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C-EFM Practice Questions

In comparing early and late decelerations, a distinguishing factor between the two is

- A. Onset time to the nadir of the deceleration
- B. The # of decels that occur
- C. Timing in relation to contractions - ANSWER C. Timing in relation to contractions

The underlying cause of early decelerations is decreased

- A. Baroreceptors response
- B. Increased peripheral resistance
- C. Vagal reflex - ANSWER

Betamethasone can increase or decrease FHR - ANSWER Decrease

Following an ultrasound which revealed decreased amniotic fluid, a woman at term is admitted in early labor. It should be recognized that oligohydramnios often results in FHR decels that are

- A. Late in onset or occur after peak of contraction
- B. Synchronous with that of contractions
- C. Varied in depth and duration - ANSWER C. Varied in depth and duration

What do respiratory acidosis and metabolic acidosis have in common? - ANSWER Low pH

Doppler technology use sounds waves to reflect

- A. Electric waves
- B. Movement
- C. Sound - ANSWER B. Movement - Doppler technology uses sound waves to reflect off of anything that moves

Doppler sounds can be deterred by

- A. Poly
- B. Maternal positioning - ANSWER Poly - May scatter sound waves

BPP...if it decreases what is the last item remaining?

- A. breathing
- B. Movement
- C. Tone - ANSWER C. Tone (BPP behaviors disappear in the reverse order in which they appeared)

Fetal tone is the first to develop 7.5-8 weeks

Fetal movement begins at 9 weeks - 3rd to disappear

Fetal breathing becomes regular at 20-21 weeks - 2nd to disappear

Reactivity happens at the end of 2nd beginning of 3rd trimester - first to disappear

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q39-Q44):

NEW QUESTION # 39

This tracing has lasted for 20 minutes in a woman who is 6 cm dilated. The most appropriate intervention is:

- A. Fetal scalp stimulation
- B. Intravenous bolus of D5% Lactated Ringers
- C. Delivery

Answer: A

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

This tracing shows:

- * Baseline approximately 135-140 bpm
- * Minimal variability
- * No accelerations
- * No recurrent decelerations
- * Category II for 20 minutes

According to NCC, AWHONN, and NICHD, minimal variability persisting # 20 minutes without accelerations requires assessment of fetal acid-base status, and fetal scalp stimulation is an accepted method to evaluate fetal well-being when a Category II tracing persists.

Fetal scalp stimulation:

- * Should produce an acceleration # 15 bpm lasting # 15 seconds
- * A positive response indicates intact fetal nervous system and normal pH
- * If no acceleration occurs # further intrauterine resuscitation or expedited delivery may be required Why other options are incorrect:
 - * A. Delivery - Not indicated; this is Category II, not Category III.
 - * C. IV bolus - IV hydration may improve variability, but assessment of fetal status comes first after 20 minutes of minimal variability.

Thus, the correct answer is B. Fetal scalp stimulation.

References:NCC C-EFM Candidate Guide; AWHONN FHMPP; NICHD Three-Tier System; Menihan; Miller's Pocket Guide; Simpson & Creehan.

NEW QUESTION # 40

The pattern on the fetal heart rate tracing shown is likely due to

- A. fetal head compression
- B. placental insufficiency
- C. umbilical cord compression

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract Sources:

The tracing demonstrates an abrupt-onset, sharp, V-shaped deceleration, occurring simultaneously with or slightly after a contraction-classic for variable decelerations, which are caused by umbilical cord compression.

According to AWHONN Fetal Heart Monitoring Principles & Practices, variable decelerations are defined by:

- * "Abrupt decreases in FHR below baseline of at least 15 bpm, lasting at least 15 seconds and less than 2 minutes."
- * "Most commonly associated with umbilical cord compression, whether transient or recurrent." Physiology reference (Simpson & Miller, Pocket Guide):
 - * Compression of the umbilical vein causes a brief acceleration.
 - * Compression of the umbilical arteries triggers a vagal response, producing a rapid deceleration.
 - * This creates the characteristic sharp 'V', 'U', or 'W' shape on the monitor.
- Placental insufficiency (Choice B) produces late decelerations, which are gradual, not abrupt.
- Fetal head compression (Choice A) produces early decelerations, which mirror contractions and have a gradual pattern.

Thus, the tracing is most consistent with variable decelerations caused by umbilical cord compression.

References: AWHONN Fetal Heart Monitoring Principles & Practices; Simpson - Fetal Monitoring; Menihan - Electronic Fetal Monitoring; Miller's EFM Pocket Guide; NCC C-EFM Content Outline - Pattern Recognition Domain.

NEW QUESTION # 41

When evaluating a baseline fetal heart rate change, the fetal heart rate is assessed for a minimum of:

- A. 10 minutes
- B. 30 minutes
- C. 15 minutes

Answer: A

Explanation:

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

NCC and NICHD define baseline FHR as the mean FHR rounded to increments of 5 bpm during a minimum of a 10-minute window, excluding:

- * Accelerations
- * Decelerations
- * Marked variability

If a segment shorter than 10 minutes is used, it cannot be called a "baseline".

Thus the required minimum is 10 minutes.

References: NICHD Definitions; NCC C-EFM Candidate Guide; AWHONN; Miller's Pocket Guide.

NEW QUESTION # 42

A woman at 38-weeks gestation is admitted to labor and delivery following a fall down the stairs three hours ago. She started feeling contractions in the ambulance. The fetal heart rate tracing shown is on initial evaluation and represents 25 minutes. This tracing is most consistent with a

□

- A. category I tracing
- B. category II tracing
- C. category III tracing

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract without any URL or Links According to the NCC C-EFM 2025 Candidate Guide, Pattern Recognition and Intervention requires the candidate to classify fetal heart rate (FHR) patterns using the NICHD 2008 three-tier system, which NCC endorses across all recommended resources (AWHONN Fetal Heart Monitoring Principles and Practices, Menihan Electronic Fetal Monitoring, Simpson & Creasy, Miller's Pocket Guide).

A Category II tracing is defined as "indeterminate" and includes any FHR pattern that is not Category I and not Category III. NCC references indicate that Category II may include:

- * Minimal or marked variability
- * Absence of accelerations after fetal stimulation
- * Recurrent variable decelerations with moderate variability
- * Prolonged decelerations lasting 2-10 minutes
- * Baseline tachycardia or bradycardia without absent variability

In the tracing provided:

- * The baseline FHR is approximately 135-145 bpm, within normal limits.
- * Moderate variability is not consistently present; variability is borderline minimal-moderate at times.
- * No significant accelerations are seen over the 25-minute evaluation period.
- * No recurrent late or prolonged decelerations are present.
- * There are occasional subtle variable-type dips, but not enough to meet criteria for Category III.

NCC-endorsed texts (such as AWHONN and Menihan) state that a tracing with minimal variability for less than 40 minutes and without recurrent decelerations is Category II, as it fails to meet the requirements for Category I (must have moderate variability and accelerations absent decelerations) and lacks the criteria for Category III (must have absent variability with recurrent late decels, recurrent variable decels, bradycardia, or sinusoidal pattern).

Therefore, this pattern is indeterminate, consistent with Category II, and requires continued surveillance and evaluation, which aligns with NCC-recommended clinical decision-making competencies.

NEW QUESTION # 43

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

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

Answer: C

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 # 44

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