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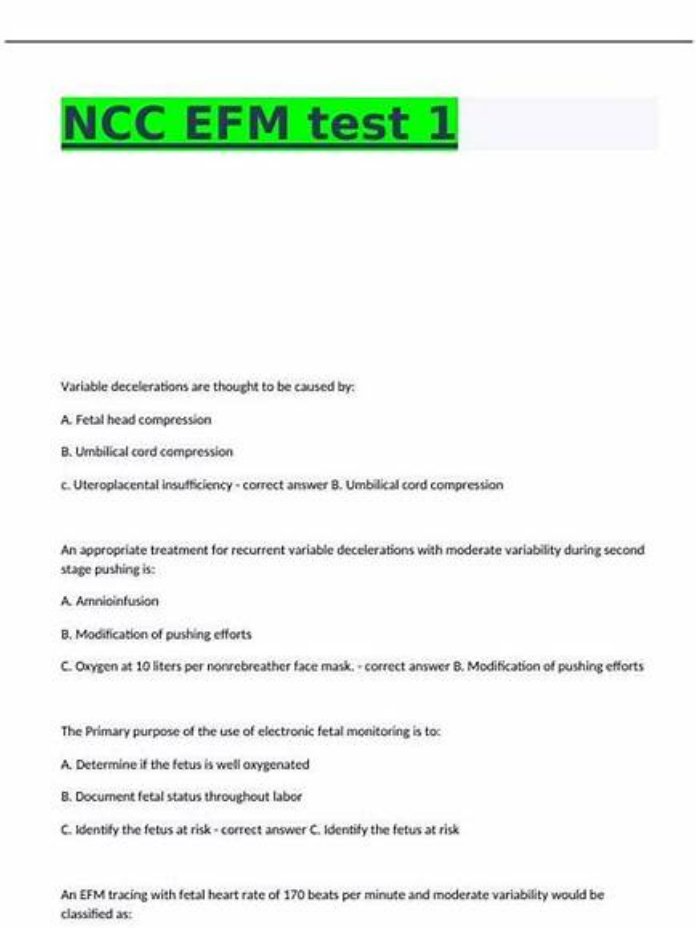

NCC EFM test 1

Variable decelerations are thought to be caused by:

A. Fetal head compression

B. Umbilical cord compression

c. Uteroplacental insufficiency - correct answer B. Umbilical cord compression

An appropriate treatment for recurrent variable decelerations with moderate variability during second stage pushing is:

A. Amnioinfusion

B. Modification of pushing efforts

C. Oxygen at 10 liters per nonrebreather face mask. - correct answer B. Modification of pushing efforts

The Primary purpose of the use of electronic fetal monitoring is to:

A. Determine if the fetus is well oxygenated

B. Document fetal status throughout labor

C. Identify the fetus at risk - correct answer C. Identify the fetus at risk

An EFM tracing with fetal heart rate of 170 beats per minute and moderate variability would be classified as:

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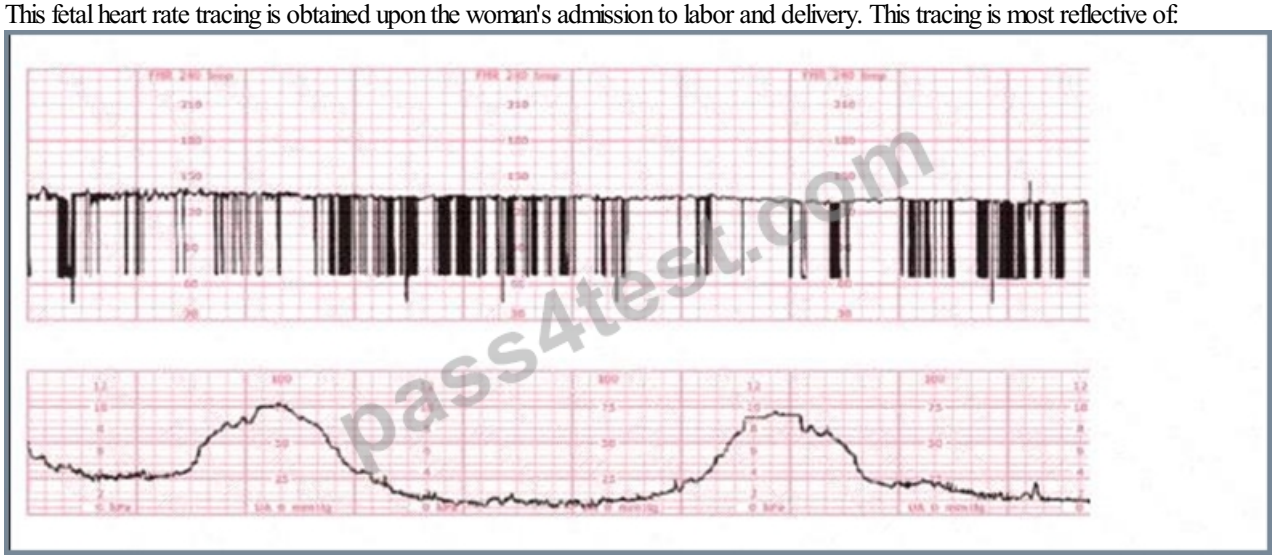
NCC Certified - Electronic Fetal Monitoring Sample Questions (Q80-Q85):

NEW QUESTION # 80
This fetal heart rate tracing is obtained upon the woman's admission to labor and delivery. This tracing is most reflective of:



- A. Complete heart block
- B. Atrial flutter
- C. Fetal dysrhythmia

Answer: C

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
When evaluating an admission tracing, NCC emphasizes determining whether the pattern represents baseline variability abnormalities, signal artifact, or an underlying fetal cardiac rhythm disturbance. The strip shown contains clear features of a fetal dysrhythmia, which NCC and AWHONN describe as an irregular rhythm characterized by inconsistent R-R intervals or intermittent missed beats.
Key features in this tracing:
* Extremely irregular FHR signalThe pattern shows abrupt vertical spikes, inconsistent spacing, and intermittent loss of coherent waveform. NCC teaches that this appearance is typical of irregular ventricular conduction or premature atrial/ventricular contractions.
* Wide variability in beat spacingBeat intervals vary significantly, suggesting ectopic beats or conduction abnormalities rather than a stable rhythm such as heart block or atrial flutter.
* Sensor not malfunctioningThe lower uterine activity channel is smooth and consistent, meaning the upper channel's abrupt changes represent true FHR signal irregularity, not artifact.
Why the incorrect answers are ruled out:
A). Atrial flutter - NOT supported
* Atrial flutter produces a very fast, regular atrial rate (typically 300 bpm) with a repetitive saw-tooth pattern.
* It does not produce the highly irregular beat-to-beat pattern seen here.
* FHR in atrial flutter appears more organized, not chaotic.
B). Complete heart block - NOT supported
* Complete heart block (third-degree AV block) produces a very slow, regular ventricular rate, commonly 50-70 bpm, with a dissociation between atrial and ventricular rhythms.
* The tracing here does not show a slow, steady baseline.
* Instead, the rhythm is highly irregular with spikes and losses-not characteristic of AV block.
C). Fetal dysrhythmia - CORRECT
* NCC, AWHONN, Miller, and Menihan describe fetal dysrhythmias as:"Irregular, inconsistent FHR patterns due to premature atrial contractions (PACs), premature ventricular contractions (PVCs), or intermittent conduction disturbances."
* The hallmark is an irregular rhythm, often appearing as abrupt spikes or missing beats on the monitor.
* The tracing shown matches these characteristics precisely.
Therefore, the tracing is most consistent with fetal dysrhythmia, typically benign PACs/PVCs, and is the correct answer.
References:NCC C-EFM Candidate Guide (2025); NCC Content Outline; 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 # 81
A woman at 39-weeks gestation is being induced. She has chronic hypertension controlled by methyldopa (Aldomet). Spontaneous rupture of membranes has occurred; she is 10 cm dilated and at +1 station. The fetal monitor tracing shown is obtained by spiral electrode and tocodynamometer. The next best appropriate action is to:

- A. Modify pushing
- B. Consider amnioinfusion
- C. Administer terbutaline

Answer: A

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
The tracing shows recurrent variable decelerations deepening during contractions as the patient is fully dilated and at +1 station.
NCC's Pattern Recognition and Intervention framework states:
* During second stage (complete dilation), variable decelerations commonly occur from cord compression caused by head descent and maternal pushing efforts.
* The FIRST correction for pushing-associated recurrent variable decelerations is modifying the pushing technique:
* Side-lying pushing
* Pushing with every other contraction
* Open-glottis pushing
* Allowing passive descent
These measures relieve head compression and reduce the severity of variable decelerations.
Why the other answers are incorrect
A). Administer terbutaline
* Terbutaline is given for tachysystole with fetal intolerance.
* This tracing does not show tachysystole.
* The pattern is timing-related to pushing, not uterine overstimulation.
B). Consider amnioinfusion
* Amnioinfusion is used for recurrent variable decelerations before complete dilation, when membrane rupture + low fluid is suspected.
* At 10 cm and +1, the fetal head is deep in the pelvis, and the cause of variables is head compression, not cord compression due to oligohydramnios.
* Also, amnioinfusion is impractical and not beneficial at this stage.
Therefore, the correct answer is C. Modify pushing.
References:NCC C-EFM Candidate Guide; NCC Content Outline; AWHONN Principles & Practices; Miller' s Fetal Monitoring Pocket Guide; Menihan Electronic Fetal Monitoring; Simpson & Creehan; Creasy & Resnik.

NEW QUESTION # 82
When a difference in interpretation occurs over a non-emergent electronic fetal heart rate tracing, the first step toward resolution is to:

- A. Document the incident in the medical record

- B. Have the involved clinicians review the tracing together
- C. Follow the chain of command

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
NCC's Professional Issues domain emphasizes communication, collaboration, and team-based interpretation of electronic fetal monitoring tracings.
For non-emergent differences in interpretation, the first step is:
* Discussion and joint review of the tracing by the involved clinicians.
Only if disagreement persists should the chain of command be used. Documentation occurs after consensus or escalation-not as the first step.
Thus, the appropriate first step is C. Have the involved clinicians review the tracing together.
References:NCC C-EFM Candidate Guide; AWHONN Standards for Professional Fetal Monitoring Practice; TeamSTEPPS principles.

NEW QUESTION # 83
(Full question)
Spontaneous fetal heart rate accelerations indicate

- A. dominance of the fetal sympathetic nervous system
- B. integrated response of the fetal central nervous system
- C. immaturity of the fetal parasympathetic nervous system

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract (No URLs):
NCC references (AWHONN, Menihan, Simpson, Creasy & Resnik) consistently state that fetal accelerations are a reassuring sign of intact neurologic function. Accelerations represent the interaction of both the sympathetic and parasympathetic branches moderated through the central nervous system, reflecting effective autonomic regulation.
AWHONN specifically describes fetal accelerations as:
* A maturity marker of CNS function,
* Reflecting vigorous fetal movement,
* Demonstrating adequate oxygenation,
* Indicating a well-oxygenated brainstem and cortex.
Simpson & Miller emphasize that accelerations require both systems to be functioning and respond appropriately, which confirms CNS integration, not sympathetic or parasympathetic dominance alone.
Therefore, spontaneous accelerations indicate an integrated CNS response, making Option C the correct NCC-aligned answer.

NEW QUESTION # 84
When evaluating a baseline fetal heart rate change, the fetal heart rate is assessed for a minimum of:

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

Answer: B

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 # 85
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