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NCC EFM test 1 with complete solutions

Variable decelerations are thought to be caused by:

- A. Fetal head compression
- B. Umbilical cord compression
- C. Uteroplacental insufficiency - Answer- B. Umbilical cord compression

An appropriate treatment for recurrent variable decelerations with moderate variability during second stage pushing is:

- A. Amnioinfusion
- B. Modification of pushing efforts
- C. Oxygen at 10 liters per nonrebreather face mask. - Answer- B. Modification of pushing efforts

The Primary purpose of the use of electronic fetal monitoring is to:

- A. Determine if the fetus is well oxygenated
- B. Document fetal status throughout labor
- C. Identify the fetus at risk - Answer- C. Identify the fetus at risk

An EFM tracing with fetal heart rate of 170 beats per minute and moderate variability would be classified as:

- A. Abnormal (category III)
- B. Indeterminate (category II)
- C. Normal (category I) - Answer- B. Indeterminate (category II)

When variability is undetectable, it is identified as:

- A. Absent
- B. Decreased
- C. Indeterminate - Answer- A. Absent

When periodic fetal heart rate patterns occur, they:

- A. Are associated with uterine contractions
- B. Are classified as indeterminate
- C. Require a fetal spiral electrode for accurate determination. - Answer- A. Are associated with uterine contractions

Interpretation and classification of fetal heart rate patterns are determined:

- A. Are associated with uterine contractions
- B. Based on EFM findings observed for a 60 minute period of time.

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q102-Q107):

NEW QUESTION # 102

A fetus displays a baseline heart rate of 125 beats per minute with moderate variability. During a contraction, the baseline rate drops abruptly to 80 beats per minute with gradual return to baseline over 90 seconds. This is classified as:

- A. Early deceleration
- B. Prolonged deceleration
- C. Variable deceleration

Answer: C

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

NICHD definitions:

A variable deceleration is identified by:

- * Abrupt onset(drop from baseline to nadir in <30 seconds)
- * Depth #15 bpm
- * Duration #15 seconds and <2 minutes
- * Variable timing relative to contractions
- * Variable shape (sharp drop, jagged descents, rapid recovery)

The scenario describes:

- * Abrupt drop from 125 # 80 bpm (rapid onset)
- * Lasting 90 seconds (still <2 minutes)
- * Gradual return but still within variable range
- * Occurring during a contraction
- * Depth >15 bpm

This meets ALL criteria for a variable deceleration.

Why the other options are wrong:

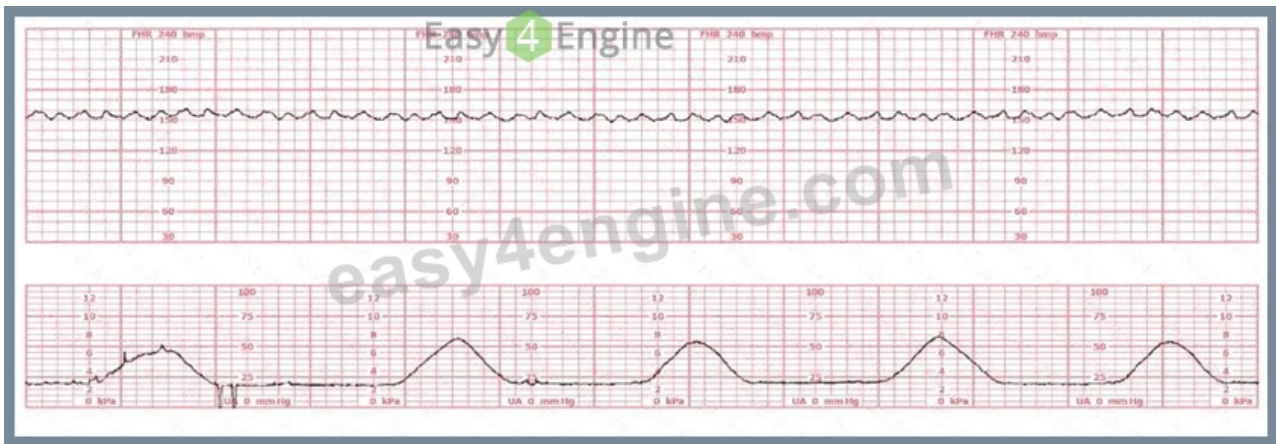
- * A. Early deceleration
- * Requires gradual onset (>30 seconds).
- * Mirrors contraction shape.
- * Caused by head compression.
- * This decel is abrupt, so NOT early.
- * B. Prolonged deceleration
- * Requires #2 minutes and <10 minutes.
- * This decel lasts 90 seconds, which is below the threshold.

Correct classification: Variable deceleration.

References:NICHD FHR Definitions; NCC Pattern Recognition Domain; AWHONN FHMPP; Menihan; Simpson & Creehan.

NEW QUESTION # 103

A woman at 38-weeks gestation is admitted to labor and delivery following a fall down the stairs three hours ago. She started feeling contractions in the ambulance. The fetal heart rate tracing shown is on initial evaluation and represents 25 minutes. This tracing is most consistent with a



- A. category II tracing
- B. category I tracing
- C. category III tracing

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract without any URL or Links According to the NCC C-EFM 2025 Candidate Guide, Pattern Recognition and Intervention requires the candidate to classify fetal heart rate (FHR) patterns using the NICHD 2008 three-tier system, which NCC endorses across all recommended resources (AWHONN Fetal Heart Monitoring Principles and Practices, Menihan Electronic Fetal Monitoring, Simpson & Creasy, Miller's Pocket Guide).

A Category II tracing is defined as "indeterminate" and includes any FHR pattern that is not Category I and not Category III. NCC references indicate that Category II may include:

- * Minimal or marked variability
- * Absence of accelerations after fetal stimulation
- * Recurrent variable decelerations with moderate variability
- * Prolonged decelerations lasting 2-10 minutes
- * Baseline tachycardia or bradycardia without absent variability

In the tracing provided:

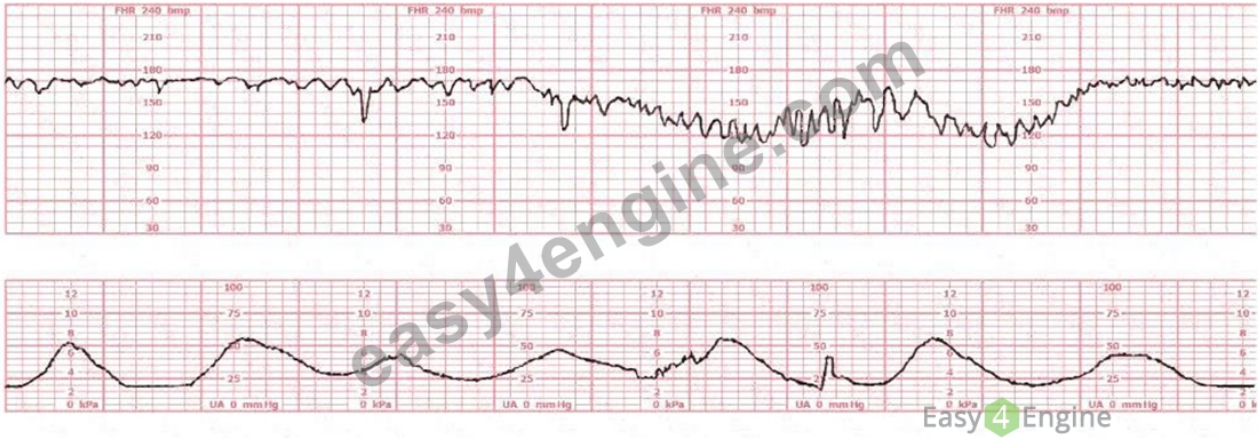
- * The baseline FHR is approximately 135-145 bpm, within normal limits.
- * Moderate variability is not consistently present; variability is borderline minimal-moderate at times.
- * No significant accelerations are seen over the 25-minute evaluation period.
- * No recurrent late or prolonged decelerations are present.
- * There are occasional subtle variable-type dips, but not enough to meet criteria for Category III.

NCC-endorsed texts (such as AWHONN and Menihan) state that a tracing with minimal variability for less than 40 minutes and without recurrent decelerations is Category II, as it fails to meet the requirements for Category I (must have moderate variability and accelerations absent decelerations) and lacks the criteria for Category III (must have absent variability with recurrent late decels, recurrent variable decels, bradycardia, or sinusoidal pattern).

Therefore, this pattern is indeterminate, consistent with Category II, and requires continued surveillance and evaluation, which aligns with NCC-recommended clinical decision-making competencies.

NEW QUESTION # 104

A woman is admitted at 41-weeks gestation for fetal evaluation following a motor vehicle accident. She reports that she hit her abdomen on the steering wheel. The underlying physiology of the tracing is most likely:



- A. Placental abruption
- B. Cord accident
- C. Fetal trauma

Answer: A

Explanation:

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

This tracing shows recurrent late decelerations, decreased variability, and subtle baseline shifts—findings that strongly correspond to uteroplacental insufficiency. In trauma cases, NCC emphasizes that placental abruption is the most common fetal complication, caused by shearing forces separating the placenta from the uterine wall.

Key physiologic points per NCC/AWHONN/Menihan:

- * Maternal blunt abdominal trauma frequently leads to partial or concealed abruption.
- * Abruption produces decreased uteroplacental blood flow, resulting in:
 - * Late decelerations
 - * Minimal/absent variability
 - * Baseline shifts or instability

Cord accident (option A) typically produces variable decelerations, not late-pattern decelerations.

Fetal trauma (option B) is extremely rare and does not produce a consistent deceleration pattern.

Thus, the physiologic most consistent with this tracing and mechanism of injury is placental abruption.

References: NCC C-EFM Candidate Guide (2025); NCC Physiology Domain; AWHONN Fetal Heart Monitoring Principles & Practices; Menihan Electronic Fetal Monitoring; Simpson & Creehan Perinatal Nursing; Creasy & Resnik Maternal-Fetal Medicine.

NEW QUESTION # 105

A key differentiating factor when determining if a deceleration is early or late is the

- A. depth of the deceleration
- B. timing in relation to contractions
- C. onset to nadir

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract (NCC-Referenced Sources) AWHONN and Menihan clearly state that classification of decelerations is determined by their timing relative to uterine contractions:

* Early decelerations: "mirror the contraction; onset, nadir, and recovery occur simultaneously with the contraction."

* Late decelerations: "begin after the contraction begins and return to baseline after the contraction ends." Depth is not a differentiating feature, as both early and late decelerations may vary in depth. The onset-to-nadir interval is used to differentiate variable vs. early/late, not early vs. late.

Thus, timing relative to contractions is the correct NCC-supported answer.

NEW QUESTION # 106

When fetal arterial blood pressure increases, the baroreceptors send impulses to the vagus nerve resulting in:

- A. Reflex tachycardia
- B. Decreased PO#
- C. Decreased heart rate

Answer: C

Explanation:

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

Fetal baroreceptors, located primarily in the carotid sinus and aortic arch, respond to increases in fetal arterial pressure. When activated, they stimulate the vagus nerve, causing:

* Reflex parasympathetic activation

* Decreased FHR (vagal slowing)

This is a well-established physiologic mechanism referenced throughout NCC's physiology domain. NCC emphasizes that variable decelerations, especially short deep drops, can occur when transient increases in fetal blood pressure from cord compression activate these baroreceptors.

Option B, decreased PO#, relates to chemoreceptor-mediated responses-not baroreceptors.

Option C, reflex tachycardia, is mediated by sympathetic activation and occurs when BP falls, not rises.

Thus, the correct physiologic response is A. Decreased heart rate.

References: NCC C-EFM Candidate Guide (2025); NCC Content Outline (Physiology Domain); AWHONN Fetal Heart Monitoring; Menihan Electronic Fetal Monitoring; Creasy & Resnik Maternal-Fetal Physiology; Simpson & Creehan Perinatal Nursing.

NEW QUESTION # 107

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