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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q32-Q37):

NEW QUESTION # 32

(Full question statement)

A woman at 39-weeks gestation is in labor, progressing normally. The baseline fetal heart rate has increased from 125 to 150 beats per minute over the last hour with moderate variability. What is the next step?

- A. Continue to observe
- B. Perform an ultrasound
- C. Initiate antibiotic therapy

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract Without Links:

NCC-recommended references (Simpson, AWHONN FHM, Creasy & Resnik) note that baseline increases within the normal range (110-160 bpm) accompanied by moderate variability are typically benign. Mild physiologic causes-maternal activity, fetal stimulation, or normal sympathetic activation-may transiently raise baseline FHR.

AWHONN stresses that intervention is required only when tachycardia exceeds 160 bpm or when variability is minimal/absent or accompanied by recurrent decelerations.

Here, the baseline increase to 150 bpm remains within normal limits and is paired with moderate variability, which the NCC

recognizes as the strongest indicator of adequate fetal oxygenation.
Therefore, evaluation is complete, and continued observation is the appropriate course.

NEW QUESTION # 33

A pattern of recurrent variable decelerations would move from Category II to Category III if what fetal heart rate change occurs?

- A. Tachysystole
- **B. Absent variability**
- C. Late decelerations

Answer: B

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

Category III criteria include:

- * Absent variability with recurrent variable decelerations
- * Absent variability with recurrent lates
- * Absent variability with bradycardia
- * Sinusoidal pattern

Thus, recurrent variables become Category III when accompanied by absent variability, indicating fetal decompensation.

Why the other answers are wrong:

- * B. Late decelerations # Category III only if combined with absent variability.
- * C. Tachysystole # Contraction pattern, not a FHR characteristic.

Correct answer: Absent variability.

References: NCC C-EFM Candidate Guide; NICHD Definitions; AWHONN FHMPP.

NEW QUESTION # 34

A reliable indicator of fetal oxygenation is fetal

- **A. heart rate accelerations**
- B. movement
- C. regular sleep-wake cycles

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources AWHONN and NICHD definitions state that fetal accelerations are a strong indicator of adequate fetal oxygenation and neurologic integrity. Accelerations reflect intact sympathetic and parasympathetic balance and adequate oxygen reserve.

Simpson & Creehan emphasize accelerations as "the most reliable sign of fetal well-being," because they require intact autonomic function, sufficient pH, and adequate oxygenation. Menihan also identifies accelerations as the most reassuring feature on a fetal heart tracing.

Fetal movement is helpful but not directly reflective of oxygenation, as movements can decline for non-hypoxic reasons (sleep cycles, maternal sedation). Regular sleep-wake cycles are normal developmental neurologic patterns and not oxygenation markers.

Creasy & Resnik reinforce that "presence of accelerations reliably indicates absence of metabolic acidemia." References:

AWHONN - Fetal Heart Monitoring Principles & Practices Simpson & Creehan - Perinatal Nursing Menihan

- Electronic Fetal Monitoring Creasy & Resnik - Maternal-Fetal Medicine Miller's Pocket Guide

NEW QUESTION # 35

A fetal heart rate deceleration that is episodic is a/an:

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

Answer: C

Explanation:

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

NCC and NICHD differentiate:

- * Periodic decelerations - those occurring with contractions
- * Episodic decelerations - those occurring independent of contractions

Deceleration types:

- * Early - periodic (mirror contractions)
- * Late - periodic (after peak of contraction)
- * Variable - may be periodic or episodic, and are the only type strongly associated with episodic patterns** Therefore, the only deceleration type that is characteristically episodic is a variable deceleration.

Correct answer: C. Variable deceleration

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

NEW QUESTION # 36

Amnioinfusion can cause what changes in the fetal heart rate tracing?

- A. Resolution of variable decelerations
- B. Improvement in fetal heart rate variability
- C. Increase in fetal heart rate baseline

Answer: A

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

NCC defines amnioinfusion as indicated for:

- * Recurrent variable decelerations caused by cord compression
- * Oligohydramnios reducing buffer around the cord

Expected effect:

- * Reduction or elimination of variable decelerations

Why the other answers are incorrect:

- * A. Variability does not improve with amnioinfusion.
- * B. Baseline FHR does not increase as a result of amnioinfusion.

Correct answer: C. Resolution of variable decelerations.

References: NCC C-EFM Candidate Guide; AWHONN FHMPP; Menihan; Simpson & Creehan.

NEW QUESTION # 37

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