

# 100% Pass Quiz 2026 Professional NCC EFM: Certified - Electronic Fetal Monitoring Test Cram Review

## NCC Electronic Fetal Monitoring Certification

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 its heart rate.
- c. Increases cardiac output by increasing fetal movement. - ANSb. Increases cardiac output by increasing its 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 CO<sub>2</sub> levels
- d. Decreased O<sub>2</sub> 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

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## NCC Certified - Electronic Fetal Monitoring Sample Questions (Q109-Q114):

### NEW QUESTION # 109

A sentinel or reportable event as defined by the Joint Commission or other regulatory bodies/agencies is one that

- A. must involve malpractice or negligence
- B. requires investigation and response
- C. requires mandatory education for providers

**Answer: B**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources Sentinel events are defined by the Joint Commission as unexpected occurrences involving death, serious physical or psychological injury, or the risk thereof, and they require immediate investigation, root-cause analysis, and institutional response. They do not require confirmed malpractice or negligence.

AWHONN's perinatal safety guidelines and NCC's Professional Issues domain specify that sentinel events trigger mandatory reporting, analysis, system review, and corrective action plans. Simpson & Creehan emphasize that they are addressed through standardized safety processes, including interdisciplinary review.

Miller's Pocket Guide notes that sentinel events are "events that require immediate investigation to prevent recurrence," aligning with answer choice B.

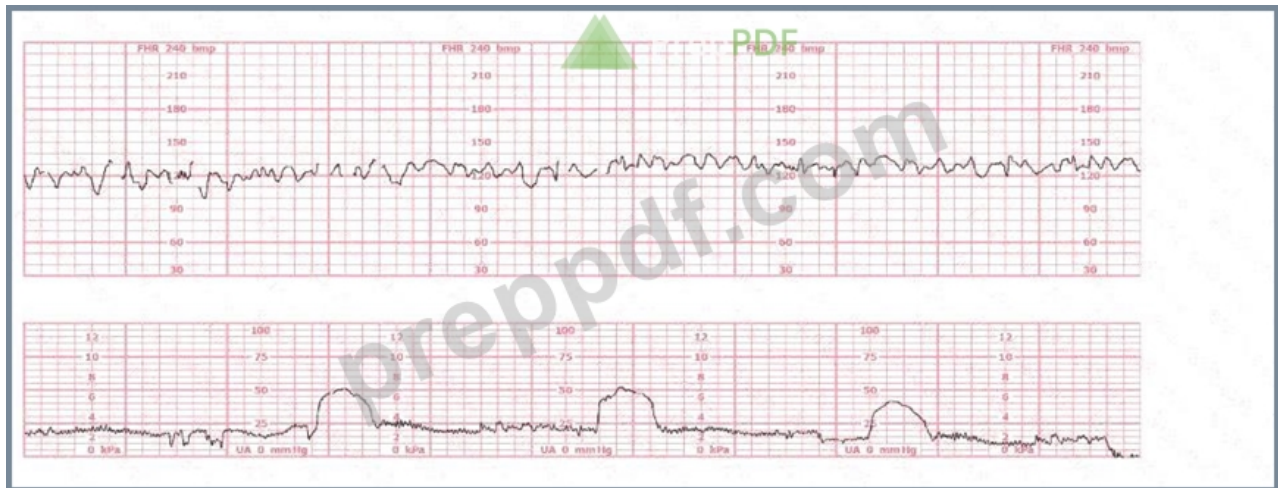
References:

AWHONN - Perinatal Safety Guidelines  
NCC - C-EFM Content Outline (Professional Issues)  
Simpson & Creehan - Perinatal Nursing  
Menihan - EFM Professional Standards Chapter  
Miller's Pocket Guide

### NEW QUESTION # 110

A woman at 34-weeks gestation is in active labor after spontaneous rupture of membranes.

Accelerations should be documented as



- A. present 10×10
- B. absent
- C. present 15×15

**Answer: A**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract (No URLs)

For fetuses before 32-34 weeks, the National Certification Corporation (NCC) follows the physiologic standards established by AWHONN, Simpson & Creehan, Menihan, and Creasy & Resnik, which emphasize that preterm fetuses have less mature autonomic nervous system development, resulting in smaller and shorter accelerations.

According to the NCC C-EFM Exam Content Outline (Pattern Recognition & Intervention) and the AWHONN Fetal Heart

Monitoring Principles (2022-2024):

- \* Preterm fetuses (<32 weeks) normally demonstrate 10 bpm × 10 sec accelerations.
- \* By approximately 32-34 weeks, accelerations may begin transitioning toward 15×15, but the accepted standard for documentation at 34 weeks remains 10×10, unless clearly meeting 15×15 criteria.
- \* NCC emphasizes using gestational-age-appropriate criteria for documenting accelerations, because autonomic reactivity increases gradually and is not fully comparable to term until after 32-34 weeks.

Menihan's Electronic Fetal Monitoring also states that preterm fetuses "should be evaluated with the 10×10 rule until it is clear that the fetus is demonstrating mature 15×15 acceleratory capacity." Simpson & Creehan reinforce this point, noting that accelerations in late preterm gestations "may not consistently reach 15 bpm for 15 seconds, and thus 10×10 remains the appropriate designation." Since the patient is 34 weeks, the fetus is late-preterm and may not reliably meet the full 15×15 criteria; therefore, the correct documentation standard remains 10×10.

Thus, accelerations should be charted as:

"Present 10×10."

References

- \* NCC C-EFM Candidate Guide 2025 - Content Domain: Pattern Recognition and Intervention
- \* AWHONN Fetal Heart Monitoring Principles & Practices, 2022-2024
- \* Menihan: Electronic Fetal Monitoring: Concepts and Applications
- \* Simpson & Creehan: Perinatal Nursing
- \* Miller: Fetal Monitoring Pocket Guide
- \* Creasy & Resnik: Maternal-Fetal Medicine

### NEW QUESTION # 111

The fetal heart rate baseline is

- A. documented in a 15 beats per minute range
- B. normally between 110 and 170 beats per minute
- C. established between periodic and episodic changes

**Answer: C**

Explanation:

Comprehensive and Detailed Explanation (From NCC C-EFM-Referenced Sources) The NCC C-EFM exam outline, along with AWHONN and Miller's Pocket Guide, define baseline fetal heart rate as the mean FHR rounded to increments of 5 bpm, measured over a 10-minute window, excluding:

- \* accelerations
- \* decelerations
- \* periods of marked variability
- \* any segments differing by >25 bpm

This aligns with ACOG, AWHONN, and Simpson's interpretation standards.

Option A is incorrect: the baseline is not documented as a 15-bpm range; it is documented as a single value (e.g., 140 bpm).

Option C is incorrect: the correct NCC/ACOG standardized normal baseline is 110-160 bpm, not 170.

Exact Extract Concepts Referenced:

- "Baseline is determined over a 10-minute period excluding periodic or episodic changes." (AWHONN FHR Principles)
- "Baseline is the mean FHR rounded to 5-bpm increments." (Miller's Pocket Guide)
- "Normal baseline is 110-160 bpm." (Simpson & Menihan; Creasy & Resnik)

### NEW QUESTION # 112

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



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

**Answer: B**

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 # 113

Fetal respiratory acidosis is most likely to present with which of the following fetal heart rate decelerations?



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

**Answer: B**

Explanation:

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

NCC and AWHONN physiology teachings:

- \* Variable decelerations caused by cord compression lead to:
- \* Transient interruption of umbilical venous flow
- \* Impaired fetal gas exchange
- \* Acute rise in CO<sub>2</sub>
- \* Respiratory acidosis (early phase of hypoxemia)

This is well documented:

- \* Early decelerations # head compression # NOT associated with acidemia.
- \* Late decelerations # uteroplacental insufficiency # metabolic acidosis, not respiratory.

Thus:

- \* Variable decelerations # respiratory acidosis
- \* Late decelerations # metabolic acidosis

Correct answer: C. Variable

References: NCC Physiology Domain; AWHONN FHMPP; Menihan EFM; Simpson & Creehan; Creasy & Resnik.

## NEW QUESTION # 114

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