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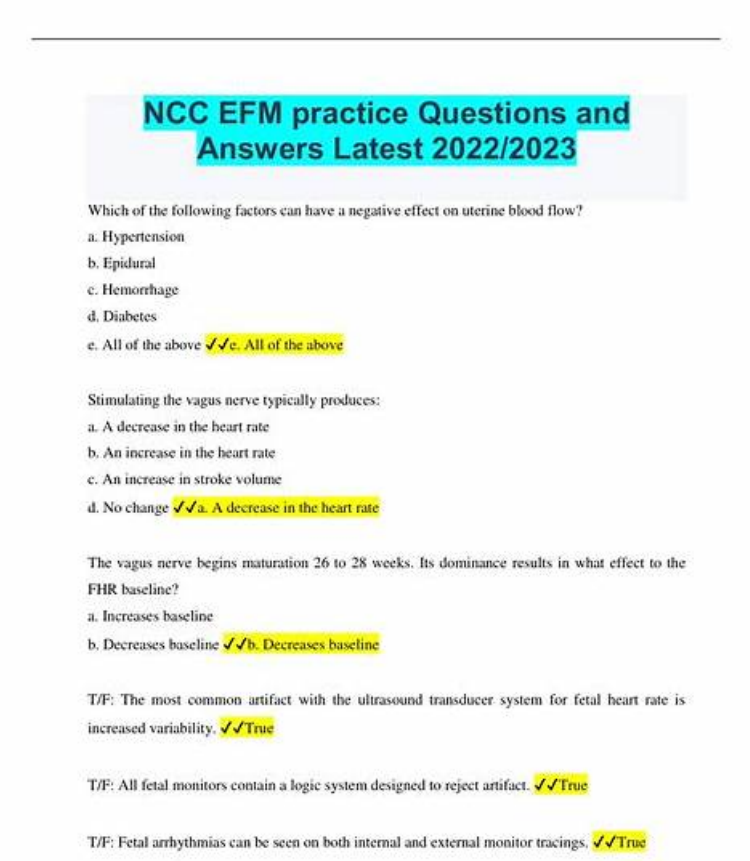

NCC EFM practice Questions and Answers Latest 2022/2023

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
b. Decreases baseline ✓✓b. Decreases baseline

T/F: The most common artifact with the ultrasound transducer system for fetal heart rate is increased variability. ✓✓True

T/F: All fetal monitors contain a logic system designed to reject artifact. ✓✓True

T/F: Fetal arrhythmias can be seen on both internal and external monitor tracings. ✓✓True

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q55-Q60):

NEW QUESTION # 55
A woman at 41-weeks gestation is being induced. She is 2 cm dilated and is on oxytocin at 8 milliunits /minute. Based on the fetal heart rate tracing shown, the best initial response is to:

- A. Place a fetal spiral electrode
- B. Decrease the oxytocin
- C. Continue to observe

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
The tracing shows tachysystole with emerging late decelerations and minimal variability:
* 5 contractions in 10 minutes
* Deceleration nadirs occur after the peak of the contraction (late pattern)
* Variability begins to trend toward minimal
* The tracing has deteriorated while on oxytocin 8 mU/min, a common threshold for overstimulation NCC and AWHONN emphasize that when tachysystole occurs with any fetal intolerance, the first action is to reduce or stop oxytocin.
Key NCC principles:
* Late decelerations + tachysystole = uteroplacental insufficiency caused by excessive uterine activity
* Interventions:
* Stop or reduce oxytocin
* Maternal repositioning
* IV fluid bolus
* Possible oxygen if other measures fail
Why the other options are incorrect:
* A. Continue to observe - not acceptable with late decels + tachysystole.
* C. Place a spiral electrode - this corrects signal quality, not uterine overstimulation or fetal oxygenation.
Thus, the best initial response is B. Decrease the oxytocin.
References:NCC C-EFM Candidate Guide; AWHONN Fetal Heart Monitoring Principles & Practices; NICHD Definitions; Miller & Menihan EFM texts; Simpson & Creehan; Creasy & Resnik.

NEW QUESTION # 56
Stimulation of the vagus nerve in a healthy fetus will cause:

- A. Increased cardiac contractility
- B. Decreased fetal heart rate
- C. Increased fetal blood pressure

Answer: B

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
Vagal stimulation is part of the parasympathetic nervous system, which causes:
* Slowing of the fetal heart rate (FHR)
* Rapid but temporary changes in HR
* Seen with head compression, scalp stimulation, or fetal movement
NICHD/NCC physiology explains:
* Vagus nerve activation # acetylcholine release # slowed SA node firing # decrease in FHR
* This mechanism is responsible for early decelerations during labor due to head compression.
Why the incorrect answers are wrong:
* B. Increased cardiac contractility # sympathetic effect, not vagal.

* C. Increased fetal blood pressure # also a sympathetic effect.
Correct answer: A. Decreased fetal heart rate
References:NCC Candidate Guide; AWHONN FHMPP; Menihan; Miller's Pocket Guide; Simpson & Creehan.

NEW QUESTION # 57
This fetal heart rate tracing is from a woman in the second stage of labor. This tracing is best interpreted as:

- A. Wandering baseline
- B. Intermittent late decelerations
- C. Variable decelerations

Answer: C

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
The tracing shows the classic features of variable decelerations:
* Abrupt onset (<30 seconds from baseline to nadir)
* Rapid drop followed by a rapid recovery
* Significant variability in shape, depth, and timing
* "Shouldering"-brief accelerations before or after the deceleration, typical of cord compression
* The decelerations vary in appearance and timing relative to contractions In second stage, this pattern is extremely common due to:
* Recurrent cord compression during descent
* Maternal pushing
* Reduced amniotic fluid with advancing labor
Why the other options are incorrect:
A). Intermittent late decelerations
* Late decelerations are uniform, smooth, begin after the contraction peak, and recover after the contraction ends.
* This tracing shows abrupt, variable-shaped, non-uniform decels # NOT late decels.
C). Wandering baseline
* A wandering baseline is a slowly fluctuating, low-amplitude, smooth, preterminal pattern.
* This tracing shows an identifiable baseline with variability and clear decelerations, not wandering baseline.
Thus, the tracing is most consistent with variable decelerations.
References:NCC C-EFM Candidate Guide; AWHONN FHMPP; NICHD FHR Definitions; Menihan Electronic Fetal Monitoring; Simpson & Creehan Perinatal Nursing; Creasy & Resnik Maternal-Fetal Medicine.

NEW QUESTION # 58
A 20-year-old woman (G1P0) at 40-weeks gestation was admitted for cervical ripening with dinoprostone (Cervidil) four hours ago. She developed the pattern shown one hour ago. She has been changed to a lateral position and given a fluid bolus, and the pattern continues. An appropriate intervention would be to:

- A. Remove the dinoprostone (Cervidil) insert
- B. Give 0.25 mg of terbutaline subcutaneously
- C. Continue to observe

Answer: A

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
The tracing shows tachysystole (more than 5 contractions in 10 minutes) with minimal variability and recurrent decelerations consistent with uteroplacental insufficiency caused by excessive uterine activity.
Dinoprostone (Cervidil) is a uterotonic prostaglandin, and one of its known complications is uterine tachysystole with Category II or III fetal heart rate patterns.
NCC/AWHONN guidance for tachysystole caused by prostaglandins:
* FIRST intervention: Remove the dinoprostone insert.
* Reposition the patient (already done).
* IV fluid bolus (already done).
* Consider terbutaline only if tachysystole persists after removal of the agent.
Since maternal repositioning and IV fluids have already failed, the next step is to remove the cervical ripening agent.

Why other answers are incorrect:
* A. Continue to observe - Never acceptable with tachysystole + fetal intolerance.
* B. Terbutaline - May be used after prostaglandin removal, not before.
Thus, the correct answer is C. Remove the dinoprostone insert.
References:NCC C-EFM Candidate Guide; AWHONN Fetal Heart Monitoring Principles & Practices; Menihan; Miller's Pocket Guide; NICHD Definitions; Creasy & Resnik.

NEW QUESTION # 59
During amnioinfusion, the infusion should be stopped periodically to assess changes in:

- A. Baseline uterine pressure
- B. Patient pain level
- C. Contraction pattern

Answer: A

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
During amnioinfusion, NCC emphasizes monitoring for uterine overdistention, which can lead to uterine hypertonus, uterine rupture, or placental separation. The primary way to evaluate overdistention is by measuring baseline uterine pressure via IUPC.
* Rising resting tone (>20-25 mmHg) indicates accumulating fluid and risk.
* Stopping the infusion intermittently allows recalibration and assessment of uterine baseline pressure.
* Contraction pattern (option B) is important but not the primary safety parameter.
* Pain (option C) is nonspecific and not a reliable indicator of uterine overdistention.
Thus, the infusion is stopped to assess baseline uterine pressure.
References:NCC C-EFM Candidate Guide; AWHONN Fetal Heart Monitoring Principles & Practices; Miller' s Fetal Monitoring Pocket Guide; Menihan Electronic Fetal Monitoring.

NEW QUESTION # 60
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