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## **NCC Certified - Electronic Fetal Monitoring Sample Questions (Q42-Q47):**

### **NEW QUESTION # 42**

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

**Answer: C**

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 # 43**

The success of interventions to treat fetal hypoxia first depends on:

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

**Answer: C**

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 # 44**

The most common fetal heart rate pattern consistent with uterine rupture is

- A. prolonged and variable decelerations
- B. absent variability
- C. loss of uterine pressure

**Answer: A**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract (NCC-Referenced Sources) According to AWHONN, Simpson, and NCC C-EFM physiologic competencies, uterine rupture commonly presents with:

- \* Sudden prolonged deceleration
- \* Recurrent variables
- \* Fetal bradycardia
- \* Possible loss of station, vaginal bleeding, maternal pain

AWHONN specifically lists:

"Prolonged deceleration is the most common initial fetal sign of uterine rupture." Absent variability can occur later, but it is not the most common initial pattern.

"Loss of uterine pressure" refers to loss of toco signal, not a fetal heart rate characteristic.

Therefore, NCC-validated interpretation: prolonged and variable decelerations.

#### **NEW QUESTION # 45**

The main reason intrauterine pressure catheters are placed is to:

- A. Rule out artifact
- B. Determine the contraction pattern
- C. Define the quality of the fetal baseline

**Answer: B**

Explanation:

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

Intrauterine pressure catheters (IUPCs) are an internal uterine activity monitoring device used when external tocodynamometry does not provide adequate assessment of contraction strength or frequency.

According to NCC, AWHONN, Miller, and Menihan, the primary indication for placing an IUPC is to obtain accurate, quantitative measurement of uterine activity.

Purpose of IUPC (per NCC and AWHONN):

- \* Measures exact intrauterine pressure in mmHg
- \* Calculates Montevideo units (MVUs) to evaluate adequacy of labor
- \* Clearly differentiates:
  - \* Frequency
  - \* Duration
  - \* Strength (intensity)
  - \* Resting tone

NCC explicitly lists the primary purpose as:

"Accurate assessment of uterine contraction pattern and intensity."

Why the other options are incorrect:

A). Define the quality of the fetal baseline - Incorrect

\* Fetal heart rate (FHR) baseline quality is determined by fetal ECG or FSE, not IUPC.

\* IUPCs monitor the uterus, not the fetal cardiac signal.

C). Rule out artifact - Incorrect

\* While an IUPC can reduce artifact from the toco, this is not its primary purpose.

\* Artifact is more commonly an issue with external FHR monitoring, corrected by repositioning or placing a fetal scalp electrode-not by using an IUPC.

B). Determine the contraction pattern

This aligns directly with NCC's Electronic Monitoring Equipment domain: IUPCs provide the most accurate and reliable measurement of uterine activity when external monitoring is inadequate.

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

### NEW QUESTION # 46

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. Follow the chain of command
- C. Document the incident in the medical record

**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 # 47

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