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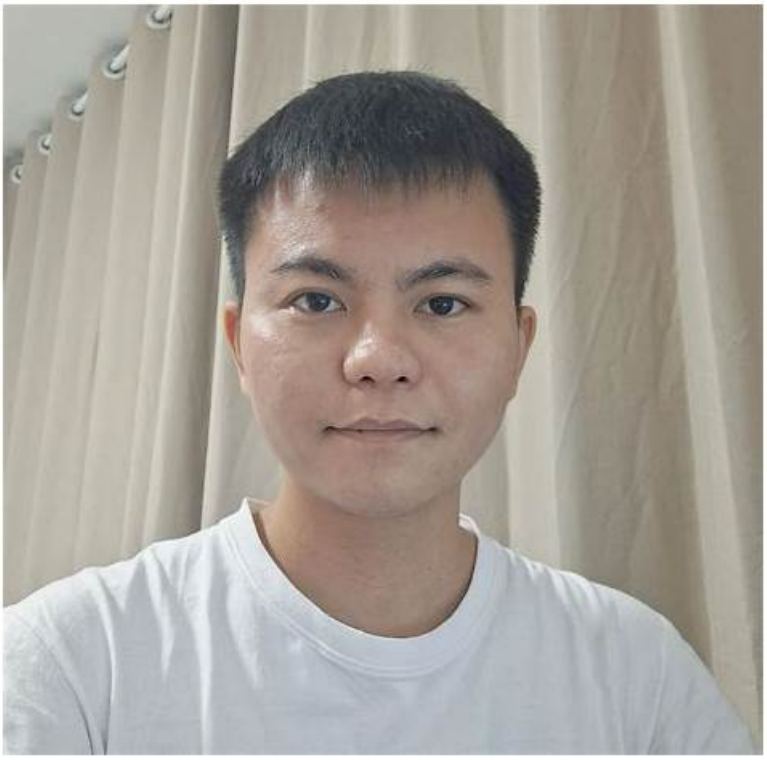

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q107-Q112):

NEW QUESTION # 107
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 # 108
A fetal heart rate pattern characteristic of fetal neurological injury and impending intrapartum fetal demise is:

- A. Marked variability
- B. Wandering baseline
- C. Recurrent late decelerations

Answer: B

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
A wandering baseline is:
* A slow, fluctuating baseline
* Low amplitude
* No variability
* No accelerations
* Indicative of severe fetal neurologic injury and terminal fetal status NCC and AWHONN describe wandering baseline as a preterminal pattern.
Why the other answers are wrong:
* A. Marked variability # often transient and not associated with demise.
* B. Recurrent lates # concerning but not a neurological-injury pattern unless variability absent.
Correct answer: C. Wandering baseline.
References:NCC Pattern Recognition; AWHONN FHMPP; Menihan; Simpson & Creehan.

NEW QUESTION # 109
This is a tracing of a multiparous woman in the second stage of labor. The vertex is at +3 station. This pattern has continued for the last 20 minutes. She has been pushing for 2½ hours, and oxytocin is infusing at 12 milliunits/minute. Management should include

- A. preparing for cesarean birth
- B. increasing the oxytocin
- C. preparing for operative vaginal birth

Answer: C

Explanation:
Comprehensive and Detailed Explanation (From NCC C-EFM-Referenced Sources) According to NCC C-EFM content guidance and AWHONN Fetal Heart Monitoring Principles (2022), recurrent variable and late patterns in second stage with descent to +2/+3 station require consideration of expediting delivery, especially when maternal effort is prolonged and oxytocin augmentation is already present.
Menihan & Simpson emphasize that with prolonged second stage, continued pushing beyond 2-3 hours, and vertex at +3 station, the evidence-based next step is operative vaginal birth, provided prerequisites are met. Cesarean is not indicated when the fetal head is already low and deliverable vaginally.
AWHONN and Creasy & Resnik state that increasing oxytocin when facing fetal stress and prolonged second stage is contraindicated, because tachysystole worsens fetal oxygenation and increases risk of fetal compromise.
Exact Extract Concepts Referenced:
- "Expedited delivery is recommended when recurrent decelerations persist in second stage and the head is low enough for operative vaginal birth." (AWHONN Principles)
- "Oxytocin should be reduced or discontinued in the presence of nonreassuring patterns." (Simpson, Obstetric Interventions)

- "Operative vaginal delivery is appropriate with full dilation, engaged head, and prolonged second stage." (Menihan, Simpson; Creasy & Resnik)

NEW QUESTION # 110
During the second stage of labor, a period of bradycardia develops. The fetal heart rate baseline variability is moderate. The most likely cause of this bradycardia is:

- A. Vagal stimulation
- B. Vasospasm
- C. Cord compression

Answer: A

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
Second-stage bradycardia with moderate variability most commonly occurs from:
* Vagal stimulation caused by head compression, particularly during descent and pushing.
Moderate variability indicates:
* Neurologically intact fetus
* Sufficient oxygen reserve
* Temporary nature of bradycardia
This aligns with physiologic vagal slowing rather than hypoxic mechanisms.
Why the incorrect answers are wrong:
* A. Cord compression # typically produces variable decelerations, not sustained bradycardia with preserved variability.
* C. Vasospasm # associated with late decelerations and decreased variability (uteroplacental insufficiency).
Correct answer: B. Vagal stimulation
References:NCC Physiology Domain; AWHONN FHMPP; Menihan; Simpson & Creehan.

NEW QUESTION # 111
The duration of a contraction is best represented by which colored arrow?

- A. Red (C)
- B. Green (B)
- C. Blue (A)

Answer: B

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
Contraction duration is defined as the length of time from the beginning of a contraction to the end of the same contraction (NICHD uterine activity definitions).
In the diagram:
* Green arrow (B) spans one individual contraction from rise # peak # return to baseline.
* Blue arrow (A) measures the interval between contractions (frequency).
* Red arrow (C) measures peak-to-peak amplitude shape, not duration.
Therefore, the green arrow correctly identifies contraction duration.
References:NCC Candidate Guide; AWHONN FHMPP; Menihan EFM; Simpson & Creehan.

NEW QUESTION # 112
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