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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q14-Q19):

NEW QUESTION # 14
In documenting auscultation of the fetal heart rate, it is important to record findings in relationship to:

- A. Uterine activity
- B. Stage of labor
- C. Fetal position

Answer: A

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
NCC and AWHONN auscultation standards emphasize the need to document FHR findings relative to uterine contractions,

including:
* The FHR between contractions (baseline)
* FHR during contractions
* Presence/absence of decelerations
* Recovery after a contraction
Uterine activity determines whether findings are:
* Baseline
* Accelerations
* Early/late/variable decelerations
Why the other options are incorrect:
* A. Fetal position - relevant for Doppler placement, not auscultation documentation.
* B. Stage of labor - affects monitoring frequency but does not change how findings are documented.
Correct answer: C. Uterine activity.
References:NCC C-EFM Candidate Guide; AWHONN Standards for FHR Auscultation; Simpson & Creehan.

NEW QUESTION # 15
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 # 16
The most highly oxygenated blood in the fetal circulation is found in the

- A. pulmonary arteries
- B. ductus venosus
- C. descending aorta

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract Sources:
In fetal physiology, the highest oxygen saturation exists in the umbilical vein, which then flows through the ductus venosus before entering the right atrium.
According to Creasy & Resnik Maternal-Fetal Medicine, and AWHONN physiologic foundations:
* The umbilical vein carries oxygen-rich blood from the placenta (approx. 80% saturation).
* Most of this blood bypasses the liver via the ductus venosus, which therefore contains the most highly oxygenated blood within the fetal circulatory system.
By contrast:
* The descending aorta contains mixed blood with significantly lower oxygen content due to mixing after passage through the ductus arteriosus.
* The pulmonary arteries in the fetus carry predominantly deoxygenated blood, since fetal lungs are fluid-filled and have high

pulmonary vascular resistance.
Thus, the structure containing the highest fetal oxygen concentration is the ductus venosus.
References:Creasy & Resnik - Maternal Fetal Medicine;AWHONN Fetal Monitoring;Simpson & Miller - Fetal Monitoring Physiology;NCC C-EFM Content Outline - Physiology Domain.

NEW QUESTION # 17
The success of interventions to treat fetal hypoxia first depends on:

- A. Optimizing uteroplacental blood flow
- B. Minimizing uterine activity
- C. Improving maternal oxygenation

Answer: A

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
NCC/AWHONN emphasize that the primary goal of intrauterine resuscitation is to:
* Optimize uteroplacental blood flow, which restores fetal oxygen delivery.
Key measures include:
* Maternal repositioning (lateral)
* Reducing tachysystole
* IV fluid bolus
* Correcting maternal hypotension
* Stopping oxytocin
* Treating underlying causes
Improving maternal oxygenation is supportive, but improving uteroplacental perfusion is the critical first determinant of resuscitation success.
Why the other answers are not first priority:
* A. Oxygen - optional and no longer universally recommended unless maternal hypoxemia exists.
* B. Minimizing uterine activity - essential, but still secondary to restoring perfusion.
Correct answer: C. Optimizing uteroplacental blood flow
References:NCC Pattern Recognition & Intervention Domain; AWHONN FHMPP; Menihan; Simpson & Creehan.

NEW QUESTION # 18
When auscultating the fetal heart rate, the Doppler should be placed over the fetal:

- A. Abdomen
- B. Back
- C. Chest

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
NCC and AWHONN standards state that the fetal heart tones are most clearly heard when the Doppler probe is placed over the fetal back, because:
* The fetal heart transmits sound most directly through the fetal spine.
* Amniotic fluid and fetal position allow the strongest conduction at the back.
* During Leopold maneuvers, identification of the back guides optimal placement.
Placing the Doppler over the abdomen or chest does not provide the strongest or most reliable fetal signal.
Therefore, the correct placement is over the fetal back.
References:NCC C-EFM Candidate Guide; AWHONN Fetal Heart Monitoring Principles & Practices; Simpson & Creehan Perinatal Nursing.

NEW QUESTION # 19
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