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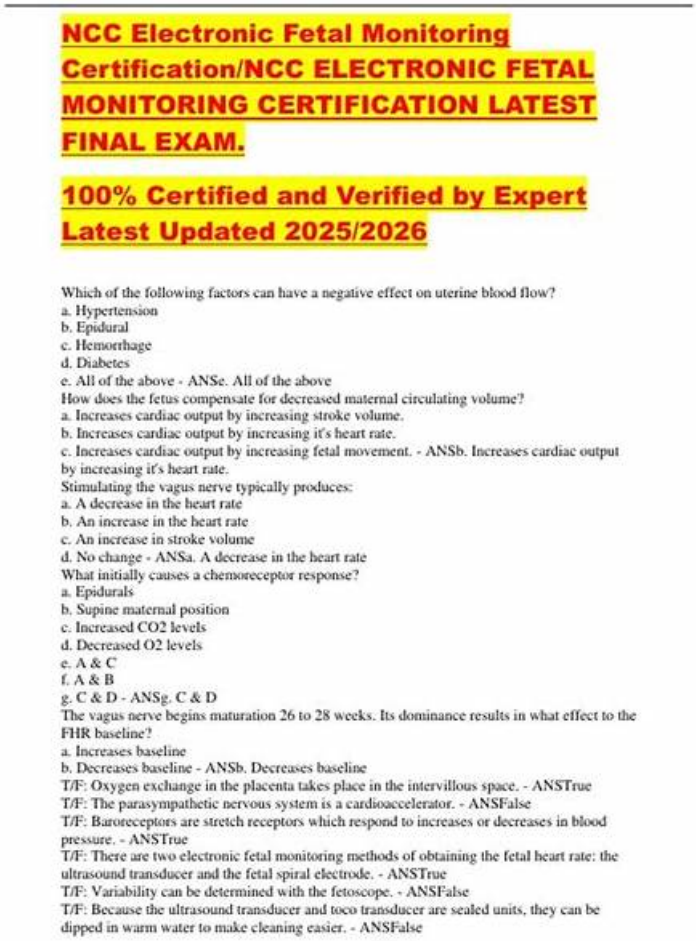

NCC Electronic Fetal Monitoring Certification/NCC ELECTRONIC FETAL MONITORING CERTIFICATION LATEST FINAL EXAM.

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Which of the following factors can have a negative effect on uterine blood flow?
a. Hypertension
b. Epidural
c. Hemorrhage
d. Diabetes
e. All of the above - ANSe. All of the above
How does the fetus compensate for decreased maternal circulating volume?
a. Increases cardiac output by increasing stroke volume.
b. Increases cardiac output by increasing it's heart rate.
c. Increases cardiac output by increasing fetal movement. - ANSb. Increases cardiac output by increasing it's heart rate.
Stimulating the vagus nerve typically produces:
a. A decrease in the heart rate
b. An increase in the heart rate
c. An increase in stroke volume
d. No change - ANSa. A decrease in the heart rate
What initially causes a chemoreceptor response?
a. Epidurals
b. Supine maternal position
c. Increased CO2 levels
d. Decreased O2 levels
e. A & C
f. A & B
g. C & D - ANSg. C & D
The vagus nerve begins maturation 26 to 28 weeks. Its dominance results in what effect to the FHR baseline?
a. Increases baseline
b. Decreases baseline - ANSb. Decreases baseline
T/F: Oxygen exchange in the placenta takes place in the intervillous space. - ANSTrue
T/F: The parasympathetic nervous system is a cardioaccelerator. - ANSFalse
T/F: Baroreceptors are stretch receptors which respond to increases or decreases in blood pressure. - ANSTrue
T/F: There are two electronic fetal monitoring methods of obtaining the fetal heart rate: the ultrasound transducer and the fetal spiral electrode. - ANSTrue
T/F: Variability can be determined with the fetoscope. - ANSFalse
T/F: Because the ultrasound transducer and toco transducer are sealed units, they can be dipped in warm water to make cleaning easier. - ANSFalse

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q118-Q123):

NEW QUESTION # 118
Fetal heart rate variability results from normal variance in fetal:

- A. R-R intervals
- B. Levels of carbon dioxide
- C. Cardiac responsiveness

Answer: A

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
Variability reflects the interplay of the autonomic nervous system-sympathetic and parasympathetic influences-on the fetal myocardium. NCC defines variability as variation in the R-R intervals on the fetal ECG.
Key points:
* Variability originates from beat-to-beat fluctuations in ventricular depolarization timing.
* These R-R interval changes result from baroreceptor and chemoreceptor responses, vagal modulation, and fetal behavioral states.
* Carbon dioxide levels affect chemoreceptors but do not directly define variability.
Thus, variability is best described as resulting from variance in R-R intervals.
References:NCC C-EFM Candidate Guide; NICHD Definitions; AWHONN Fetal Heart Monitoring Principles & Practices; Menihan Electronic Fetal Monitoring.

NEW QUESTION # 119
(Full question statement)
Recurrent decelerations are defined as occurring with 50% or more of contractions in any window of how many minutes?

- A. 0
- B. 1
- C. 2

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract Without Links:
According to the NCC C-EFM Content Outline and AWHONN Fetal Heart Monitoring Principles, recurrent decelerations are specifically defined as decelerations that occur with #50% of uterine contractions in a
20-30-minute window, but standardized interpretation guidelines used by NCC and ACOG categorize recurrent patterns based on any 30-minute evaluation period.
AWHONN (FHM 6th Ed.) explains that fetal heart patterns must be evaluated over "a sufficiently long segment, typically 30 minutes, to determine whether the pattern is intermittent or recurrent." Menihan & Simpson further emphasize that recurrent decelerations imply a persistent physiologic stressor, requiring systematic evaluation and intrauterine resuscitation. NCC's Candidate Guide ties this rule directly into categorization within Category II and III tracings. Therefore, 30 minutes is the correct standard evaluation interval for determining recurrence.

NEW QUESTION # 120
During amnioinfusion, the infusion should be stopped periodically to assess changes in:

- A. Patient pain level
- B. Baseline uterine pressure
- C. Contraction pattern

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
During amnioinfusion, NCC emphasizes monitoring for uterine overdistention, which can lead to uterine hypertonus, uterine rupture, or placental separation. The primary way to evaluate overdistention is by measuring baseline uterine pressure via IUPC.
* Rising resting tone (>20-25 mmHg) indicates accumulating fluid and risk.
* Stopping the infusion intermittently allows recalibration and assessment of uterine baseline pressure.
* Contraction pattern (option B) is important but not the primary safety parameter.
* Pain (option C) is nonspecific and not a reliable indicator of uterine overdistention.
Thus, the infusion is stopped to assess baseline uterine pressure.
References:NCC C-EFM Candidate Guide; AWHONN Fetal Heart Monitoring Principles & Practices; Miller' s Fetal Monitoring Pocket Guide; Menihan Electronic Fetal Monitoring.

NEW QUESTION # 121
A woman reports 12 fetal movements over one hour. The best recommendation is to:

- A. Administer a nonstress test
- B. Instruct her to count again the next day
- C. Continue to monitor for one hour

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
NCC and AWHONN consider fetal movement counts normal when:
* #10 distinct movements occur within 2 hours
* Or #4 movements in 1 hour for certain protocols
* Or #10 movements in 1 hour (common triage threshold)
This patient reports 12 movements in 1 hour, which is reassuring and requires no further testing.
Thus, recommending she continue daily kick counts at home is appropriate.
Why the other options are incorrect:
* A. NST is not needed because movements are normal.
* B. Continue to monitor is unnecessary; the test is already reassuring.
Correct choice: C. Count again the next day.
References:NCC C-EFM Candidate Guide; AWHONN Fetal Assessment guidelines; Simpson & Creehan.

NEW QUESTION # 122
Interventions to decrease uterine activity should take place:

- A. When labor is in the second stage
- B. After tachysystole has been occurring for at least 30 minutes
- C. If tachysystole is seen for one or two 10-minute segments

Answer: C

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
Tachysystole = >5 contractions in 10 minutes averaged over 30 minutes (NICHD).
However, NCC and AWHONN intervention guidelines state:
* If tachysystole appears in one or two consecutive 10-minute segments, especially with Category II or III patterns, intervention must begin immediately.
* Intervention includes:
* Stopping/reducing oxytocin
* Maternal repositioning
* IV bolus
* Tocolysis if needed
Why the wrong answers are wrong:
* A. Waiting 30 minutes delays necessary fetal resuscitation.
* C. Stage of labor does not determine when to intervene.
Correct answer: B. If tachysystole is seen for one or two 10-minute segments References:NCC C-EFM Candidate Guide;

AWHONN FHMPP; Menihan.

NEW QUESTION # 123
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