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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q123-Q128):

NEW QUESTION # 123

This fetal heart rate tracing is from a woman in the second stage of labor. This tracing is best interpreted as:

- A. Intermittent late decelerations
- B. Variable decelerations
- C. Wandering baseline

Answer: B

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

The tracing shows the classic features of variable decelerations:

- * Abrupt onset (<30 seconds from baseline to nadir)
- * Rapid drop followed by a rapid recovery
- * Significant variability in shape, depth, and timing

- * "Shouldering"-brief accelerations before or after the deceleration, typical of cord compression
- * The decelerations vary in appearance and timing relative to contractions In second stage, this pattern is extremely common due to:
- * Recurrent cord compression during descent
- * Maternal pushing
- * Reduced amniotic fluid with advancing labor

Why the other options are incorrect:

A). Intermittent late decelerations

- * Late decelerations are uniform, smooth, begin after the contraction peak, and recover after the contraction ends.
- * This tracing shows abrupt, variable-shaped, non-uniform decels # NOT late decels.

C). Wandering baseline

- * A wandering baseline is a slowly fluctuating, low-amplitude, smooth, preterminal pattern.
- * This tracing shows an identifiable baseline with variability and clear decelerations, not wandering baseline.

Thus, the tracing is most consistent with variable decelerations.

References:NCC C-EFM Candidate Guide; AWHONN FHMPP; NICHD FHR Definitions; Menihan Electronic Fetal Monitoring; Simpson & Creehan Perinatal Nursing; Creasy & Resnik Maternal-Fetal Medicine.

NEW QUESTION # 124

A fetal heart rate pattern characteristic of fetal neurological injury and impending intrapartum fetal demise is:

- A. Recurrent late decelerations
- B. Marked variability
- C. Wandering baseline

Answer: C

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

A wandering baseline is:

- * A slow, fluctuating baseline
- * Low amplitude
- * No variability
- * No accelerations
- * Indicative of severe fetal neurologic injury and terminal fetal status NCC and AWHONN describe wandering baseline as a preterminal pattern.

Why the other answers are wrong:

- * A. Marked variability # often transient and not associated with demise.
- * B. Recurrent lates # concerning but not a neurological-injury pattern unless variability absent.

Correct answer: C. Wandering baseline.

References:NCC Pattern Recognition; AWHONN FHMPP; Menihan; Simpson & Creehan.

NEW QUESTION # 125

When documenting the occurrence of late decelerations in the medical record, what should be charted?

- A. Notation that the tracing was normal or abnormal
- B. Components of the tracing
- C. Tracing category

Answer: B

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

According to NCC, AWHONN, and evidence-based documentation standards, clinicians must document:

- * Baseline
- * Variability
- * Accelerations
- * Decelerations (type, depth, duration, timing)
- * Uterine activity

This fulfills the NICHD 3-tier system and legal documentation expectations.

Why the incorrect answers are wrong:

- * B. "Normal/abnormal" # vague, not an acceptable documentation standard.
 - * C. Category alone # insufficient; categories must be supported by the components.
- References: NCC C-EFM Candidate Guide; AWHONN Documentation Standards; Menihan.

NEW QUESTION # 126

What is the appropriate interpretation of this tracing?

□

- A. Marked variability
- B. Tachycardia with variable decelerations
- C. Multiple prolonged accelerations

Answer: A

Explanation:

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

The tracing demonstrates:

- * Baseline ~150 bpm
- * Variability # 25 bpm amplitude, highly erratic and wide
- * No sustained decelerations
- * No sustained accelerations # 2 min

NICHD/NCC definition of marked variability:

Amplitude of baseline FHR fluctuations greater than 25 bpm.

Marked variability often reflects transient fetal autonomic instability due to:

- * Fetal stimulation
- * Mild hypoxemia
- * Maternal anxiety
- * Drugs (e.g., butorphanol)

Why other answers are incorrect:

- * B. Multiple prolonged accelerations - No accelerations of #2 minutes are present.
- * C. Tachycardia with variables - Baseline is NOT tachycardic (>160 bpm), and decelerations are not present.

Thus, the correct interpretation is A. Marked variability.

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

NEW QUESTION # 127

This is a tracing of a multiparous woman in the second stage of labor. The vertex is at +3 station. This pattern has continued for the last 20 minutes. She has been pushing for 2½ hours, and oxytocin is infusing at 12 milliunits/minute. Management should include

□

- A. preparing for operative vaginal birth
- B. increasing the oxytocin
- C. preparing for cesarean birth

Answer: A

Explanation:

Comprehensive and Detailed Explanation (From NCC C-EFM-Referenced Sources) According to NCC C-EFM content guidance and AWHONN Fetal Heart Monitoring Principles (2022), recurrent variable and late patterns in second stage with descent to +2/+3 station require consideration of expediting delivery, especially when maternal effort is prolonged and oxytocin augmentation is already present.

Menihan & Simpson emphasize that with prolonged second stage, continued pushing beyond 2-3 hours, and vertex at +3 station, the evidence-based next step is operative vaginal birth, provided prerequisites are met. Cesarean is not indicated when the fetal head is already low and deliverable vaginally.

AWHONN and Creasy & Resnik state that increasing oxytocin when facing fetal stress and prolonged second stage is contraindicated, because tachysystole worsens fetal oxygenation and increases risk of fetal compromise.

Exact Extract Concepts Referenced:

- "Expedited delivery is recommended when recurrent decelerations persist in second stage and the head is low enough for operative vaginal birth." (AWHONN Principles)
- "Oxytocin should be reduced or discontinued in the presence of nonreassuring patterns." (Simpson, Obstetric Interventions)
- "Operative vaginal delivery is appropriate with full dilation, engaged head, and prolonged second stage." (Menihan, Simpson;

NEW QUESTION # 128

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