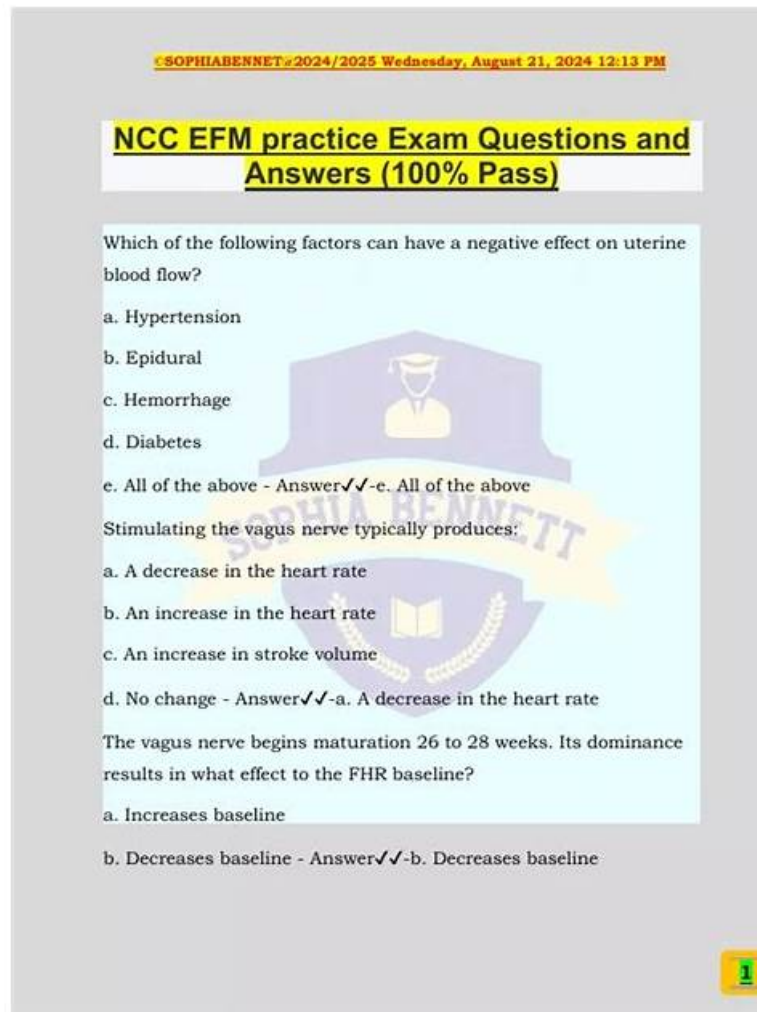


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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q82-Q87):

NEW QUESTION # 82

When fetal arterial blood pressure increases, the baroreceptors send impulses to the vagus nerve resulting in:

- A. Decreased PO#
- **B. Decreased heart rate**
- C. Reflex tachycardia

Answer: B

Explanation:

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

Fetal baroreceptors, located primarily in the carotid sinus and aortic arch, respond to increases in fetal arterial pressure. When activated, they stimulate the vagus nerve, causing:

* Reflex parasympathetic activation

* Decreased FHR (vagal slowing)

This is a well-established physiologic mechanism referenced throughout NCC's physiology domain. NCC emphasizes that variable decelerations, especially short deep drops, can occur when transient increases in fetal blood pressure from cord compression activate these baroreceptors.

Option B, decreased PO#, relates to chemoreceptor-mediated responses-not baroreceptors.

Option C, reflex tachycardia, is mediated by sympathetic activation and occurs when BP falls, not rises.

Thus, the correct physiologic response is A. Decreased heart rate.

References: NCC C-EFM Candidate Guide (2025); NCC Content Outline (Physiology Domain); AWHONN Fetal Heart Monitoring; Menihan Electronic Fetal Monitoring; Creasy & Resnik Maternal-Fetal Physiology; Simpson & Creehan Perinatal Nursing.

NEW QUESTION # 83

The fetal heart rate tracing shown is consistent with

□

- A. half counting
- **B. supraventricular tachycardia**
- C. artifact

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources The tracing demonstrates a very rapid, highly regular baseline fetal heart rate with minimal beat-to-beat variability-characteristic of fetal supraventricular tachycardia (SVT). NCC-recommended references, including AWHONN's Fetal Heart Monitoring Principles & Practices, Menihan's Electronic Fetal Monitoring: Concepts and Applications, Simpson & Creehan's Perinatal Nursing, and Creasy & Resnik's Maternal-Fetal Medicine all describe fetal SVT as a sustained tachyarrhythmia usually greater than 200 bpm

, narrow-complex, and extremely regular in appearance.

AWHONN teaches that SVT appears as a "tight, rapid, uniform baseline with minimal variability." Menihan states that "SVT may present on EFM as a nearly straight line due to the rapid, consistent rate with micro- oscillations." This differs significantly from artifact, which appears disorganized, erratic, and inconsistent in amplitude. Additionally, "half-counting" is a Doppler misinterpretation that records half of an extremely fast fetal rate, usually resulting in a falsely lower heart rate-not the very rapid tracing shown here.

Creasy & Resnik emphasize that SVT is the most common pathological fetal arrhythmia and can lead to fetal compromise if prolonged, making accurate recognition essential. Miller's Pocket Guide to Fetal Monitoring also identifies SVT as a pattern with a "smooth, fast rhythm lacking normal variability." All authoritative NCC-recommended references support that this EFM pattern is consistent with fetal SVT, not artifact or half-counting.

References:

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

NEW QUESTION # 84

A nulliparous woman at term presents with leaking fluid. Rupture of membranes confirmed. After 6 hours she is completely dilated,

+2 station, has been pushing 2 hours with oxytocin at 10 mU/min. The fetal tracing is shown. What is the next step in management?

- A. Decrease oxytocin
- **B. Expedite birth**
- C. Continue pushing for another hour

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract Without Any URLs or Links:

According to the NCC C-EFM 2025 Exam Content Outline and recommended references such as AWHONN Fetal Heart Monitoring Principles, Simpson & Miller (Fetal Monitoring Text), and Menihan's EFM Guide, recurrent variable or late decelerations with minimal or moderate variability during the second stage of labor-particularly when the patient has been pushing for #2 hours-indicate progressive fetal intolerance of labor.

AWHONN states that when the fetal tracing displays recurrent variable decelerations with ongoing stress from long second stage, the recommended intervention is operative or expedited vaginal birth, provided the fetal station is at +2 or lower. AWHONN and Simpson emphasize that reducing oxytocin is insufficient when the tracing demonstrates ongoing significant decelerations during active pushing with adequate descent.

The NCC blueprint within Pattern Recognition & Intervention emphasizes:

- * Identifying worsening recurrent decelerations
- * Acting when fetal tolerance is decreasing
- * Prioritizing timely intervention when the second stage exceeds standard limits with a non-reassuring tracing Because she is fully dilated, vertex at +2, and tracing shows recurrent decelerations during pushing, the evidence-based next step is expediting birth, typically via operative vaginal delivery.

References:AWHONN Fetal Heart Monitoring Principles & PracticesSimpson & Miller: Fetal MonitoringMenihan: Electronic Fetal MonitoringNCC C-EFM Exam Content Outline 2025

NEW QUESTION # 85

A fetus displays a baseline heart rate of 125 beats per minute with moderate variability. During a contraction, the baseline rate drops abruptly to 80 beats per minute with gradual return to baseline over 90 seconds. This is classified as:

- A. Prolonged deceleration
- B. Early deceleration
- **C. Variable deceleration**

Answer: C

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

NICHD definitions:

A variable deceleration is identified by:

- * Abrupt onset(drop from baseline to nadir in <30 seconds)
- * Depth #15 bpm
- * Duration #15 seconds and <2 minutes
- * Variable timing relative to contractions
- * Variable shape (sharp drop, jagged descents, rapid recovery)

The scenario describes:

- * Abrupt drop from 125 # 80 bpm (rapid onset)
- * Lasting 90 seconds (still <2 minutes)
- * Gradual return but still within variable range
- * Occurring during a contraction
- * Depth >15 bpm

This meets ALL criteria for a variable deceleration.

Why the other options are wrong:

- * A. Early deceleration
- * Requires gradual onset (>30 seconds).
- * Mirrors contraction shape.
- * Caused by head compression.
- * This decel is abrupt, so NOT early.
- * B. Prolonged deceleration

* Requires #2 minutes and <10 minutes.

* This decel lasts 90 seconds, which is below the threshold.

Correct classification: Variable deceleration.

References: NICHD FHR Definitions; NCC Pattern Recognition Domain; AWHONN FHMPP; Menihan; Simpson & Creehan.

NEW QUESTION # 86

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

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

Answer: C

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 # 87

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