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NCC EFM Practice 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 ✓✓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

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q121-Q126):

NEW QUESTION # 121

A woman in labor has been pushing for 4 hours. For the last 2 hours, there have been recurrent variable decelerations. Variability has evolved from moderate to minimal. Cervical exam is 10/100% /+2, fetal head OP. There has been no fetal descent for the last 45 minutes. Based on the tracing shown, the most reasonable approach is

- A. vacuum-assisted vaginal birth
- **B. cesarean birth**
- C. continued pushing

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract (NCC-Referenced Sources) According to the NCC C-EFM Exam Outline and AWHONN Fetal Heart Monitoring (5th & 6th ed.), recurrent variable decelerations with progressive reduction in variability reflect worsening fetal hypoxia, especially when coupled with prolonged second stage and arrest of descent.

AWHONN and Menihan both state that:

* "Minimal variability with recurrent decelerations indicates inability of the fetus to maintain adequate oxygenation."

* "Failure of descent in second stage with non-reassuring patterns requires operative delivery." Creasy & Resnik emphasize that operative vaginal birth requires:

- (1) fetal head at +2 station or below,
- (2) favorable position,
- (3) reassuring fetal status.

Here, the fetus is OP, descent has arrested, and FHR is non-reassuring. This contraindicates vacuum extraction.

Therefore, the appropriate management under NCC competencies is cesarean birth.

NEW QUESTION # 122

A woman at 39-weeks gestation is in early labor, 2-3 cm dilated, 85% effaced, and -2 station. Based on the fetal heart rate tracing shown, what is the most appropriate first intervention?

- A. Administer terbutaline
- **B. Adjust the fetal monitor**
- C. Administer an IV fluid bolus

Answer: B

Explanation:

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

The tracing shows significant artifact, periods of signal loss, and abrupt changes inconsistent with physiologic fetal patterns. This is typical of poor signal quality, not actual fetal decelerations. In early labor at -2 station, external FHR monitoring often loses contact due to fetal position and maternal movement.

NCC and AWHONN emphasize the following when artifact is present:

* Correct signal quality before interpreting the tracing.

* Troubleshooting steps include:- Adjusting transducer location- Ensuring adequate ultrasound gel- Repositioning the mother- Checking for maternal heart rate contamination Why the other options are incorrect:

* B. IV fluid bolus - Indicated for hypotension or late decelerations, not for artifact.

* C. Terbutaline - Used for tachysystole with fetal intolerance; there is no tachysystole shown.

Thus, the correct first step is A. Adjust the fetal monitor.

References: NCC C-EFM Candidate Guide; AWHONN Fetal Heart Monitoring Principles & Practices; Miller's Pocket Guide; Menihan; Simpson & Creehan.

NEW QUESTION # 123

The fetal heart rate tracing shown demonstrates:

- A. Marked variability
- **B. Accelerations**
- C. Category II tracing

Answer: B

Explanation:

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

NCC C-EFM uses NICHD terminology to describe key FHR characteristics: baseline, variability, accelerations, and decelerations.

In this strip, the following findings are present:

- * **Baseline:**The baseline appears approximately 135-145 bpm, which is within the normal 110-160 bpm range described in NCC and AWHONN materials.
- * **Variability:**Beat-to-beat fluctuation is within 6-25 bpm, which meets the definition of moderate variability. NCC and NICHD define moderate variability as amplitude range of 6-25 bpm; this is associated with adequate fetal oxygenation and a normal fetal acid-base status.
- * **Accelerations:**The tracing shows distinct increases in FHR above the baseline by at least 15 bpm lasting 15 seconds or more but less than 2 minutes. NCC and NICHD define an acceleration in a term fetus precisely as "a visually apparent abrupt increase in FHR, with peak ≥ 15 bpm above baseline, lasting ≥ 15 seconds and < 2 minutes." The pattern shown fits this definition clearly.
- * **Category determination:**A tracing with normal baseline, moderate variability, and accelerations without decelerations is classified as Category I, not Category II. Category II is reserved for tracings that are not clearly Category I or III, such as minimal or marked variability, recurrent variables, or prolonged decelerations.
- * **Marked variability consideration:**Marked variability is defined as amplitude > 25 bpm. While the tracing is somewhat jagged, the fluctuation does not sustain > 25 bpm amplitude over a 10-minute segment and instead remains in the moderate range, so it does not meet criteria for marked variability.

Given these observations, the most accurate description of the tracing from the options provided is that it demonstrates accelerations.

References:NCC C-EFM Candidate Guide (2025); NCC Content Outline; NICHD Three-Tier FHR Interpretation System; 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 # 124

The tracing shown is a:

□

- **A. Category II**
- B. Category III
- C. Category I

Answer: A

Explanation:

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

The tracing demonstrates:

- * **Baseline:** approx. 140 bpm
- * **Variability:** minimal-to-moderate (fluctuating but not consistently moderate)
- * **Decelerations:** shallow variable decelerations
- * **Accelerations:** not consistently present

According to NICHD/NCC definitions:

Category I requires ALL of the following:

- * Baseline 110-160
- * Moderate variability
- * No late or variable decelerations
- * Early decels and accelerations may be present

This tracing does not have consistently moderate variability and does have variable decelerations, so it is not Category I.

Category III requires ANY of the following:

- * Absent variability with recurrent late decels
- * Absent variability with recurrent variable decels
- * Absent variability with bradycardia
- * Sinusoidal pattern

This tracing does not show absent variability, bradycardia, or recurrent significant lates.

Category II includes:

- * Minimal variability
- * Absence of accelerations
- * Variable decelerations
- * Tracings not clearly Category I or III

This strip fits Category II exactly due to minimal variability + intermittent variable decelerations.

Thus, the correct classification is Category II.

References: NCC C-EFM Candidate Guide; NICHD Three-Tier Interpretation System; AWHONN Fetal Heart Monitoring Principles & Practices; Menihan; Miller; Simpson & Creehan.

NEW QUESTION # 125

The decelerations seen in the fetal monitoring tracing shown are best described as:

- A. Variable
- B. Late
- C. Early

Answer: A

Explanation:

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

Accurate classification of decelerations requires evaluating their shape, onset, nadir, recovery, relationship to contractions, and variability characteristics. NCC uses the NICHD standardized definitions, reinforced across AWHONN, Miller's Pocket Guide, Menihan, Simpson, and Creasy & Resnik.

Key features in this tracing:

* Abrupt onset The FHR drops rapidly from baseline to nadir in less than 30 seconds-this is the defining hallmark of a variable deceleration per NICHD.

* Sharp V-shape and deep amplitude The tracing shows steep descents and ascents, characteristic of cord compression-type variable decelerations.

* Inconsistent timing with contractions The decelerations do not begin at the start of contractions (as early decelerations would) and do not consistently begin after the peak of contractions (as late decelerations would). Variable decelerations can occur before, during, or after a contraction-exactly what is demonstrated here.

* Rapid return to baseline Another core feature of variable decelerations in NICHD/NCC definitions.

* No uniform contraction relationship Early decelerations are symmetrical and mirror contractions.

Late decelerations begin after the peak of the contraction. This strip does not match either pattern.

Differentiation per NCC-aligned definitions:

* Early Decelerations: Gradual onset (>30 sec), nadir mirrors contraction peak, shallow, uniform. Not present.

* Late Decelerations: Gradual descent, nadir after contraction peak, smooth shape. Not present.

* Variable Decelerations: Abrupt onset (<30 sec), variable timing, sharp V-shape, rapid recovery, often with shoulders. Exactly matches the tracing.

Therefore, according to NICHD/NCC criteria, the decelerations shown are variable decelerations.

References: NCC C-EFM Candidate Guide (2025); NCC Content Outline; NICHD Standardized Definitions; 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 # 126

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