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## **NCC Certified - Electronic Fetal Monitoring Sample Questions (Q68-Q73):**

### **NEW QUESTION # 68**

A woman reports 12 fetal movements over one hour. The best recommendation is to:

- A. Continue to monitor for one hour
- **B. Instruct her to count again the next day**
- C. Administer a nonstress test

**Answer: B**

Explanation:

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

NCC and AWHONN consider fetal movement counts normal when:

- \* #10 distinct movements occur within 2 hours
- \* Or #4 movements in 1 hour for certain protocols
- \* Or #10 movements in 1 hour (common triage threshold)

This patient reports 12 movements in 1 hour, which is reassuring and requires no further testing.

Thus, recommending she continue daily kick counts at home is appropriate.

Why the other options are incorrect:

- \* A. NST is not needed because movements are normal.
- \* B. Continue to monitor is unnecessary; the test is already reassuring.

Correct choice: C. Count again the next day.

References:NCC C-EFM Candidate Guide; AWHONN Fetal Assessment guidelines; Simpson & Creehan.

### NEW QUESTION # 69

This fetal heart rate tracing is obtained upon the woman's admission to labor and delivery. This tracing is most reflective of

□

- A. Atrial flutter
- **B. Fetal dysrhythmia**
- C. Complete heart block

**Answer: B**

Explanation:

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

When evaluating an admission tracing, NCC emphasizes determining whether the pattern represents baseline variability abnormalities, signal artifact, or an underlying fetal cardiac rhythm disturbance. The strip shown contains clear features of a fetal dysrhythmia, which NCC and AWHONN describe as an irregular rhythm characterized by inconsistent R-R intervals or intermittent missed beats.

Key features in this tracing:

- \* Extremely irregular FHR signalThe pattern shows abrupt vertical spikes, inconsistent spacing, and intermittent loss of coherent waveform. NCC teaches that this appearance is typical of irregular ventricular conduction or premature atrial/ventricular contractions.
- \* Wide variability in beat spacingBeat intervals vary significantly, suggesting ectopic beats or conduction abnormalities rather than a stable rhythm such as heart block or atrial flutter.
- \* Sensor not malfunctioningThe lower uterine activity channel is smooth and consistent, meaning the upper channel's abrupt changes represent true FHR signal irregularity, not artifact.

Why the incorrect answers are ruled out:

- A). Atrial flutter - NOT supported
  - \* Atrial flutter produces a very fast, regular atrial rate (typically 300 bpm) with a repetitive saw-tooth pattern.
  - \* It does not produce the highly irregular beat-to-beat pattern seen here.
  - \* FHR in atrial flutter appears more organized, not chaotic.
- B). Complete heart block - NOT supported
  - \* Complete heart block (third-degree AV block) produces a very slow, regular ventricular rate, commonly 50-70 bpm, with a dissociation between atrial and ventricular rhythms.
  - \* The tracing here does not show a slow, steady baseline.
  - \* Instead, the rhythm is highly irregular with spikes and losses-not characteristic of AV block.

C). Fetal dysrhythmia - CORRECT

- \* NCC, AWHONN, Miller, and Menihan describe fetal dysrhythmias as:"Irregular, inconsistent FHR patterns due to premature atrial contractions (PACs), premature ventricular contractions (PVCs), or intermittent conduction disturbances."
- \* The hallmark is an irregular rhythm, often appearing as abrupt spikes or missing beats on the monitor.
- \* The tracing shown matches these characteristics precisely.

Therefore, the tracing is most consistent with fetal dysrhythmia, typically benign PACs/PVCs, and is the correct answer.

References:NCC C-EFM Candidate Guide (2025); NCC Content Outline; 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 # 70

After spontaneous rupture of membranes, this fetal heart rate pattern is observed. The initial intervention should be to:

- A. Increase intravenous fluid intake
- B. Position the woman on her left side
- C. Perform a vaginal examination

**Answer: C**

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

The strip shows abrupt, deep variable decelerations, which are highly suspicious for cord compression.

Following rupture of membranes, the FIRST step recommended by NCC/AWHONN is:

\* Immediate vaginal examination to rule out cord prolapse.

Cord prolapse requires emergent action, and examination must occur before repositioning or fluids.

Why the other answers are incorrect:

\* C. Left lateral positioning is appropriate after ruling out cord prolapse.

\* A. IV fluids do not address the potentially life-threatening cause.

Correct first action is: vaginal examination.

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

### NEW QUESTION # 71

Nonstress testing is used more frequently for antepartum testing than contraction stress testing because contraction stress testing has a:

- A. Limited reporting option for the compromised fetus
- B. Higher frequency of equivocal test results
- C. Low predictability of fetal well-being within 7 days of a negative test

**Answer: B**

Explanation:

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

NCC and AWHONN explain that Contraction Stress Testing (CST):

\* Has a higher rate of equivocal ("equivocal-suspicious" or "equivocal-hyperstimulation") results

\* Frequently must be repeated or replaced with other tests

\* Requires inducing contractions, which carries risk (hyperstimulation, preterm labor, uterine rupture in scarred uterus) NST is used more commonly because it is:

\* Noninvasive

\* Easier to perform

\* Has fewer contraindications

\* Has a lower rate of equivocal results

Why the others are incorrect:

\* B - CST does detect fetal compromise reliably and is NOT limited in its reporting structure.

\* C - A negative CST actually has very high negative predictive value for 7 days, making this answer incorrect.

Thus the correct choice is A. Higher frequency of equivocal results.

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

### NEW QUESTION # 72

(Full question statement)

This tracing is consistent with:

- A. Fetal-maternal transfusion
- B. Atrial flutter
- C. Effects of butorphanol administration

**Answer: C**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract Without Links:

NCC and AWHONN teaching materials describe that butorphanol, an opioid analgesic, characteristically produces a transient sinusoidal-like pattern or pseudo-sinusoidal pattern with moderate variability preserved.

This drug-related pattern has:

- \* smooth, regular oscillations
- \* maintained variability
- \* absence of true periodic decelerations
- \* resolution within 20-60 minutes

Simpson & Menihan describe butorphanol as producing a "saw-tooth, wavering pattern" often mistaken for dysrhythmia but actually benign.

True sinusoidal patterns (e.g., fetal-maternal hemorrhage) are fixed, smooth, non-variable patterns with absent variability, not matching the scenario.

Atrial flutter produces very rapid atrial contractions, which manifest as irregular baseline spikes-also not consistent.

Therefore, the described tracing aligns most closely with butorphanol effects.

## NEW QUESTION # 73

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