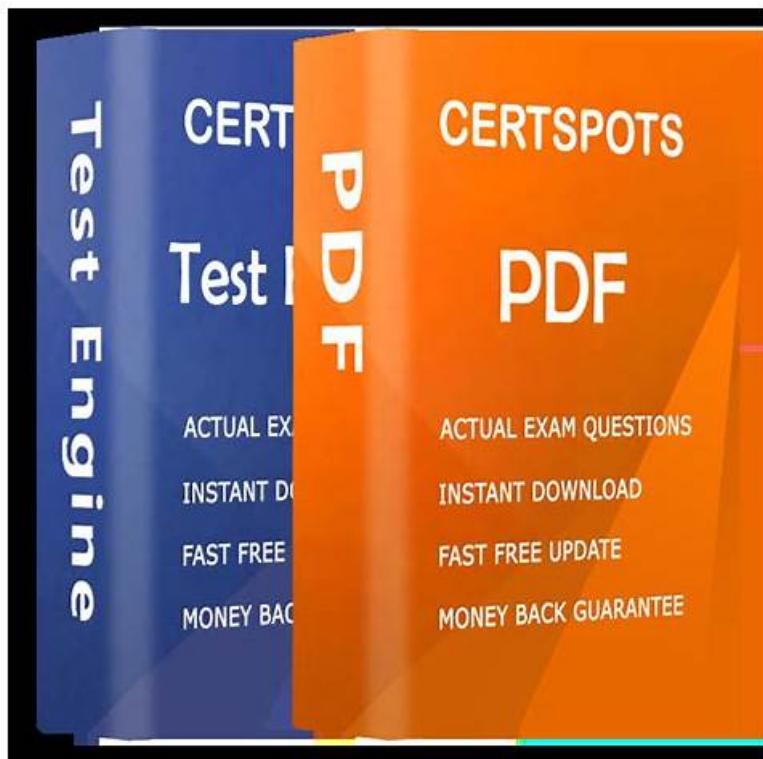


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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q103-Q108):

NEW QUESTION # 103

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

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

Answer: A

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 # 104

A woman in labor has been pushing for 4 hours. For the last 2 hours, there have been recurrent variable decelerations. Variability has evolved from moderate to minimal. Cervical exam is 10/100%
/+2, fetal head OP. There has been no fetal descent for the last 45 minutes. Based on the tracing shown, the most reasonable approach is

- A. vacuum-assisted vaginal birth
- B. continued pushing
- C. cesarean birth

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract (NCC-Referenced Sources) According to the NCC C-EFM Exam Outline and AWHONN Fetal Heart Monitoring (5th & 6th ed.), recurrent variable decelerations with progressive reduction in variability reflect worsening fetal hypoxia, especially when coupled with prolonged second stage and arrest of descent.

AWHONN and Menihan both state that:

- * "Minimal variability with recurrent decelerations indicates inability of the fetus to maintain adequate oxygenation."
- * "Failure of descent in second stage with non-reassuring patterns requires operative delivery." Creasy & Resnik emphasize that operative vaginal birth requires:

- (1) fetal head at +2 station or below,
- (2) favorable position,
- (3) reassuring fetal status.

Here, the fetus is OP, descent has arrested, and FHR is non-reassuring. This contraindicates vacuum extraction.

Therefore, the appropriate management under NCC competencies is cesarean birth.

NEW QUESTION # 105

A woman at 41-weeks gestation is being induced. She is 2 cm dilated and is on oxytocin at 8 milliunits/minute. Based on the fetal heart rate tracing shown, the best initial response is to:

- A. Decrease the oxytocin
- B. Continue to observe
- C. Place a fetal spiral electrode

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
The tracing shows tachysystole with emerging late decelerations and minimal variability:

* 5 contractions in 10 minutes

- * Deceleration nadirs occur after the peak of the contraction (late pattern)
- * Variability begins to trend toward minimal
- * The tracing has deteriorated while on oxytocin 8 mU/min, a common threshold for overstimulation NCC and AWHONN emphasize that when tachysystole occurs with any fetal intolerance, the first action is to reduce or stop oxytocin.

Key NCC principles:

- * Late decelerations + tachysystole = uteroplacental insufficiency caused by excessive uterine activity
- * Interventions:
 - * Stop or reduce oxytocin
 - * Maternal repositioning
 - * IV fluid bolus
 - * Possible oxygen if other measures fail

Why the other options are incorrect:

- * A. Continue to observe - not acceptable with late decels + tachysystole.
- * C. Place a spiral electrode - this corrects signal quality, not uterine overstimulation or fetal oxygenation.

Thus, the best initial response is B. Decrease the oxytocin.

References:NCC C-EFM Candidate Guide; AWHONN Fetal Heart Monitoring Principles & Practices; NICHD Definitions; Miller & Menihan EFM texts; Simpson & Creehan; Creasy & Resnik.

NEW QUESTION # 106

A woman with hypertension at 38-weeks gestation has a biophysical profile. The result is 4/10 with decreased amniotic fluid volume. The next step should be to:

- A. Discharge home on bedrest
- B. Repeat the biophysical profile in 24 hours
- **C. Admit for delivery**

Answer: C

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned BPP Management Standards: NCC, AWHONN, and maternal-fetal medicine guidelines state:

- * A BPP score of 4/10 at term is abnormal.
- * A low score indicates hypoxia-related CNS suppression.
- * Oligohydramnios is an additional high-risk finding, especially in hypertension.
- * At # 37 weeks, a BPP score of # 4/10 warrants immediate delivery.

Repeating the test is acceptable at preterm gestations (e.g., < 32-34 weeks), but not at 38 weeks.

Why the other answers are incorrect:

- * B. Discharge home - Contraindicated with abnormal BPP.
- * C. Repeat in 24 hours - Not recommended at term with a score of 4.

Correct answer: A. Admit for delivery

References:NCC C-EFM Candidate Guide; AWHONN FHMP; Creasy & Resnik MFM; Simpson & Creehan; Menihan.

NEW QUESTION # 107

A woman at 36-weeks gestation comes in because of uterine contractions radiating to the back. She has no insurance. In accordance with the Emergency Medical Treatment and Active Labor Act (EMTALA), she is obligated to be:

- A. Admitted without delay
- **B. Stabilized and receive a medical screening examination**
- C. Transferred to a safety-net hospital

Answer: B

Explanation:

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

NCC's Professional Issues domain includes EMTALA obligations for pregnant patients. EMTALA requires that ANY individual who presents to a hospital emergency department-regardless of insurance status- must receive:

- * A Medical Screening Examination (MSE)
- * Stabilization of any identified emergency medical condition (including labor)
- * No transfer unless the patient requests it or the hospital cannot provide necessary stabilizing care

This patient reports contractions

at 36 weeks, which qualifies as a potential emergency medical condition until ruled out by the medical screening exam. Correct obligations per EMTALA:

- * She must NOT be transferred solely due to lack of insurance (option C).
- * She does NOT need to be admitted unless labor is confirmed (option A).
- * She must receive a medical screening examination and stabilization (option B).

Thus, the correct answer is B. Stabilized and receive a medical screening examination.

References:NCC C-EFM Candidate Guide (Professional Issues); EMTALA Statutory Requirements; AWHONN Fetal Heart Monitoring Principles & Practices.

NEW QUESTION # 108

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