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NCC EFM Practice Questions and Answers 100% Pass

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

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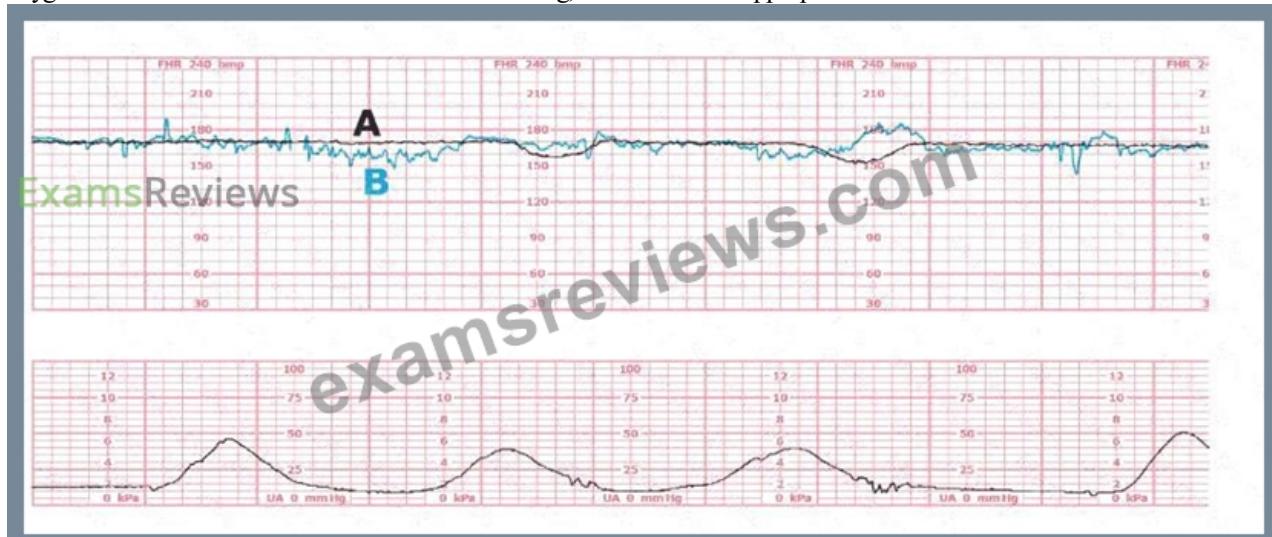
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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q118-Q123):

NEW QUESTION # 118

This fetal heart rate tracing is of a woman in labor with dichorionic-diamniotic twins at 36-weeks gestation, 4 cm dilated. She is on oxygen via face mask. Based on the fetal heart rate tracing, what is the most appropriate action?



(Tracing A = black; Tracing B = blue)

- A. Give terbutaline
- B. Cesarean birth
- C. Continue to observe

Answer: C

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

Both fetal tracings (A and B) show:

- * Baselines around 140-150 bpm
- * Moderate variability
- * Intermittent accelerations
- * No recurrent decelerations
- * Normal contraction pattern
- * Overall Category I patterns for both twins

NCC, NICHD, and AWHONN emphasize that moderate variability with a normal baseline is the strongest reassurance of fetal well-being, even in multifetal gestations.

There is no evidence of:

- * Tachysystole
- * Recurrent variables
- * Recurrent lates
- * Prolonged decelerations
- * Category III patterns

Therefore, the appropriate action is ongoing observation.

Why the incorrect answers are wrong:

- * A. Cesarean birth - Not indicated with Category I FHR patterns.
- * C. Terbutaline - Reserved for tachysystole or prolonged deceleration patterns, not present here.

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

NEW QUESTION # 119

When a difference in interpretation occurs over a non-emergent electronic fetal heart rate tracing, the first step toward resolution is to:

- A. Document the incident in the medical record
- B. Follow the chain of command
- C. Have the involved clinicians review the tracing together

Answer: C

Explanation:

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

NCC's Professional Issues domain emphasizes communication, collaboration, and team-based interpretation of electronic fetal monitoring tracings.

For non-emergent differences in interpretation, the first step is:

* Discussion and joint review of the tracing by the involved clinicians.

Only if disagreement persists should the chain of command be used. Documentation occurs after consensus or escalation-not as the first step.

Thus, the appropriate first step is C. Have the involved clinicians review the tracing together.

References:NCC C-EFM Candidate Guide; AWHONN Standards for Professional Fetal Monitoring Practice; TeamSTEPPS principles.

NEW QUESTION # 120

Amnioinfusion can cause what changes in the fetal heart rate tracing?

- A. Resolution of variable decelerations
- B. Improvement in fetal heart rate variability
- C. Increase in fetal heart rate baseline

Answer: A

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

NCC defines amnioinfusion as indicated for:

* Recurrent variable decelerations caused by cord compression

* Oligohydramnios reducing buffer around the cord

Expected effect:

* Reduction or elimination of variable decelerations

Why the other answers are incorrect:

* A. Variability does not improve with amnioinfusion.

* B. Baseline FHR does not increase as a result of amnioinfusion.

Correct answer: C. Resolution of variable decelerations.

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

NEW QUESTION # 121

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

- A. Minimizing uterine activity
- B. Improving maternal oxygenation
- 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.

NEW QUESTION # 122

When auscultating the fetal heart rate, the Doppler should be placed over the fetal:

- A. Abdomen
- B. Chest
- **C. Back**

Answer: C

Explanation:

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

NCC and AWHONN standards state that the fetal heart tones are most clearly heard when the Doppler probe is placed over the fetal back, because:

- * The fetal heart transmits sound most directly through the fetal spine.
- * Amniotic fluid and fetal position allow the strongest conduction at the back.
- * During Leopold maneuvers, identification of the back guides optimal placement.

Placing the Doppler over the abdomen or chest does not provide the strongest or most reliable fetal signal.

Therefore, the correct placement is over the fetal back.

References:NCC C-EFM Candidate Guide; AWHONN Fetal Heart Monitoring Principles & Practices; Simpson & Creehan Perinatal Nursing.

NEW QUESTION # 123

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