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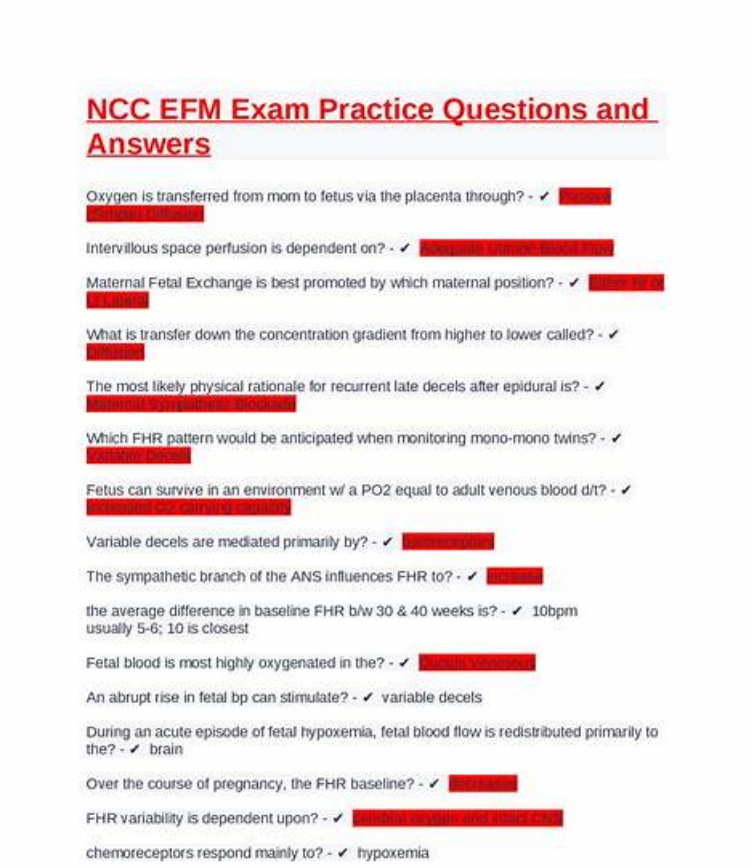
NCC EFM Exam Practice Questions and Answers

Oxygen is transferred from mom to fetus via the placenta through? - ✔ [redacted]

Intervillous space perfusion is dependent on? - ✔ [redacted]

Maternal Fetal Exchange is best promoted by which maternal position? - ✔ [redacted]

What is transfer down the concentration gradient from higher to lower called? - ✔ [redacted]

The most likely physical rationale for recurrent late decels after epidural is? - ✔ [redacted]

Which FHR pattern would be anticipated when monitoring mono-mono twins? - ✔ [redacted]

Fetus can survive in an environment w/ a PO2 equal to adult venous blood d/t? - ✔ [redacted]

Variable decels are mediated primarily by? - ✔ [redacted]

The sympathetic branch of the ANS influences FHR to? - ✔ [redacted]

the average difference in baseline FHR b/w 30 & 40 weeks is? - ✔ 10bpm
usually 5-6; 10 is closest

Fetal blood is most highly oxygenated in the? - ✔ [redacted]

An abrupt rise in fetal bp can stimulate? - ✔ variable decels

During an acute episode of fetal hypoxemia, fetal blood flow is redistributed primarily to the? - ✔ brain

Over the course of pregnancy, the FHR baseline? - ✔ [redacted]

FHR variability is dependent upon? - ✔ [redacted]

chemoreceptors respond mainly to? - ✔ hypoxemia

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q15-Q20):

NEW QUESTION # 15

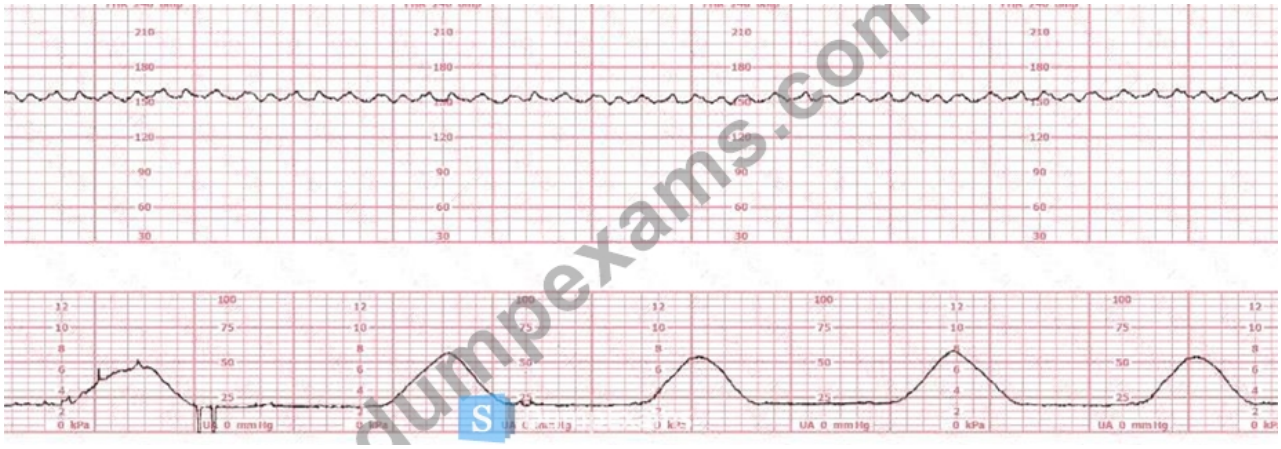
When fetal arterial blood pressure increases, the baroreceptors send impulses to the vagus nerve resulting in:

- 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 # 16
A woman at 38-weeks gestation is admitted to labor and delivery following a fall down the stairs three hours ago. She started feeling contractions in the ambulance. The fetal heart rate tracing shown is on initial evaluation and represents 25 minutes. This tracing is most consistent with a



- A. category III tracing
- B. category II tracing
- C. category I tracing

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract without any URL or Links According to the NCC C-EFM 2025 Candidate Guide, Pattern Recognition and Intervention requires the candidate to classify fetal heart rate (FHR) patterns using the NICHD 2008 three-tier system, which NCC endorses across all recommended resources (AWHONN Fetal Heart Monitoring Principles and Practices, Menihan Electronic Fetal Monitoring, Simpson & Creasy, Miller's Pocket Guide).
A Category II tracing is defined as "indeterminate" and includes any FHR pattern that is not Category I and not Category III. NCC references indicate that Category II may include:
* Minimal or marked variability
* Absence of accelerations after fetal stimulation
* Recurrent variable decelerations with moderate variability
* Prolonged decelerations lasting 2-10 minutes
* Baseline tachycardia or bradycardia without absent variability

In the tracing provided:
* The baseline FHR is approximately 135-145 bpm, within normal limits.
* Moderate variability is not consistently present; variability is borderline minimal-moderate at times.
* No significant accelerations are seen over the 25-minute evaluation period.
* No recurrent late or prolonged decelerations are present.
* There are occasional subtle variable-type dips, but not enough to meet criteria for Category III.
NCC-endorsed texts (such as AWHONN and Menihan) state that a tracing with minimal variability for less than 40 minutes and without recurrent decelerations is Category II, as it fails to meet the requirements for Category I (must have moderate variability and accelerations absent decelerations) and lacks the criteria for Category III (must have absent variability with recurrent late decels, recurrent variable decels, bradycardia, or sinusoidal pattern).
Therefore, this pattern is indeterminate, consistent with Category II, and requires continued surveillance and evaluation, which aligns with NCC-recommended clinical decision-making competencies.

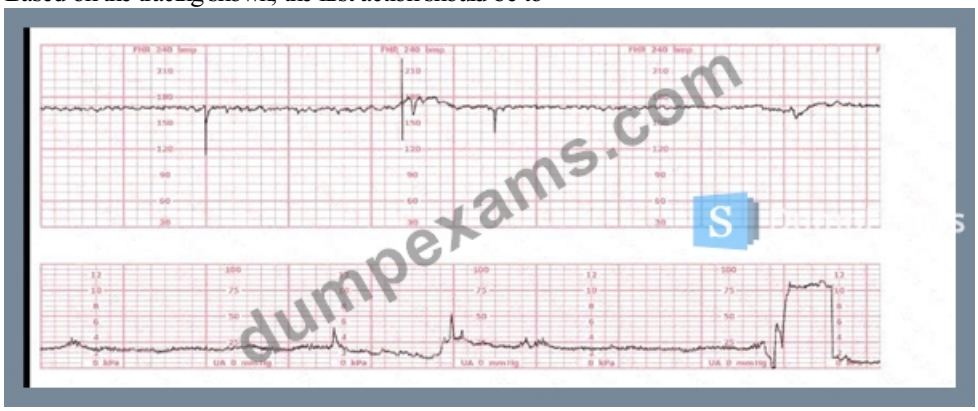
NEW QUESTION # 17
The factor that differentiates a prolonged deceleration from bradycardia is:

- A. Length of time it lasts
- B. Relationship to contractions
- C. Baseline rate

Answer: A

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
NICHD/NCC definitions:
* Prolonged deceleration: decrease in FHR #15 bpm lasting 2 to 10 minutes
* Bradycardia: baseline FHR <110 bpm lasting #10 minutes
The differentiating factor is duration, not rate and not contraction relationship.
* Before 10 minutes # prolonged deceleration
* At or beyond 10 minutes # new baseline # bradycardia
Thus, the factor that differentiates the two is length of time it lasts.
References:NICHD FHR Definitions; NCC C-EFM Candidate Guide; AWHONN; Miller; Menihan.

NEW QUESTION # 18
Based on the tracing shown, the first action should be to



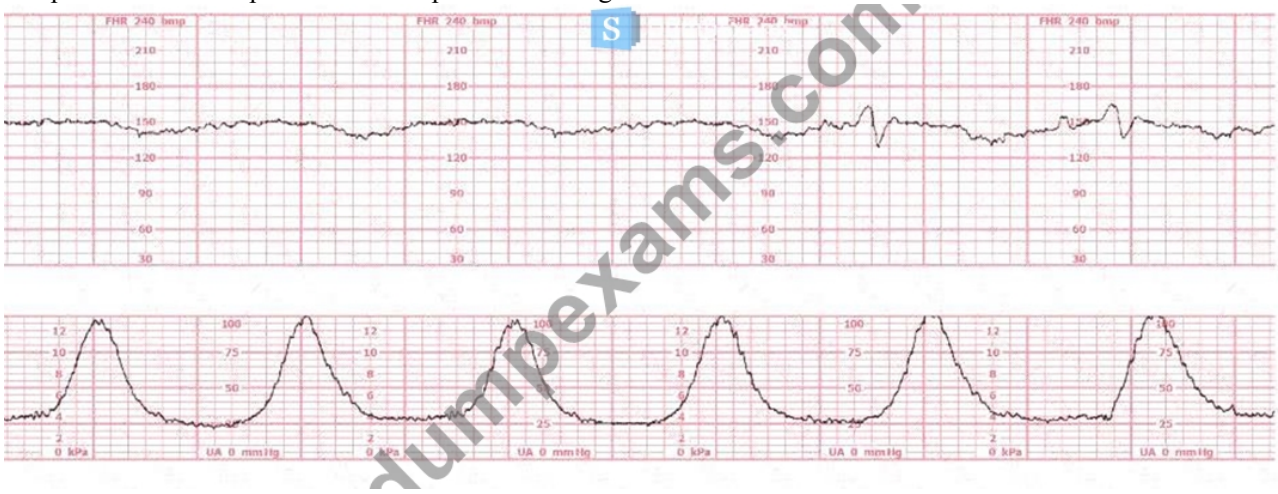
- A. palpate for contractions
- B. assess maternal temperature
- C. administer vibroacoustic stimulation

Answer: A

Explanation:
Comprehensive and Detailed Explanation From Exact Extract (No URLs or Links):
According to the NCC C-EFM exam outline and AWHONN Fetal Heart Monitoring Principles (2022), the first step when evaluating a concerning fetal heart rate pattern is to verify uterine activity, because the fetal response is often directly associated with

contraction frequency, strength, or tachysystole. AWHONN states that "the clinician must confirm maternal-fetal physiology and uterine activity by palpation when interpreting any FHR pattern, as tocodynamometry may under- or overestimate uterine pressure." Menihan's Electronic Fetal Monitoring further emphasizes: "Always validate the contraction pattern via maternal abdominal palpation before proceeding with additional interventions." The tracing shows a late-appearing deceleration pattern with uncertain contraction correlation because the external toco waveform is inadequate (flat or poorly recorded). Before determining whether the decelerations are early, late, or variable, the clinician must confirm whether contractions are present, absent, or excessive. This step is listed as a core competency under Pattern Recognition & Intervention in the NCC Candidate Guide.
Therefore, palpating for contractions is the required first intervention.
References:AWHONN Fetal Heart Monitoring (2022-2024 Edition)Menihan: Electronic Fetal MonitoringSimpson & Creasy: Perinatal Nursing / Maternal-Fetal PhysiologyNCC C-EFM Content Outline - Pattern Recognition and Intervention Domain

NEW QUESTION # 19
This patient received an epidural 15 minutes prior to the tracing shown. The next course of action is to:



- A. Continue to monitor
- B. Check maternal blood pressure
- C. Perform a cervical exam

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
This tracing demonstrates:
* A sudden prolonged deceleration following epidural placement
* Minimal variability during the deceleration
* Event occurring within 15 minutes of epidural
NCC, AWHONN, and Menihan emphasize that maternal hypotension is the most common complication immediately following epidural analgesia. Hypotension leads to:
* Reduced uteroplacental perfusion
* Fetal bradycardia or prolonged decelerations
* Decreased variability during the deceleration
Typical fetal response to maternal hypotension:
Late-like or prolonged deceleration with weakening variability, exactly like the strip shown.
Therefore, the FIRST and most critical step is to check maternal blood pressure.
Other options:
* B. Continue to monitor - unsafe when a prolonged deceleration is present.
* C. Cervical exam - not indicated; the fetal tracing deterioration is temporally linked to epidural placement.
Thus, the correct action is A. Check maternal blood pressure.
References:NCC C-EFM Candidate Guide; AWHONN Fetal Heart Monitoring Principles & Practices; Menihan Electronic Fetal Monitoring; Miller's Fetal Monitoring Pocket Guide; Creasy & Resnik Maternal- Fetal Medicine.

NEW QUESTION # 20
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