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NCC-EFM Test

Uterine contractions are quantified as - answer the number of contractions present in a 10 min window

Normal frequency of uterine contractions - answer ≤5 contractions in 10 min, averaged over a 30 min window

Tachysystole is - answer >5 contractions in 10 min, averaged over a 30 min window. Should be qualified as to the presence or absence of FHR decelerations

Terms describing uterine contractions that have been abandoned - answer "hyperstimulation" and "hypercontractility"

FHR patterns are defined by the characteristics of - answer baseline, variability, accelerations, and decelerations

Baseline FHR is determined by approximating the mean FHR rounded to increments of (A) bpm during a (B) min window, excluding (C) and (D) and periods of (E) FHR variability - answer A. 5
B. 10
C. accelerations
D. decelerations
E. marked

There must be at least (A) minutes of identifiable baseline segments in any (B) minute window, or the baseline for that period is (C) - answer A. 2
B. 10
C. Indeterminate

Bradycardia - answer a baseline FHR <110

Tachycardia - answer a baseline FHR >160

Baseline FHR variability is determined in a (A) min window excluding (B) and (C) - answer A. 10
B. accelerations
C. decelerations

Baseline FHR variability is defined as (A) in the baseline FHR that are (B) in (C) and (D) - answer A. fluctuations
B. irregular

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q104-Q109):

NEW QUESTION # 104

A woman (G1P0) arrives in triage with a pain score of 4/10 at 39-weeks gestation. The fetal heart rate tracing shown is obtained. The best intervention is to:



- A. Admit for induction
- B. Discharge to home
- C. Adjust tocotransducer and continue to monitor

Answer: C

Explanation:

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

This tracing demonstrates a normal, reassuring fetal heart pattern that is technically categorized as Category I, indicating normal fetal acid-base status. Before any decision regarding discharge or induction, NCC emphasizes correct assessment of the tracing quality, fetal status, and uterine activity.

Key Tracing Characteristics

* **Baseline:** Approximately 135-145 bpm, well within the normal range of 110-160 bpm.

* **Variability:** The strip shows moderate variability (6-25 bpm), the strongest indicator of adequate fetal oxygenation per NCC, AWHONN, and NICHD.

* **Accelerations:** Several accelerations are present—another reassuring feature of normal fetal well-being.

* **Decelerations:** No variable, late, or prolonged decelerations are present.

* **Uterine Activity:** The lower channel shows poor recording quality and inconsistent signal—suggesting the toco is not capturing contractions well, not that the patient is contracting excessively or not at all.

Correct interpretation per NCC:

NCC emphasizes distinguishing between physiologic assessment and technical artifact.

The fetal tracing is completely reassuring.

The only abnormality is the poor uterine activity signal, a common triage occurrence due to:

* Toco placement

* Maternal body habitus

* Positioning

* Low contraction intensity in early labor

Thus, the correct next step is to optimize equipment (reposition the toco, adjust belt, palpate contractions) and continue to monitor.

Why the other options are incorrect:

B). Admit for induction - NOT indicated

* There is no evidence of fetal compromise.

* No indication for induction is present (pain score 4/10, reassuring FHR, term pregnancy).

* NCC emphasizes avoiding unnecessary interventions.

C). Discharge to home - NOT yet appropriate

* You cannot safely discharge a patient with a poorly monitored contraction pattern.

* Adequate assessment requires confirming uterine activity—after fixing the toco.

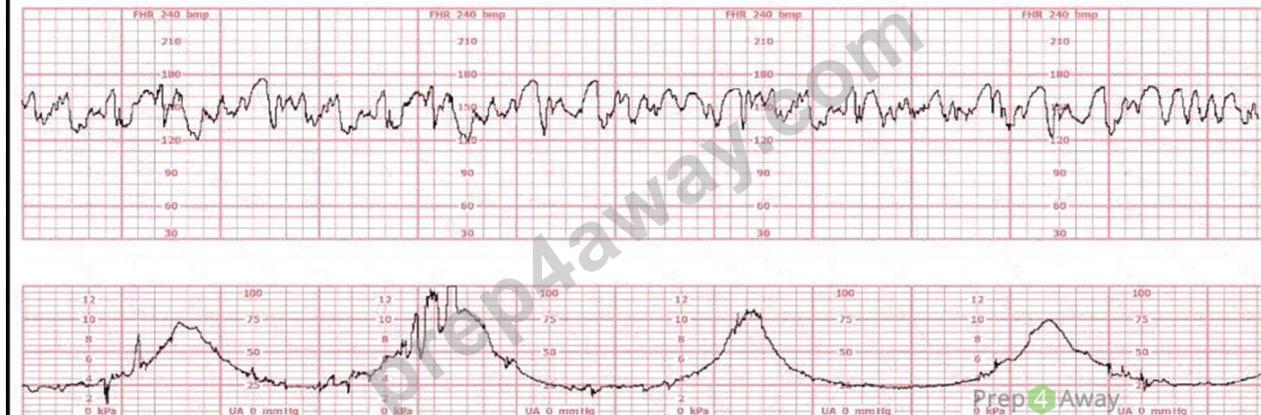
Therefore, the appropriate action is:

A). Adjust tocotransducer and continue to monitor.

References: NCC C-EFM Candidate Guide (2025); NCC Content Outline; AWHONN Fetal Heart Monitoring Principles & Practices; NICHD Definitions; Miller's Fetal Monitoring Pocket Guide; Menihan Electronic Fetal Monitoring; Simpson & Creehan Perinatal Nursing; Creasy & Resnik Maternal-Fetal Medicine.

NEW QUESTION # 105

The baseline fetal heart rate in this tracing is:



- A. Tachycardia
- B. 155 beats per minute
- C. Indeterminate

Answer: A

Explanation:

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

On the tracing:

- * FHR consistently ranges 170-185 bpm
- * Variability remains present, confirming adequate signal.
- * This pattern persists for the required minimum 10-minute baseline window.

NICHD/NCC define fetal tachycardia as:

- * Baseline > 160 bpm for at least 10 minutes

Because the FHR is well above 160 for the whole reviewable period, the baseline is tachycardic.

Why the other answers are incorrect:

- * A. 155 bpm - Too low; FHR visually averages well above this.
- * B. Indeterminate - Not applicable; variability is clear and the tracing meets the #10-minute rule.

Correct answer: C. Tachycardia

References: NICHD Definitions; NCC C-EFM Candidate Guide; AWHONN; Miller; Menihan.

NEW QUESTION # 106

A nulliparous woman at term presents with leaking fluid. Rupture of membranes confirmed. After 6 hours she is completely dilated, +2 station, has been pushing 2 hours with oxytocin at 10 mU/min. The fetal tracing is shown. What is the next step in management?



- A. Expedite birth
- B. Continue pushing for another hour
- C. Decrease oxytocin

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract Without Any URLs or Links:

According to the NCC C-EFM 2025 Exam Content Outline and recommended references such as AWHONN Fetal Heart Monitoring Principles, Simpson & Miller (Fetal Monitoring Text), and Menihan's EFM Guide, recurrent variable or late decelerations with minimal or moderate variability during the second stage of labor-particularly when the patient has been pushing for #2 hours-indicate progressive fetal intolerance of labor.

AWHONN states that when the fetal tracing displays recurrent variable decelerations with ongoing stress from long second stage, the recommended intervention is operative or expedited vaginal birth, provided the fetal station is at +2 or lower. AWHONN and Simpson emphasize that reducing oxytocin is insufficient when the tracing demonstrates ongoing significant decelerations during active pushing with adequate descent.

The NCC blueprint within Pattern Recognition & Intervention emphasizes:

- * Identifying worsening recurrent decelerations
- * Acting when fetal tolerance is decreasing
- * Prioritizing timely intervention when the second stage exceeds standard limits with a non-reassuring tracing Because she is fully dilated, vertex at +2, and tracing shows recurrent decelerations during pushing, the evidence-based next step is expediting birth, typically via operative vaginal delivery.

References:AWHONN Fetal Heart Monitoring Principles & PracticesSimpson & Miller: Fetal MonitoringMenihan: Electronic Fetal MonitoringNCC C-EFM Exam Content Outline 2025

NEW QUESTION # 107

A woman has been 5 cm dilated for the past 3 hours. The tracing shown has developed over the last 30 minutes. The best initial course of action is to:



- A. Continue to monitor
- **B. Perform intrauterine resuscitative measures**
- C. Proceed with cesarean section

Answer: B

Explanation:

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

The fetal heart rate tracing demonstrates recurrent deep variable decelerations with a rapid drop in FHR, a V-shaped pattern, and slow return to baseline. These are classic signs of cord compression. According to NCC, AWHONN, Miller, Menihan, and Simpson, recurrent variable decelerations require immediate intrauterine resuscitative interventions before any decision regarding operative birth.

NCC-aligned intervention steps include:

- * Maternal repositioning (first-line for cord compression)
- * Reducing or stopping oxytocin if infusing
- * IV fluid bolus
- * Amnioinfusion (if appropriate and recurrent deep variables persist)
- * Oxygen only if other measures fail (per NCC/AWHONN updated guidance)

The cervix has remained unchanged at 5 cm for 3 hours (a prolonged latent or early active labor pattern), but the fetal tracing shows Category II-recurrent variable decelerations. Category II dictates corrective action, not immediate delivery unless it progresses to Category III.

Cesarean birth (option C) is reserved for:

- * Persistent Category III
- * Failure of intrauterine resuscitation

* Proven fetal intolerance None of these conditions have been met yet.

Thus, the correct initial management is B. Perform intrauterine resuscitative measures.

References: NCC C-EFM Candidate Guide (2025); NCC Content Outline; NICHD FHR 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 # 108

When evaluating a baseline fetal heart rate change, the fetal heart rate is assessed for a minimum of:

- A. 15 minutes
- B. 30 minutes
- C. 10 minutes

Answer: C

Explanation:

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

NCC and NICHD define baseline FHR as the mean FHR rounded to increments of 5 bpm during a minimum of a 10-minute window, excluding:

- * Accelerations
- * Decelerations
- * Marked variability

If a segment shorter than 10 minutes is used, it cannot be called a "baseline".

Thus the required minimum is 10 minutes.

References: NICHD Definitions; NCC C-EFM Candidate Guide; AWHONN; Miller's Pocket Guide.

NEW QUESTION # 109

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