

NCC EFM Exam Questions - The Advantages of Actual4Dumps Preparation Material

SOPHIA BENNETT 2024/2025 Wednesday, August 21, 2024 12:13 PM

NCC EFM practice Exam 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 - Answer✓✓-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 - Answer✓✓-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
- b. Decreases baseline - Answer✓✓-b. Decreases baseline

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q45-Q50):

NEW QUESTION # 45

This patient received an epidural 15 minutes prior to the tracing shown. The next course of action is to:

- A. Continue to monitor
- B. Perform a cervical exam
- C. Check maternal blood pressure

Answer: C

Explanation:

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

This tracing demonstrates:

- * A sudden prolonged deceleration following epidural placement
- * Minimal variability during the deceleration

* Event occurring within 15 minutes of epidural

NCC, AWHONN, and Menihan emphasize that maternal hypotension is the most common complication immediately following epidural analgesia. Hypotension leads to:

- * Reduced uteroplacental perfusion
- * Fetal bradycardia or prolonged decelerations
- * Decreased variability during the deceleration

Typical fetal response to maternal hypotension:

Late-like or prolonged deceleration with weakening variability, exactly like the strip shown.

Therefore, the FIRST and most critical step is to check maternal blood pressure.

Other options:

- * B. Continue to monitor - unsafe when a prolonged deceleration is present.
- * C. Cervical exam - not indicated; the fetal tracing deterioration is temporally linked to epidural placement.

Thus, the correct action is A. Check maternal blood pressure.

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

NEW QUESTION # 46

Interventions undertaken to address fetal tachycardia are targeted at maximizing

- A. maternal circulation
- B. sympathetic autonomic tone
- C. uteroplacental perfusion

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources Fetal tachycardia is typically caused by maternal fever, dehydration, hypoxia, medications, infection, or fetal stress. AWHONN and Simpson & Creehan emphasize that management focuses on improving oxygen delivery across the placenta, which is governed by uteroplacental perfusion.

Menihan's EFM text states that "interventions for fetal tachycardia must address oxygen transfer by optimizing uteroplacental blood flow," including hydration, reducing uterine activity, maternal repositioning, and treating maternal fever.

Increasing maternal circulation alone is insufficient unless it improves placental blood flow. Enhancing fetal sympathetic tone is not a clinical goal and would worsen tachycardia.

Creasy & Resnik highlight that fetal heart rate abnormalities resolve when uteroplacental perfusion is restored, confirming this as the primary target of intervention.

References:

AWHONN - Fetal Heart Monitoring Principles & PracticesSimpson & Creehan - Perinatal NursingMenihan - Electronic Fetal MonitoringCreasy & Resnik - Maternal-Fetal MedicineMiller's Pocket Guide

NEW QUESTION # 47

A nonstress test is nonreactive in a 36-week gestational age fetus. Vibroacoustic stimulation (VAS) is applied with no fetal response. The next step is to proceed to:

- A. Induction of labor
- B. Cesarean birth
- C. Biophysical profile

Answer: C

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

A nonreactive NST with no response to vibroacoustic stimulation indicates:

- * Possible fetal sleep cycle
- * Possible CNS depression
- * Possible hypoxemia

NCC, AWHONN, and MFM guidelines state the next step is a biophysical profile because:

- * It evaluates fetal tone, movement, breathing, amniotic fluid, and NST
- * Provides a complete assessment of fetal well-being
- * Is less invasive and more informative than immediate delivery decisions

Why the wrong answers are incorrect:

- * B. Cesarean birth - not indicated without confirming fetal compromise.
- * C. Induction of labor - not indicated until BPP clarifies fetal status.

Correct answer: A. Biophysical profile.

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

NEW QUESTION # 48

(Full question statement)

A dysrhythmia is noted. The pregnancy and labor course has been normal with no complications. The next step in management is to

- A. administer maternal oxygen
- B. continue to observe
- C. start an IV fluid bolus

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract (NCC C-EFM sources: AWHONN, Miller's Pocket Guide, Menihan, Simpson, Creasy & Resnik, 2025 Candidate Guide) AWHONN and Menihan emphasize that most fetal dysrhythmias detected intrapartum are premature atrial contractions (PACs)-the most common benign rhythm variation. They typically appear as intermittent, irregular deflections on the fetal heart rate tracing without affecting variability or baseline.

Miller's Pocket Guide to Fetal Monitoring states that PACs are usually transient, self-limiting, and require only observation unless accompanied by tachyarrhythmia or hemodynamic compromise. When variability is preserved and no repetitive pattern or sustained tachycardia occurs, no intrauterine resuscitation measures are indicated.

Simpson and Creehan describe that oxygen administration and fluid boluses are not recommended for benign dysrhythmias, as they do not improve fetal conduction patterns and may contribute to unnecessary interventions.

The NCC 2025 Candidate Guide specifies that correct management requires distinguishing benign arrhythmias from pathologic tachyarrhythmias, which would require escalation. In the absence of fetal compromise or maternal pathology, the appropriate action is continued observation.

Therefore, the correct management is to continue to observe.

NEW QUESTION # 49

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

Answer: A

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 # 50

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