

# NCC - High Hit-Rate EFM - Advanced Certified - Electronic Fetal Monitoring Testing Engine



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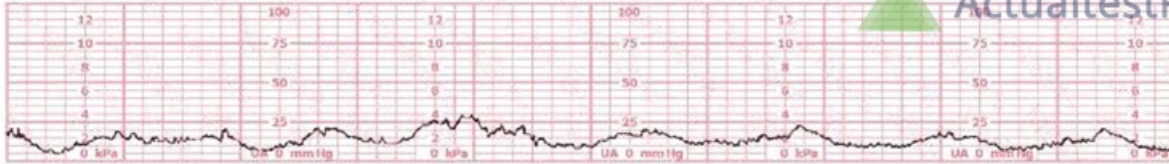
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## NCC Certified - Electronic Fetal Monitoring Sample Questions (Q16-Q21):

### NEW QUESTION # 16

This tracing has lasted for 20 minutes in a woman who is 6 cm dilated. The most appropriate intervention is:



- A. Intravenous bolus of D5% Lactated Ringers
- **B. Fetal scalp stimulation**
- C. Delivery

**Answer: B**

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

This tracing shows:

- \* Baseline approximately 135-140 bpm
- \* Minimal variability
- \* No accelerations
- \* No recurrent decelerations
- \* Category II for 20 minutes

According to NCC, AWHONN, and NICHD, minimal variability persisting # 20 minutes without accelerations requires assessment of fetal acid-base status, and fetal scalp stimulation is an accepted method to evaluate fetal well-being when a Category II tracing persists.

Fetal scalp stimulation:

- \* Should produce an acceleration # 15 bpm lasting # 15 seconds
  - \* A positive response indicates intact fetal nervous system and normal pH
  - \* If no acceleration occurs # further intrauterine resuscitation or expedited delivery may be required
- Why other options are incorrect:
- \* A. Delivery - Not indicated; this is Category II, not Category III.
  - \* C. IV bolus - IV hydration may improve variability, but assessment of fetal status comes first after 20 minutes of minimal variability.

Thus, the correct answer is B. Fetal scalp stimulation.

References: NCC C-EFM Candidate Guide; AWHONN FHMPP; NICHD Three-Tier System; Menihan; Miller's Pocket Guide; Simpson & Creehan.

### NEW QUESTION # 17

When the fetal heart rate is measured by a Doppler transducer and the intervals between heart beats are persistently identical, this shows as

- A. normal baseline
- **B. absent variability**
- C. bradycardia

**Answer: B**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources Variability is created by beat-to-beat differences in fetal cardiac intervals due to autonomic nervous system modulation. AWHONN specifies that absent variability appears as "a near-straight line with minimal or no discernible oscillations," which occurs when all beat intervals are identical. Menihan notes that Doppler displays variability based on mechanical motion and will show flat, unchanging intervals when fetal

autonomic modulation is suppressed, reflecting absent variability.

Bradycardia refers to a baseline <110 bpm and does not describe the uniformity of intervals. A normal baseline may still show variability; it cannot have identical beat-to-beat intervals, as this violates the definition of variability in NICHD terminology.

Simpson & Creehan state that absent variability is a significant marker of impaired fetal oxygenation or CNS depression.

References:

AWHONN - Fetal Heart Monitoring Principles & Practices  
Menihan - Electronic Fetal Monitoring  
Simpson & Creehan - Perinatal Nursing  
Creasy & Resnik - Maternal-Fetal Medicine  
Miller's Pocket Guide

### NEW QUESTION # 18

A fetal heart rate pattern shows no accelerations or decelerations. It would be interpreted as a Category II pattern if it occurred with:

- A. A fetal heart rate of 110 beats per minute
- B. A sinusoidal pattern
- C. **Marked variability**

**Answer: C**

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

NICHD Category II includes:

- \* Minimal variability
- \* Marked variability
- \* Absent accelerations without recurrent decelerations
- \* Indeterminate baseline characteristics

A tracing with no accelerations and no decelerations becomes Category II if paired with marked variability, because marked variability indicates potential stress.

Why other answers are wrong:

- \* A. FHR 110 bpm # normal baseline if variability normal.
- \* B. Sinusoidal pattern # Category III, not Category II.

Correct answer: Marked variability.

References: NCC Candidate Guide; NICHD FHR Definitions; AWHONN FHMPP; Menihan.

### NEW QUESTION # 19

The main reason intrauterine pressure catheters are placed is to:

- A. **Determine the contraction pattern**
- B. Define the quality of the fetal baseline
- C. Rule out artifact

**Answer: A**

Explanation:

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

Intrauterine pressure catheters (IUPCs) are an internal uterine activity monitoring device used when external tocodynamometry does not provide adequate assessment of contraction strength or frequency.

According to NCC, AWHONN, Miller, and Menihan, the primary indication for placing an IUPC is to obtain accurate, quantitative measurement of uterine activity.

Purpose of IUPC (per NCC and AWHONN):

- \* Measures exact intrauterine pressure in mmHg
- \* Calculates Montevideo units (MVUs) to evaluate adequacy of labor
- \* Clearly differentiates:
  - \* Frequency
  - \* Duration
  - \* Strength (intensity)
  - \* Resting tone

NCC explicitly lists the primary purpose as:

"Accurate assessment of uterine contraction pattern and intensity."

Why the other options are incorrect:

A). Define the quality of the fetal baseline - Incorrect

\* Fetal heart rate (FHR) baseline quality is determined by fetal ECG or FSE, not IUPC.

\* IUPCs monitor the uterus, not the fetal cardiac signal.

C). Rule out artifact - Incorrect

\* While an IUPC can reduce artifact from the toco, this is not its primary purpose.

\* Artifact is more commonly an issue with external FHR monitoring, corrected by repositioning or placing a fetal scalp electrode-not by using an IUPC.

B). Determine the contraction pattern

This aligns directly with NCC's Electronic Monitoring Equipment domain: IUPCs provide the most accurate and reliable measurement of uterine activity when external monitoring is inadequate.

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 # 20

When a difference in interpretation occurs over a non-emergent electronic fetal heart rate tracing, the first step toward resolution is to:

- **A. Have the involved clinicians review the tracing together**
- B. Follow the chain of command
- C. Document the incident in the medical record

**Answer: A**

Explanation:

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

NCC's Professional Issues domain emphasizes communication, collaboration, and team-based interpretation of electronic fetal monitoring tracings.

For non-emergent differences in interpretation, the first step is:

\* Discussion and joint review of the tracing by the involved clinicians.

Only if disagreement persists should the chain of command be used. Documentation occurs after consensus or escalation-not as the first step.

Thus, the appropriate first step is C. Have the involved clinicians review the tracing together.

References:NCC C-EFM Candidate Guide; AWHONN Standards for Professional Fetal Monitoring Practice; TeamSTEPPS principles.

### NEW QUESTION # 21

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