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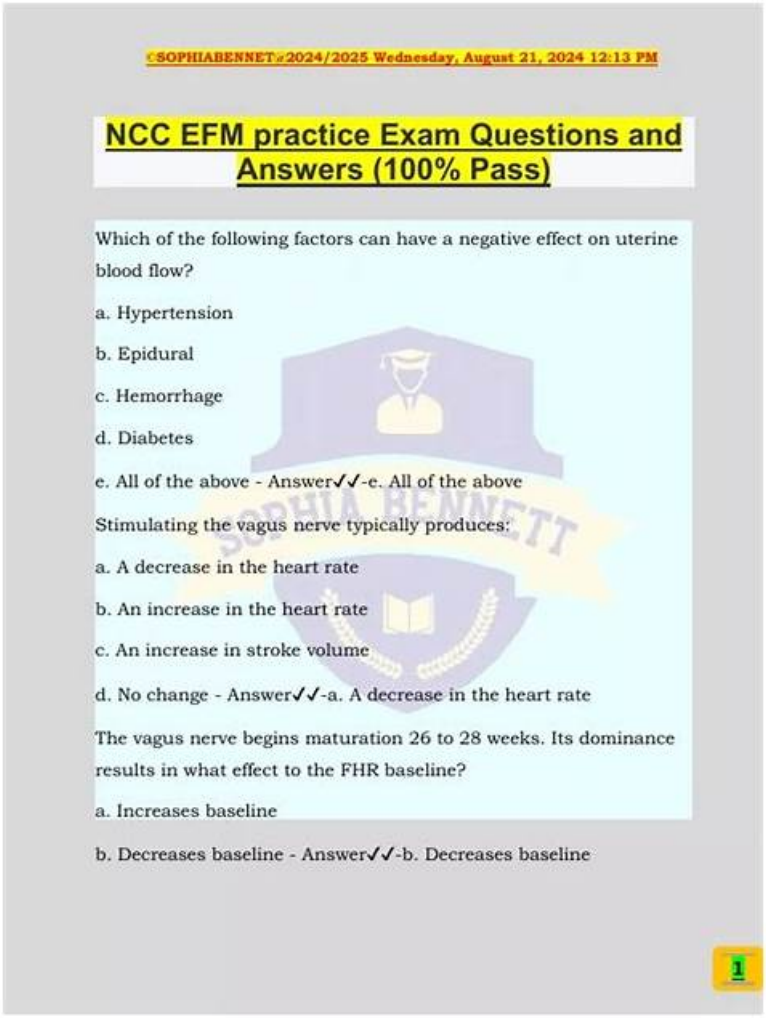


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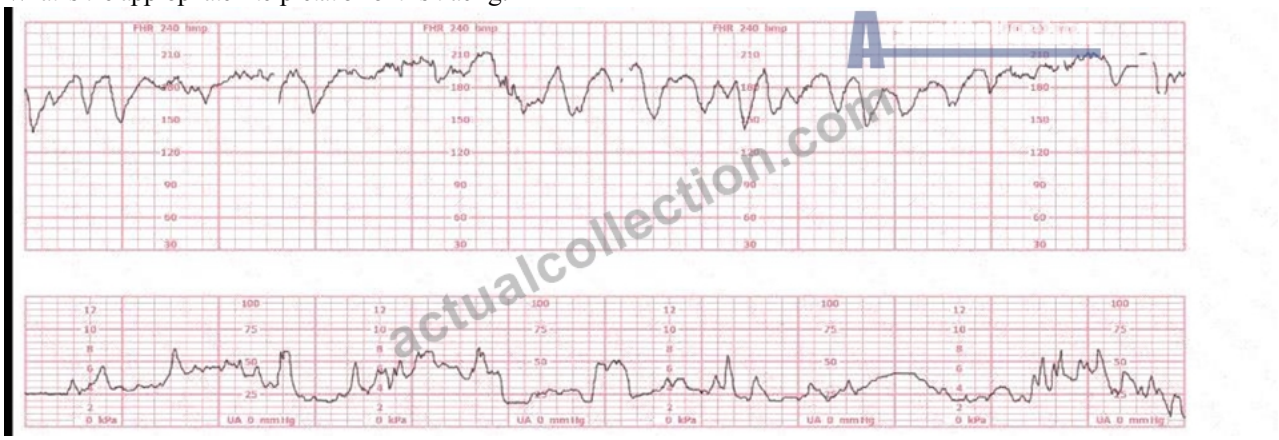
# NCC Certified - Electronic Fetal Monitoring Sample Questions (Q31-Q36):

**NEW QUESTION # 31**
What is the appropriate interpretation of this tracing?

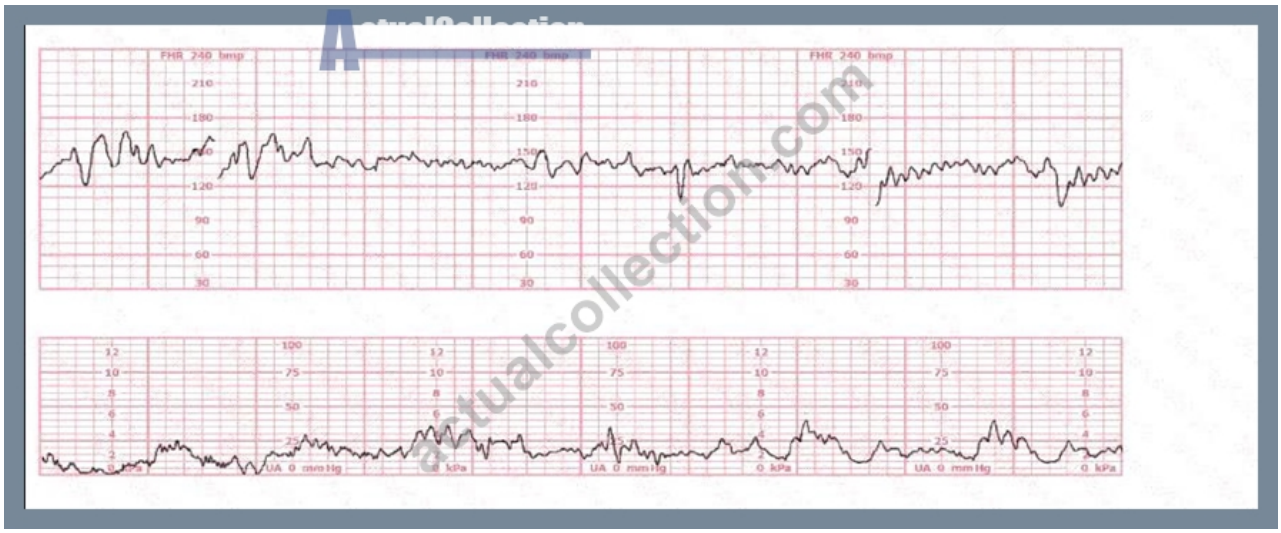



- A. Tachycardia with variable decelerations
- B. Multiple prolonged accelerations
- C. Marked variability

**Answer: C**

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
The tracing demonstrates:
* Baseline ~150 bpm
* Variability # 25 bpm amplitude, highly erratic and wide
* No sustained decelerations
* No sustained accelerations # 2 min
NICHD/NCC definition of marked variability:
Amplitude of baseline FHR fluctuations greater than 25 bpm.
Marked variability often reflects transient fetal autonomic instability due to:
* Fetal stimulation
* Mild hypoxemia
* Maternal anxiety
* Drugs (e.g., butorphanol)
Why other answers are incorrect:
* B. Multiple prolonged accelerations - No accelerations of #2 minutes are present.
* C. Tachycardia with variables - Baseline is NOT tachycardic (>160 bpm), and decelerations are not present.
Thus, the correct interpretation is A. Marked variability.
References:NICHD FHR Definitions; NCC C-EFM Candidate Guide; AWHONN; Menihan; Simpson & Creehan.

**NEW QUESTION # 32**
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 # 33**
When documenting the occurrence of late decelerations in the medical record, what should be charted?

- A. Components of the tracing
- B. Notation that the tracing was normal or abnormal
- C. Tracing category

**Answer: A**

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
According to NCC, AWHONN, and evidence-based documentation standards, clinicians must document:
* Baseline
* Variability
* Accelerations
* Decelerations (type, depth, duration, timing)
* Uterine activity
This fulfills the NICHD 3-tier system and legal documentation expectations.

Why the incorrect answers are wrong:
* B. "Normal/abnormal" # vague, not an acceptable documentation standard.
* C. Category alone # insufficient; categories must be supported by the components.
References:NCC C-EFM Candidate Guide; AWHONN Documentation Standards; Menihan.

**NEW QUESTION # 34**
Fetal respiratory acidosis is most likely to present with which of the following fetal heart rate decelerations?

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

**Answer: C**

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#
* 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 # 35**
The decelerations seen in the fetal monitoring tracing shown are best described as:

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

**Answer: C**

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
Accurate classification of decelerations requires evaluating their shape, onset, nadir, recovery, relationship to contractions, and variability characteristics. NCC uses the NICHD standardized definitions, reinforced across AWHONN, Miller's Pocket Guide, Menihan, Simpson, and Creasy & Resnik.
Key features in this tracing:
* Abrupt onsetThe FHR drops rapidly from baseline to nadir in less than 30 seconds-this is the defining hallmark of a variable deceleration per NICHD.
* Sharp V-shape and deep amplitudeThe tracing shows steep descents and ascents, characteristic of cord compression-type variable decelerations.
* Inconsistent timing with contractionsThe decelerations do not begin at the start of contractions (as early decelerations would) and do not consistently begin after the peak of contractions (as late decelerations would). Variable decelerations can occur before, during, or after a contraction-exactly what is demonstrated here.
* Rapid return to baselineAnother core feature of variable decelerations in NICHD/NCC definitions.
* No uniform contraction relationshipEarly decelerations are symmetrical and mirror contractions.
Late decelerations begin after the peak of the contraction. This strip does not match either pattern.
Differentiation per NCC-aligned definitions:
* Early Decelerations:Gradual onset (>30 sec), nadir mirrors contraction peak, shallow, uniform.Not present.
* Late Decelerations:Gradual descent, nadir after contraction peak, smooth shape.Not present.

* Variable Decelerations:Abrupt onset (<30 sec), variable timing, sharp V-shape, rapid recovery, often with shoulders.Exactly matches the tracing.
Therefore, according to NICHD/NCC criteria, the decelerations shown are variable decelerations.
References:NCC C-EFM Candidate Guide (2025); NCC Content Outline; NICHD Standardized Definitions; 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 # 36**
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