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NCC EFM CERTIFICATON EXAM 2023 2024.

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NCC EFM Exam Syllabus Topics:

Section	Objectives
Topic 1: Intrapartum Assessment and Monitoring	- External and internal monitoring techniques - Risk assessment during labor
Topic 2: Uterine Activity	- Tachysystole and abnormal contraction patterns - Normal uterine contraction patterns
Topic 3: Intrauterine Resuscitation and Interventions	- Fluid management and medication adjustments - Maternal position changes and oxygen administration
Topic 4: Fetal Heart Rate Interpretation	- Baseline rate and variability - Accelerations and decelerations - Category I, II, and III tracing interpretation
Topic 5: Maternal and Fetal Complications	- Hypoxia and uteroplacental insufficiency - High-risk obstetric conditions affecting fetal monitoring

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q56-Q61):**NEW QUESTION # 56**

During amnioinfusion, the infusion should be stopped periodically to assess changes in:

- A. Contraction pattern
- B. Patient pain level
- **C. Baseline uterine pressure**

Answer: C

Explanation:

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

During amnioinfusion, NCC emphasizes monitoring for uterine overdistention, which can lead to uterine hypertonus, uterine rupture, or placental separation. The primary way to evaluate overdistention is by measuring baseline uterine pressure via IUPC.

- * Rising resting tone (>20-25 mmHg) indicates accumulating fluid and risk.
- * Stopping the infusion intermittently allows recalibration and assessment of uterine baseline pressure.
- * Contraction pattern (option B) is important but not the primary safety parameter.
- * Pain (option C) is nonspecific and not a reliable indicator of uterine overdistention.

Thus, the infusion is stopped to assess baseline uterine pressure.

References: NCC C-EFM Candidate Guide; AWHONN Fetal Heart Monitoring Principles & Practices; Miller's Fetal Monitoring Pocket Guide; Menihan Electronic Fetal Monitoring.

NEW QUESTION # 57

A patient presents at 38-weeks gestation with complaints of decreased fetal movement and ruptured membranes. The fetal heart rate is not able to be determined with an external ultrasound monitor. A spiral electrode is placed, and the tracing shows a rate of 90 bpm. What is the next most appropriate action?

- A. Intrauterine resuscitation measures
- B. Request for an urgent bedside ultrasound
- **C. Palpation of the maternal radial pulse**

Answer: C

Explanation:

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

Whenever a fetal heart rate is unexpectedly low (such as 90 bpm), the FIRST step per NCC and AWHONN is to confirm that the signal is fetal, not maternal.

Even internal spiral electrodes can capture maternal heart rate, especially after:

- * Rupture of membranes
- * Maternal hypotension
- * Maternal dehydration
- * Maternal tachycardia or bradycardia

Thus, the first, most immediate action is:

Palpate the maternal radial pulse to determine whether the tracing is maternal or fetal.

If rates match # the monitor is falsely detecting the maternal pulse.

If rates differ # confirm true fetal bradycardia and begin intrauterine resuscitation.

Why the other options are incorrect:

* A. Intrauterine resuscitation - should NOT begin before confirming the tracing is fetal.

* C. Bedside ultrasound - appropriate after confirming that the tracing is not maternal, not before.

Correct answer: B. Palpation of the maternal radial pulse.

References: NCC C-EFM Candidate Guide; AWHONN FHMPP; Menihan; Miller's Pocket Guide; Simpson & Creehan.

NEW QUESTION # 58

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

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

Answer: A

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 # 59

The success of interventions to treat fetal hypoxia first depends on:

- A. Improving maternal oxygenation
- B. Minimizing uterine activity
- C. Optimizing uteroplacental blood flow

Answer: C

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

NCC/AWHONN emphasize that the primary goal of intrauterine resuscitation is to:

* Optimize uteroplacental blood flow, which restores fetal oxygen delivery.

Key measures include:

* Maternal repositioning (lateral)

* Reducing tachysystole

* IV fluid bolus

* Correcting maternal hypotension

* Stopping oxytocin

* Treating underlying causes

Improving maternal oxygenation is supportive, but improving uteroplacental perfusion is the critical first determinant of resuscitation success.

Why the other answers are not first priority:

* A. Oxygen - optional and no longer universally recommended unless maternal hypoxemia exists.

* B. Minimizing uterine activity - essential, but still secondary to restoring perfusion.

Correct answer: C. Optimizing uteroplacental blood flow

References: NCC Pattern Recognition & Intervention Domain; AWHONN FHMPP; Menihan; Simpson & Creehan.

The fetal heart rate baseline is

- A. normally between 110 and 170 beats per minute
- B. documented in a 15 beats per minute range
- C. established between periodic and episodic changes

- "Normal baseline is 110-160 bpm." (Simpson & Menihan; Creasy & Resnik)

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