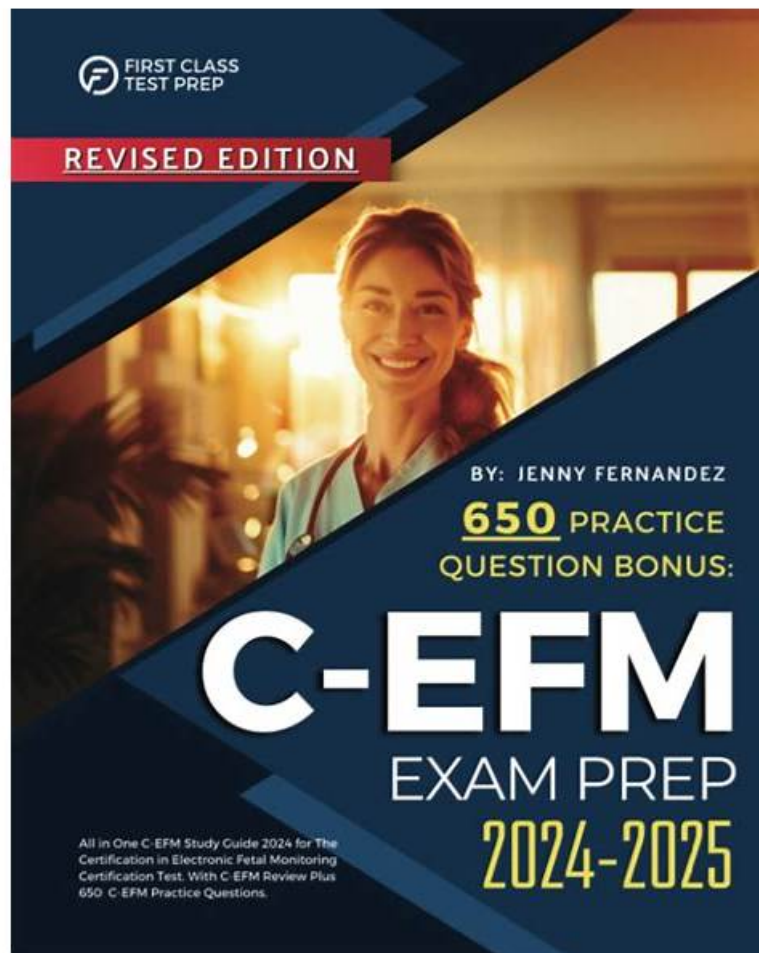


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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q19-Q24):

NEW QUESTION # 19

(Full question statement)

A dysrhythmia is noted. The pregnancy and labor course has been normal with no complications. The next step in management is to

- A. continue to observe
- B. administer maternal oxygen
- C. start an IV fluid bolus

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract (NCC C-EFM sources: AWHONN, Miller's Pocket Guide, Menihan, Simpson, Creasy & Resnik, 2025 Candidate Guide) AWHONN and Menihan emphasize that most fetal dysrhythmias detected intrapartum are premature atrial contractions (PACs)-the most common benign rhythm variation. They typically appear as intermittent, irregular deflections on the fetal heart rate tracing without affecting variability or baseline.

Miller's Pocket Guide to Fetal Monitoring states that PACs are usually transient, self-limiting, and require only observation unless accompanied by tachyarrhythmia or hemodynamic compromise. When variability is preserved and no repetitive pattern or sustained tachycardia occurs, no intrauterine resuscitation measures are indicated.

Simpson and Creehan describe that oxygen administration and fluid boluses are not recommended for benign dysrhythmias, as they do not improve fetal conduction patterns and may contribute to unnecessary interventions.

The NCC 2025 Candidate Guide specifies that correct management requires distinguishing benign arrhythmias from pathologic tachyarrhythmias, which would require escalation. In the absence of fetal compromise or maternal pathology, the appropriate action is continued observation.

Therefore, the correct management is to continue to observe.

NEW QUESTION # 20

Based on the fetal heart rate tracing shown, the expected fetal pH would be:

- A. Above 7.15
- B. Unaffected by the fetal heart rate
- C. Below 7.15

Answer: A

Explanation:

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

Assessment of likely fetal acid-base status is grounded in NCC-aligned principles that correlate fetal pH with fetal heart rate patterns, especially variability, presence/absence of accelerations, and type and depth of decelerations.

This tracing shows the following features:

Baseline:

The fetal heart rate baseline is approximately 140-150 bpm, within the normal 110-160 bpm range.

Variability:

Moderate variability is present-approximately 6-25 bpm amplitude.

Per NCC and NICHD definitions, moderate variability is strongly associated with normal fetal oxygenation and normal fetal pH > 7.20-7.25.

Accelerations:

There are occasional small accelerations, another strong indicator of normal fetal acid-base status.

Decelerations:

The tracing shows occasional variable decelerations, shallow and brief, recovering rapidly, typical of intermittent cord compression.

NCC references emphasize that intermittent, non-recurrent variables with moderate variability do not correlate with acidemia.

Uterine activity:

Contractions are present but not excessive, and fetal response remains reassuring.

Correlating tracing features with fetal pH (per NCC, AWHONN, Simpson, Menihan):

Moderate variability is the strongest intrapartum indicator of normal fetal pH.

The NICHD/NCC consensus repeatedly states that:

"The presence of moderate variability reliably predicts adequate fetal oxygenation and a fetal pH above the threshold associated with metabolic acidemia." Fetal pH below 7.15 is associated with:

Absent variability

Recurrent late decelerations

Recurrent deep variable decelerations

Prolonged bradycardia

None are present in this tracing.

Because the tracing demonstrates moderate variability, intermittent uncomplicated variables, and no recurrent late decelerations, the physiologic expectation is that the fetal pH remains normal, significantly above 7.15.

Therefore, the correct answer is: A (above 7.15).

References:

NCC C-EFM Candidate Guide (2025); NCC Content Outline; NICHD Interpretation System; 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 # 21

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 # 22

(Full question statement)

This tracing is consistent with:

□

- A. Atrial flutter
- B. Effects of butorphanol administration
- C. Fetal-maternal transfusion

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract Without Links:

NCC and AWHONN teaching materials describe that butorphanol, an opioid analgesic, characteristically produces a transient sinusoidal-like pattern or pseudo-sinusoidal pattern with moderate variability preserved.

This drug-related pattern has:

* smooth, regular oscillations

* maintained variability

* absence of true periodic decelerations

* resolution within 20-60 minutes

Simpson & Menihan describe butorphanol as producing a "saw-tooth, wavering pattern" often mistaken for dysrhythmia but actually benign.

True sinusoidal patterns (e.g., fetal-maternal hemorrhage) are fixed, smooth, non-variable patterns with absent variability, not matching the scenario.

Atrial flutter produces very rapid atrial contractions, which manifest as irregular baseline spikes-also not consistent.

Therefore, the described tracing aligns most closely with butorphanol effects.

NEW QUESTION # 23

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

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

Answer: B

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 # 24

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