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NCC EFM Test EXAM QUESTIONS AND ANSWERS 100% SOLVED (Newest 2025)

The fetal spiral electrode measures the

- A. Peaks of the Doppler waveforms
- B. R to R intervals of the fetal heart
- C. ST segments of the fetal ECG - **Correct Answers** ☐B. R to R intervals of the fetal heart

The optimal location for the ultrasound transducer for the fetus - **Correct Answers** ☐the fetal back

First step when contraction pattern is weird with IUPC in place - **Correct Answers** ☐re zero the IUPC

Membranes ruptured 60 minutes ago and now you see prolonged deceleration, first step: - **Correct Answers** ☐perform a vaginal exam

A woman who is admitted for an induction of labor with oxytocin is questioning the need for continuous EFM. The appropriate response to the woman is.

- A. hospital policy requires all patients have continuous EFM
- B. I would like to answer your questions about continuous monitoring and give you some information about why it is recommended
- C. Nurses have more training with continuous monitoring than with intermittent auscultation so it is safer for you and baby - **Correct Answers** ☐B. I would like to answer your

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q45-Q50):

NEW QUESTION # 45

When a difference in interpretation occurs over a non-emergent electronic fetal heart rate tracing, the first step toward resolution is to:

- A. Have the involved clinicians review the tracing together
- B. Document the incident in the medical record
- C. Follow the chain of command

Answer: A

Explanation:

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

NCC's Professional Issues domain emphasizes communication, collaboration, and team-based interpretation of electronic fetal monitoring tracings.

For non-emergent differences in interpretation, the first step is:

* Discussion and joint review of the tracing by the involved clinicians.

Only if disagreement persists should the chain of command be used. Documentation occurs after consensus or escalation-not as the first step.

Thus, the appropriate first step is C. Have the involved clinicians review the tracing together.

References:NCC C-EFM Candidate Guide; AWHONN Standards for Professional Fetal Monitoring Practice; TeamSTEPPS principles.

NEW QUESTION # 46

Maternal conditions of autoimmunity can result in fetal heart block due to antibodies that target:

- A. Maternal white blood cells
- B. The fetal atrioventricular node
- C. Fetal red blood cells

Answer: B

Explanation:

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

NCC physiology content specifically includes maternal autoimmune influences on fetal cardiac conduction.

Conditions such as maternal lupus (SLE) or Sjogren's syndrome may produce anti-Ro/SSA and anti-La/SSB antibodies. These antibodies cross the placenta and damage fetal conduction tissue.

The primary site of injury is the fetal atrioventricular (AV) node, leading to:

* First-, second-, or complete third-degree heart block
* A slow, regular ventricular rate typically 50-70 bpm

* Loss of beat-to-beat variability because ventricular myocardium does not display normal autonomic modulation This mechanism is extensively described in AWHONN, NCC physiology materials, and maternal-fetal physiology texts.

Option A: Antibodies do not target fetal RBCs; that describes hemolytic disease of the newborn.

Option B: Targeting maternal WBCs is not fetal-specific.

The correct affected structure is the fetal AV node.

Therefore, the correct answer is C. The fetal atrioventricular node.

References:NCC C-EFM Candidate Guide (2025); NCC Physiology Content Outline; AWHONN Fetal Heart Monitoring Principles & Practices; Menihan Electronic Fetal Monitoring; Simpson & Creehan Perinatal Nursing; Creasy & Resnik Maternal-Fetal Medicine.

NEW QUESTION # 47

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

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

Answer: A

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 # 48

Fetal respiratory acidosis is most likely to present with which of the following fetal heart rate decelerations?

- A. Early
- B. Late
- C. Variable

Answer: C

Explanation:

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

NCC and AWHONN physiology teachings:

- * Variable decelerations caused by cord compression lead to:
- * Transient interruption of umbilical venous flow
- * Impaired fetal gas exchange
- * Acute rise in CO₂
- * Respiratory acidosis (early phase of hypoxemia)

This is well documented:

- * Early decelerations # head compression # NOT associated with acidemia.
- * Late decelerations # uteroplacental insufficiency # metabolic acidosis, not respiratory.

Thus:

- * Variable decelerations # respiratory acidosis
- * Late decelerations # metabolic acidosis

Correct answer: C. Variable

References:NCC Physiology Domain; AWHONN FHMPP; Menihan EFM; Simpson & Creehan; Creasy & Resnik.

NEW QUESTION # 49

A woman at 34-weeks gestation is in active labor after spontaneous rupture of membranes.

Accelerations should be documented as

□

- A. present 10×10
- B. present 15×15
- C. absent

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract (No URLs)

For fetuses before 32-34 weeks, the National Certification Corporation (NCC) follows the physiologic standards established by AWHONN, Simpson & Creehan, Menihan, and Creasy & Resnik, which emphasize that preterm fetuses have less mature autonomic nervous system development, resulting in smaller and shorter accelerations.

According to the NCC C-EFM Exam Content Outline (Pattern Recognition & Intervention) and the AWHONN Fetal Heart Monitoring Principles (2022-2024):

* Preterm fetuses (<32 weeks) normally demonstrate 10 bpm × 10 sec accelerations.

* By approximately 32-34 weeks, accelerations may begin transitioning toward 15×15, but the accepted standard for

documentation at 34 weeks remains 10×10, unless clearly meeting 15×15 criteria.

* NCC emphasizes using gestational-age-appropriate criteria for documenting accelerations, because autonomic reactivity increases gradually and is not fully comparable to term until after 32-34 weeks.

Menihan's Electronic Fetal Monitoring also states that preterm fetuses "should be evaluated with the 10×10 rule until it is clear that the fetus is demonstrating mature 15×15 acceleratory capacity." Simpson & Creehan reinforce this point, noting that accelerations in late preterm gestations "may not consistently reach 15 bpm for 15 seconds, and thus 10×10 remains the appropriate designation." Since the patient is 34 weeks, the fetus is late-preterm and may not reliably meet the full 15×15 criteria; therefore, the correct documentation standard remains 10×10.

Thus, accelerations should be charted as:

"Present 10×10."

References

- * NCC C-EFM Candidate Guide 2025 - Content Domain: Pattern Recognition and Intervention
- * AWHONN Fetal Heart Monitoring Principles & Practices, 2022-2024
- * Menihan: Electronic Fetal Monitoring: Concepts and Applications
- * Simpson & Creehan: Perinatal Nursing
- * Miller: Fetal Monitoring Pocket Guide
- * Creasy & Resnik: Maternal-Fetal Medicine

NEW QUESTION # 50

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