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1. FHR pattern likely to develop w/severe fetal anemia? - ANSWER ✓ sinusoidal
2. marked variability is mediated by? - ANSWER ✓ adrenergic activity
3. during 1st stage of labor for women w/ no risk factors, efm should be reviewed every? - ANSWER ✓ 30 min.
4. during 1st stage of labor for women w/complications, EFM should be reviewed every? - ANSWER ✓ 15 min.
5. during 2nd stage labor for women requiring oxytocin, EFM should be reviewed every? - ANSWER ✓ 5 min.
6. in any 10 minute sequence of FHR tracing, minimum baseline duration must be at least? - ANSWER ✓ 2 min.
7. if baseline FHR is indeterminate, refer to prior? - ANSWER ✓ 10 min. window
8. Baseline FHR variability is classified as? - ANSWER ✓ absent, minimal, moderate, marked
9. primary goal in treatment of late decels? - ANSWER ✓ maximize uteroplacental blood flow

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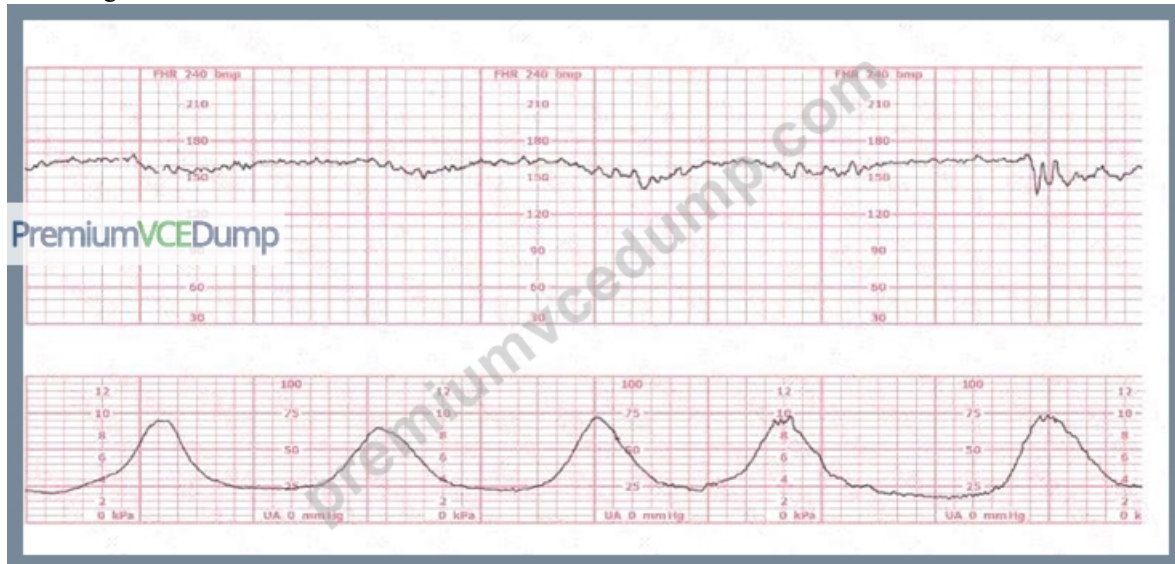
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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q47-Q52):

NEW QUESTION # 47

The tracing shown is a:



- A. Category II
- B. Category III
- C. Category I

Answer: A

Explanation:

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

The tracing demonstrates:

- * Baseline: approx. 140 bpm
- * Variability: minimal-to-moderate (fluctuating but not consistently moderate)
- * Decelerations: shallow variable decelerations
- * Accelerations: not consistently present

According to NICHD/NCC definitions:

Category I requires ALL of the following:

- * Baseline 110-160
- * Moderate variability
- * No late or variable decelerations
- * Early decels and accelerations may be present

This tracing does not have consistently moderate variability and does have variable decelerations, so it is not Category I.

Category III requires ANY of the following:

- * Absent variability with recurrent late decels
- * Absent variability with recurrent variable decels
- * Absent variability with bradycardia
- * Sinusoidal pattern

This tracing does not show absent variability, bradycardia, or recurrent significant lates.

Category II includes:

- * Minimal variability
- * Absence of accelerations
- * Variable decelerations
- * Tracings not clearly Category I or III

This strip fits Category II exactly due to minimal variability + intermittent variable decelerations.

Thus, the correct classification is Category II.

References: NCC C-EFM Candidate Guide; NICHD Three-Tier Interpretation System; AWHONN Fetal Heart Monitoring

NEW QUESTION # 48

Fetal supraventricular tachycardia will often appear on the monitor as

- A. half the actual rate
- B. artifact
- C. the same rate as the maternal pulse

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources NCC-recommended fetal assessment texts emphasize that external Doppler ultrasound may undercount very rapid fetal arrhythmias such as fetal supraventricular tachycardia (SVT). Because Doppler detects mechanical motion rather than electrical activity, the device may record only every other cardiac contraction

, a phenomenon known as "half-counting."

Menihan's Electronic Fetal Monitoring explains that with SVT-often exceeding 200 to 260 bpm-the monitor "may display a fetal heart rate at approximately half the true atrial rate." AWHONN teaching materials affirm that rapid, regular tachyarrhythmias may appear deceptively slower on the external monitor due to Doppler under-sampling. Simpson & Creehan note that half-counting is a recognized technical limitation and may cause clinicians to miss true tachyarrhythmias if internal monitoring is not applied.

In contrast, artifact displays irregular, inconsistent, and non-physiologic deflections. Matching the maternal pulse suggests maternal heart rate misinterpretation, not SVT.

Miller's Pocket Guide also highlights that half-counting is "commonly seen in fetal SVT when using external Doppler due to failure to detect each rapid contraction." Therefore, fetal SVT most commonly appears as half the actual rate on an external fetal monitor.

References:

AWHONN - Fetal Heart Monitoring Principles & Practices
Menihan - Electronic Fetal Monitoring
Simpson & Creehan - Perinatal Nursing
Creasy & Resnik - Maternal-Fetal Medicine
Miller's Pocket Guide

NEW QUESTION # 49

A fetal heart rate pattern characteristic of fetal neurological injury and impending intrapartum fetal demise is:

- A. Wandering baseline
- B. Marked variability
- C. Recurrent late decelerations

Answer: A

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

A wandering baseline is:

- * A slow, fluctuating baseline
- * Low amplitude
- * No variability
- * No accelerations

* Indicative of severe fetal neurologic injury and terminal fetal status NCC and AWHONN describe wandering baseline as a preterminal pattern.

Why the other answers are wrong:

- * A. Marked variability # often transient and not associated with demise.
 - * B. Recurrent lates # concerning but not a neurological-injury pattern unless variability absent.
- Correct answer: C. Wandering baseline.

References:NCC Pattern Recognition; AWHONN FHMPP; Menihan; Simpson & Creehan.

NEW QUESTION # 50

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 # 51

A reliable indicator of fetal oxygenation is fetal

- A. heart rate accelerations
- B. regular sleep-wake cycles
- C. movement

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources AWHONN and NICHD definitions state that fetal accelerations are a strong indicator of adequate fetal oxygenation and neurologic integrity. Accelerations reflect intact sympathetic and parasympathetic balance and adequate oxygen reserve.

Simpson & Creehan emphasize accelerations as "the most reliable sign of fetal well-being," because they require intact autonomic function, sufficient pH, and adequate oxygenation. Menihan also identifies accelerations as the most reassuring feature on a fetal heart tracing.

Fetal movement is helpful but not directly reflective of oxygenation, as movements can decline for non-hypoxic reasons (sleep cycles, maternal sedation). Regular sleep-wake cycles are normal developmental neurologic patterns and not oxygenation markers.

Creasy & Resnik reinforce that "presence of accelerations reliably indicates absence of metabolic acidemia." References:

AWHONN - Fetal Heart Monitoring Principles & Practices
Simpson & Creehan - Perinatal Nursing
Menihan - Electronic Fetal Monitoring
Creasy & Resnik - Maternal-Fetal Medicine
Miller's Pocket Guide

NEW QUESTION # 52

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