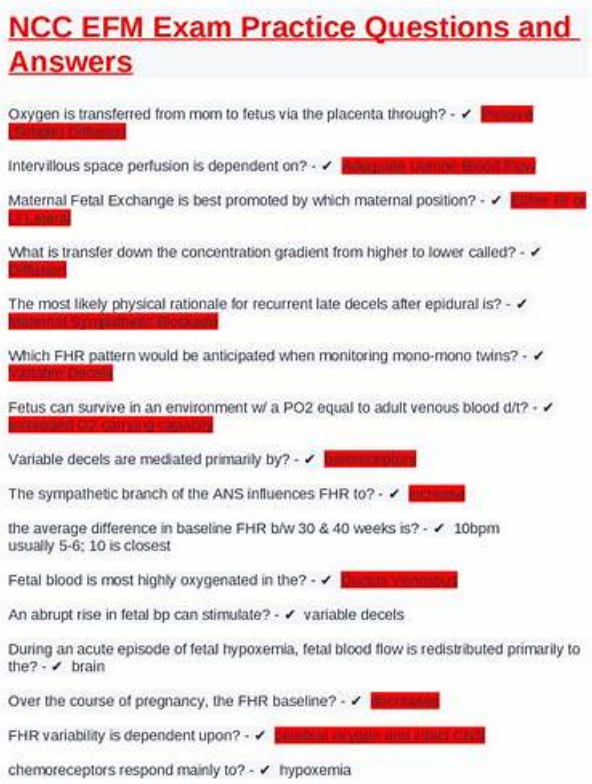
Three Easy and User-Friendly ITCertMagic NCC EFM Exam Question Formats



NCC EFM Exam Practice Questions and Answers

Oxygen is transferred from mom to fetus via the placenta through? - ✔ [redacted]

Intervillous space perfusion is dependent on? - ✔ [redacted]

Maternal Fetal Exchange is best promoted by which maternal position? - ✔ [redacted]

What is transfer down the concentration gradient from higher to lower called? - ✔ [redacted]

The most likely physical rationale for recurrent late decels after epidural is? - ✔ [redacted]

Which FHR pattern would be anticipated when monitoring mono-mono twins? - ✔ [redacted]

Fetus can survive in an environment w/ a PO2 equal to adult venous blood d/t? - ✔ [redacted]

Variable decels are mediated primarily by? - ✔ [redacted]

The sympathetic branch of the ANS influences FHR to? - ✔ [redacted]

the average difference in baseline FHR b/w 30 & 40 weeks is? - ✔ 10bpm
usually 5-6; 10 is closest

Fetal blood is most highly oxygenated in the? - ✔ [redacted]

An abrupt rise in fetal bp can stimulate? - ✔ variable decels

During an acute episode of fetal hypoxemia, fetal blood flow is redistributed primarily to the? - ✔ brain

Over the course of pregnancy, the FHR baseline? - ✔ [redacted]

FHR variability is dependent upon? - ✔ [redacted]

chemoreceptors respond mainly to? - ✔ hypoxemia

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This offline version of the practice test creates a real Certified - Electronic Fetal Monitoring exam environment. You can practice the NCC EFM Questions with the help of desktop practice exam software. The practice exam software is compatible with Windows-based computers only and does not need internet connectivity.

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q100-Q105):

NEW QUESTION # 100

A nonstress test is nonreactive in a 36-week gestational age fetus. Vibroacoustic stimulation (VAS) is applied with no fetal response. The next step is to proceed to:

- A. Induction of labor
- B. Biophysical profile
- C. Cesarean birth

Answer: B

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
A nonreactive NST with no response to vibroacoustic stimulation indicates:
* Possible fetal sleep cycle
* Possible CNS depression
* Possible hypoxemia
NCC, AWHONN, and MFM guidelines state the next step is a biophysical profile because:
* It evaluates fetal tone, movement, breathing, amniotic fluid, and NST
* Provides a complete assessment of fetal well-being
* Is less invasive and more informative than immediate delivery decisions Why the wrong answers are incorrect:
* B. Cesarean birth - not indicated without confirming fetal compromise.
* C. Induction of labor - not indicated until BPP clarifies fetal status.
Correct answer: A. Biophysical profile.
References:NCC C-EFM Candidate Guide; AWHONN FHMPP; Creasy & Resnik; Simpson & Creehan.

NEW QUESTION # 101
The baseline heart rate of a 28-week fetus is 170 bpm. The next step is to:

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

Answer: C

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 PrinciplesSimpson & Miller Fetal MonitoringMenihan EFM Interpretation GuideNCC C-EFM Exam Content Domains 2025

NEW QUESTION # 102
Intermittent fetal heart rate auscultation for a low-risk, spontaneous laboring patient who is 4-5 centimeters dilated should be assessed at intervals every

- A. 15-30 minutes
- B. 45-60 minutes
- C. 5-10 minutes

Answer: A

Explanation:
Comprehensive and Detailed Explanation From Exact Extract (No URLs or Links) NCC aligns with AWHONN's "Practice Guidelines for Fetal Heart Monitoring", which specify the appropriate frequency of intermittent auscultation (IA) based on labor phase and risk level. For low- risk patients in active labor, IA must occur:
* Every 15-30 minutes during active labor
* Every 5 minutes during second stage with pushing
AWHONN and Menihan emphasize that intermittent auscultation must follow standardized time intervals to ensure adequate fetal surveillance. These intervals reflect the physiologic understanding that fetal compromise may evolve over relatively short time periods, and active labor (4-7 cm dilation) represents a time of increasing stress on fetal oxygenation.
Simpson & Creehan explain that IA frequency should increase as labor intensifies, and that the 15-30- minute interval is the nationally recognized standard for low-risk active labor. NCC's exam content domain "Fetal Assessment Methods" reinforces knowing these surveillance intervals for safe low- intervention care.
Thus, for a 4-5 cm dilated, low-risk, spontaneous labor, the correct IA interval is every 15-30 minutes.
References (No URLs)
* NCC C-EFM Candidate Guide 2025 - Fetal Assessment Methods
* AWHONN Practice Guidelines for Fetal Heart Monitoring, 2022-2024
* Menihan: Electronic Fetal Monitoring
* Simpson & Creehan: Perinatal Nursing
* Miller: Fetal Monitoring Pocket Guide

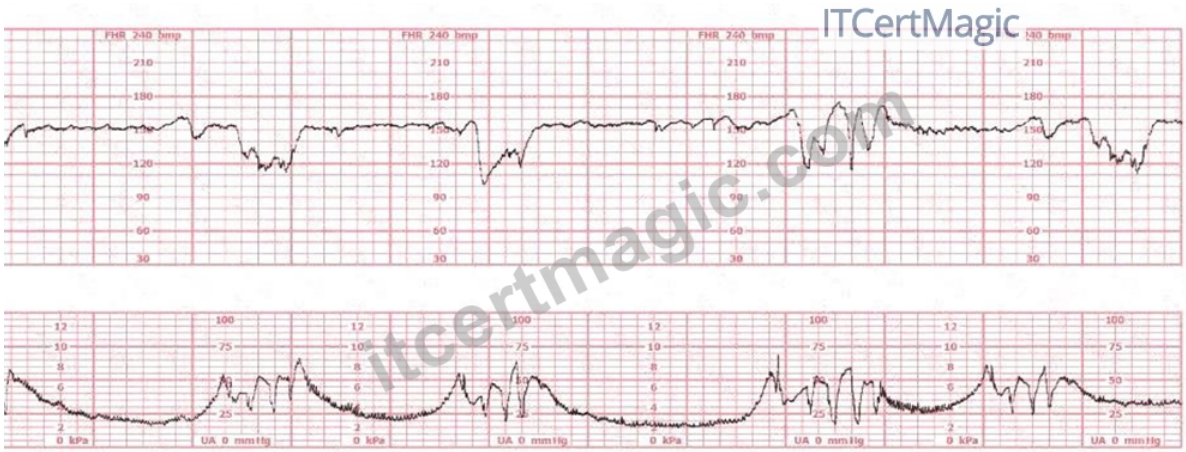
NEW QUESTION # 103
Interventions to decrease uterine activity should take place:

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

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 # 104
A woman at 39-weeks gestation is being induced. She has chronic hypertension controlled by methyldopa (Aldomet). Spontaneous rupture of membranes has occurred; she is 10 cm dilated and at +1 station. The fetal monitor tracing shown is obtained by spiral electrode and tocodynamometer. The next best appropriate action is to:



- A. Administer terbutaline
- B. Consider amnioinfusion
- C. Modify pushing

Answer: C

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
The tracing shows recurrent variable decelerations deepening during contractions as the patient is fully dilated and at +1 station.
NCC's Pattern Recognition and Intervention framework states:
* During second stage (complete dilation), variable decelerations commonly occur from cord compression caused by head descent and maternal pushing efforts.
* The FIRST correction for pushing-associated recurrent variable decelerations is modifying the pushing technique:
* Side-lying pushing
* Pushing with every other contraction
* Open-glottis pushing
* Allowing passive descent
These measures relieve head compression and reduce the severity of variable decelerations.
Why the other answers are incorrect
A). Administer terbutaline
* Terbutaline is given for tachysystole with fetal intolerance.
* This tracing does not show tachysystole.
* The pattern is timing-related to pushing, not uterine overstimulation.
B). Consider amnioinfusion
* Amnioinfusion is used for recurrent variable decelerations before complete dilation, when membrane rupture + low fluid is suspected.
* At 10 cm and +1, the fetal head is deep in the pelvis, and the cause of variables is head compression, not cord compression due to oligohydramnios.
* Also, amnioinfusion is impractical and not beneficial at this stage.
Therefore, the correct answer is C. Modify pushing.
References:NCC C-EFM Candidate Guide; NCC Content Outline; AWHONN Principles & Practices; Miller' s Fetal Monitoring Pocket Guide; Menihan Electronic Fetal Monitoring; Simpson & Creehan; Creasy & Resnik.

NEW QUESTION # 105
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