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**NCC EFM EXAM QUESTIONS WITH 100%
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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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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q98-Q103):

NEW QUESTION # 98

A fetal heart rate tracing is abnormal. A change in maternal position and oxygen administration do not correct the pattern. Following birth, a fetal cord blood sample is taken:

pH = 7.25

PaCO# = 46 mm Hg

PaO# = 20 mm Hg

HCO# = 22 mEq/L

Base deficit = -4 mEq/L

These results are best interpreted as:

- A. Hypoxia
- B. Acidosis
- C. Normal

Answer: C

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

Normal umbilical arterial values per NCC/AWHONN/Menihan:

* pH: 7.20-7.30

* PaCO#: 45-55 mmHg

* HCO#: 20-24 mEq/L

* Base deficit: 0 to -5 (normal to mild respiratory changes)

This sample shows:

* pH 7.25 # normal

* Base deficit -4 # no metabolic acidosis

* HCO# normal

* Slightly elevated PaCO#, consistent with mild respiratory influence but still normal

* PaO# 20 mmHg is normal for cord arterial blood

This profile is not acidotic (acidosis requires pH <7.10 and base deficit #12).

It also does not indicate hypoxia, which would present with metabolic acidosis.

Therefore: Normal.

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

NEW QUESTION # 99

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

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

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 # 100

(Full question statement)

The American College of Obstetricians and Gynecologists (ACOG) recommends continuous electronic fetal monitoring in pregnancies when there is:

- A. Macrosomia
- **B. Maternal diabetes**
- C. A history of preterm birth

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract Without Links:

NCC relies heavily on ACOG Practice Bulletins for risk-based monitoring decisions. ACOG identifies maternal diabetes (pregestational or poorly controlled gestational diabetes) as a key high-risk obstetric condition warranting continuous electronic fetal monitoring due to risks such as fetal hypoxia, macrosomia, and metabolic complications.

In contrast, a history of preterm birth does not necessarily require continuous monitoring unless current pregnancy complications are present.

Macrosomia alone does not automatically justify continuous EFM unless accompanied by other risk factors.

Therefore, according to NCC-aligned ACOG clinical criteria, maternal diabetes is the correct indication.

NEW QUESTION # 101

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 # 102

A fetal heart rate deceleration that is episodic is a/an:

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

Answer: B

Explanation:

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

NCC and NICHD differentiate:

- * Periodic decelerations - those occurring with contractions
- * Episodic decelerations - those occurring independent of contractions

Deceleration types:

- * Early - periodic (mirror contractions)
- * Late - periodic (after peak of contraction)
- * Variable - may be periodic or episodic, and are the only type strongly associated with episodic patterns** Therefore, the only deceleration type that is characteristically episodic is a variable deceleration.

Correct answer: C. Variable deceleration

References: NICHD FHR Definitions; NCC C-EFM Guide; AWHONN; Menihan; Simpson & Creehan.

NEW QUESTION # 103

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