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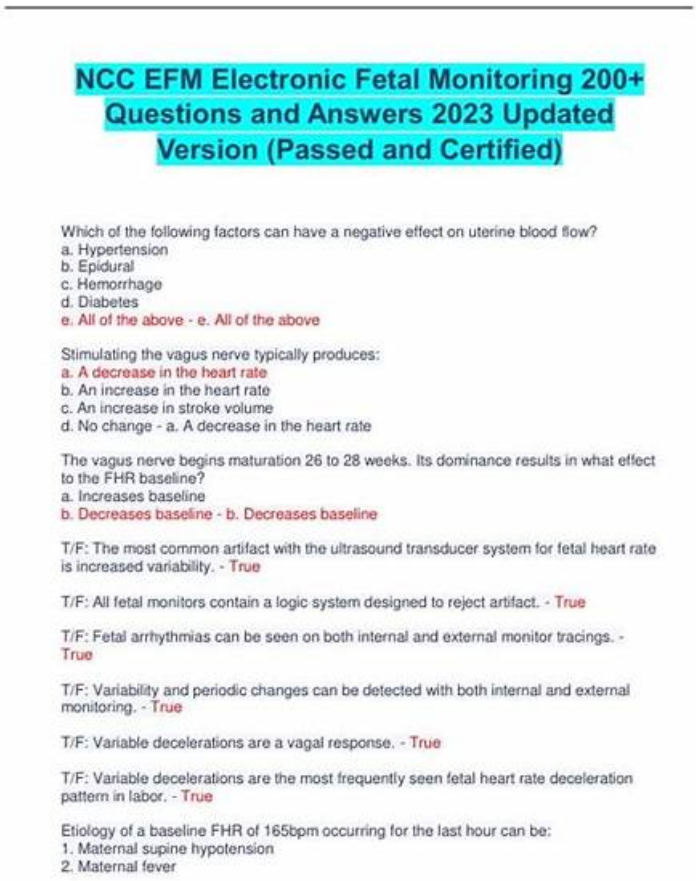

NCC EFM Electronic Fetal Monitoring 200+ Questions and Answers 2023 Updated Version (Passed and Certified)

Which of the following factors can have a negative effect on uterine blood flow?
a. Hypertension
b. Epidural
c. Hemorrhage
d. Diabetes
e. All of the above - e. All of the above

Stimulating the vagus nerve typically produces:
a. A decrease in the heart rate
b. An increase in the heart rate
c. An increase in stroke volume
d. No change - a. A decrease in the heart rate

The vagus nerve begins maturation 26 to 28 weeks. Its dominance results in what effect to the FHR baseline?
a. Increases baseline
b. Decreases baseline - b. Decreases baseline

T/F: The most common artifact with the ultrasound transducer system for fetal heart rate is increased variability. - True

T/F: All fetal monitors contain a logic system designed to reject artifact. - True

T/F: Fetal arrhythmias can be seen on both internal and external monitor tracings. - True

T/F: Variability and periodic changes can be detected with both internal and external monitoring. - True

T/F: Variable decelerations are a vagal response. - True

T/F: Variable decelerations are the most frequently seen fetal heart rate deceleration pattern in labor. - True

Etiology of a baseline FHR of 165bpm occurring for the last hour can be:
1. Maternal supine hypotension
2. Maternal fever

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q51-Q56):

NEW QUESTION # 51
When accelerations precede a variable deceleration pattern, this is caused by

- A. hypoxic reflex response
- B. oligohydramnios
- C. occlusion of the umbilical vein

Answer: C

Explanation:
Comprehensive and Detailed Explanation From Exact Extract (No URLs or Links) NCC-recommended physiologic texts (AWHONN, Menihan, Simpson, Creasy & Resnik) explain that variable decelerations are caused by umbilical cord compression. This process occurs in a three-step sequence, well known in fetal monitoring physiology:
* Umbilical vein occlusion occurs first # decreases fetal venous return # brief fetal acceleration (a compensatory sympathetic response).
* Umbilical artery occlusion follows # increases fetal systemic vascular resistance # variable deceleration as vagal stimulation lowers the fetal heart rate.
* Release of compression # post-deceleration acceleration may occur.
Thus, an acceleration immediately before a variable deceleration represents the initial compression of the umbilical vein, not a hypoxic response. This is a normal physiologic response to transient cord compression, often described in AWHONN and Menihan's physiologic explanation of "shoulders" around variable decelerations.
Oligohydramnios can contribute to cord compression but does not explain accelerations preceding the deceleration. A "hypoxic reflex" would not produce a pre-deceleration acceleration.
Therefore, the correct physiologic cause is:
Umbilical vein occlusion.
References (No URLs)
* NCC C-EFM Candidate Guide 2025 - Physiology
* AWHONN Fetal Heart Monitoring Principles
* Menihan: Electronic Fetal Monitoring
* Simpson & Creehan: Perinatal Nursing
* Creasy & Resnik: Maternal-Fetal Medicine

NEW QUESTION # 52
The baseline fetal heart rate decreases with gestational age as a result of an increase in:

- A. Catecholamine production
- B. Intrinsic ventricular rate
- C. Parasympathetic tone

Answer: C

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
As gestation advances:
* Vagal (parasympathetic) control increases,
* Sympathetic dominance decreases,
* Resulting in a lower baseline heart rate.
NCC physiology teaching:
"Baseline FHR decreases with advancing gestational age due to maturation and increasing parasympathetic tone." Why the others are incorrect:
* Catecholamines increase heart rate, not decrease it.
* Intrinsic ventricular rate does not change significantly with gestational age.

Thus, the correct physiologic factor is increased parasympathetic tone.
References:NCC Physiology Domain; AWHONN; Menihan; Simpson & Creehan; Creasy & Resnik.

NEW QUESTION # 53
The decelerations seen in the fetal monitoring tracing shown are best described as:

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

Answer: B

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 # 54
The tracing shown is a:

- A. Category III
- B. Category I
- C. Category II

Answer: C

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
The tracing demonstrates:
* Baseline: approx. 140 bpm
* Variability: minimal-to-moderate (fluctuating but not consistently moderate)
* Decelerations: shallow variable decelerations
* Accelerations: not consistently present
According to NICHD/NCC definitions:
Category I requires ALL of the following:
* Baseline 110-160
* Moderate variability

* No late or variable decelerations
* Early decels and accelerations may be present
This tracing does not have consistently moderate variability and does have variable decelerations, so it is not Category I.
Category III requires ANY of the following:
* Absent variability with recurrent late decels
* Absent variability with recurrent variable decels
* Absent variability with bradycardia
* Sinusoidal pattern
This tracing does not show absent variability, bradycardia, or recurrent significant lates.
Category II includes:
* Minimal variability
* Absence of accelerations
* Variable decelerations
* Tracings not clearly Category I or III
This strip fits Category II exactly due to minimal variability + intermittent variable decelerations.
Thus, the correct classification is Category II.
References:NCC C-EFM Candidate Guide; NICHD Three-Tier Interpretation System; AWHONN Fetal Heart Monitoring Principles & Practices; Menihan; Miller; Simpson & Creehan.

NEW QUESTION # 55
The most common fetal heart rate pattern consistent with uterine rupture is

- A. loss of uterine pressure
- B. prolonged and variable decelerations
- C. absent variability

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract (NCC-Referenced Sources) According to AWHONN, Simpson, and NCC C-EFM physiologic competencies, uterine rupture commonly presents with:
* Sudden prolonged deceleration
* Recurrent variables
* Fetal bradycardia
* Possible loss of station, vaginal bleeding, maternal pain
AWHONN specifically lists:
"Prolonged deceleration is the most common initial fetal sign of uterine rupture." Absent variability can occur later, but it is not the most common initial pattern.
"Loss of uterine pressure" refers to loss of toco signal, not a fetal heart rate characteristic.
Therefore, NCC-validated interpretation: prolonged and variable decelerations.

NEW QUESTION # 56
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