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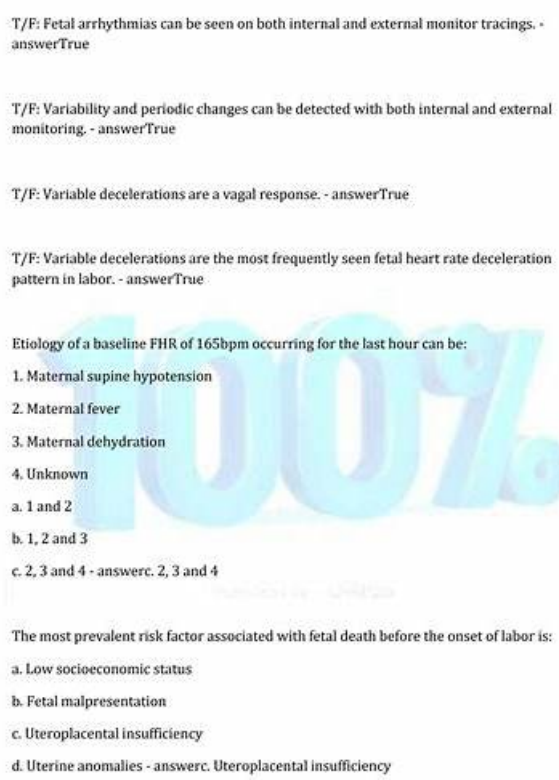

T/F: Fetal arrhythmias can be seen on both internal and external monitor tracings. - answerTrue

T/F: Variability and periodic changes can be detected with both internal and external monitoring. - answerTrue

T/F: Variable decelerations are a vagal response. - answerTrue

T/F: Variable decelerations are the most frequently seen fetal heart rate deceleration pattern in labor. - answerTrue

Etiology of a baseline FHR of 165bpm occurring for the last hour can be:

1. Maternal supine hypotension
2. Maternal fever
3. Maternal dehydration
4. Unknown

a. 1 and 2

b. 1, 2 and 3

c. 2, 3 and 4 - answerc. 2, 3 and 4

The most prevalent risk factor associated with fetal death before the onset of labor is:

a. Low socioeconomic status

b. Fetal malpresentation

c. Uteroplacental insufficiency

d. Uterine anomalies - answerc. Uteroplacental insufficiency

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The web-based format gives results at the end of every NCC EFM practice test attempt and points the mistakes so you can get rid of them before the final attempt. This online format of the Certified - Electronic Fetal Monitoring (EFM) practice exam works well with Android, Mac, Windows, iOS, and Linux operating systems.

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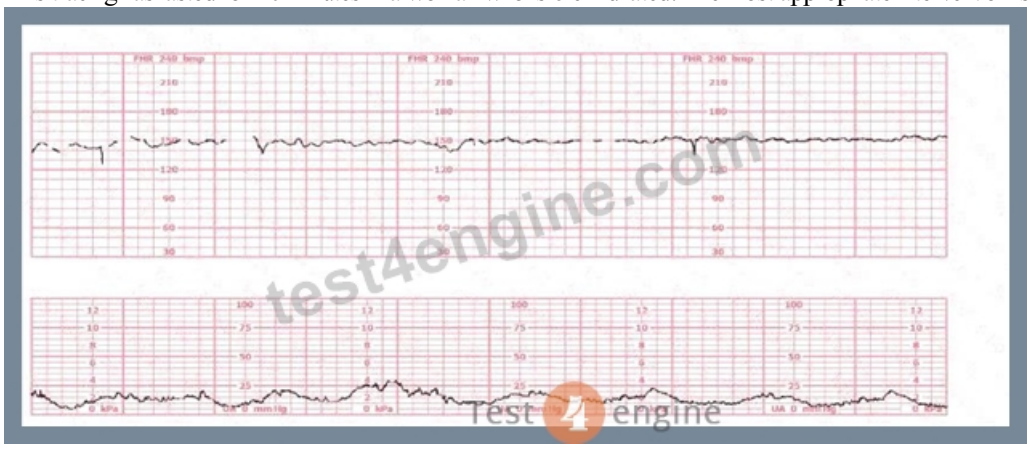
## NCC Certified - Electronic Fetal Monitoring Sample Questions (Q101-Q106):

**NEW QUESTION # 101**
A pattern of recurrent variable decelerations would move from Category II to Category III if what fetal heart rate change occurs?

- A. Absent variability
- B. Late decelerations
- C. Tachysystole

**Answer: A**

**NEW QUESTION # 102**
This tracing has lasted for 20 minutes in a woman who is 6 cm dilated. The most appropriate intervention is:




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

**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 # 103**

A 30-minute tracing with moderate variability, accelerations, and one variable deceleration would be classified as:

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

**Answer: A**

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
NICHD/NCC criteria:
Category I must have ALL of the following:
* Baseline 110-160 bpm
* Moderate variability
* No late or variable decelerations
* Early decelerations may be present or absent
* Accelerations may be present or absent
Because this tracing has one variable deceleration, it fails Category I criterion ("no late or variable decelerations").
Category III requires:
* Absent variability with recurrent late decels, recurrent variables, or bradycardia, or
* Sinusoidal pattern
Those findings are not present.
Therefore, any tracing that:
* Has moderate variability and accelerations,
* But includes a variable deceleration, and
* Does not meet Category III criteria
...falls into the Category II (indeterminate) group.
Correct classification: B. Category II.
References:NCC C-EFM Candidate Guide; NICHD Three-Tier FHR Interpretation System; AWHONN FHMPP; Menihan; Simpson & Creehan.

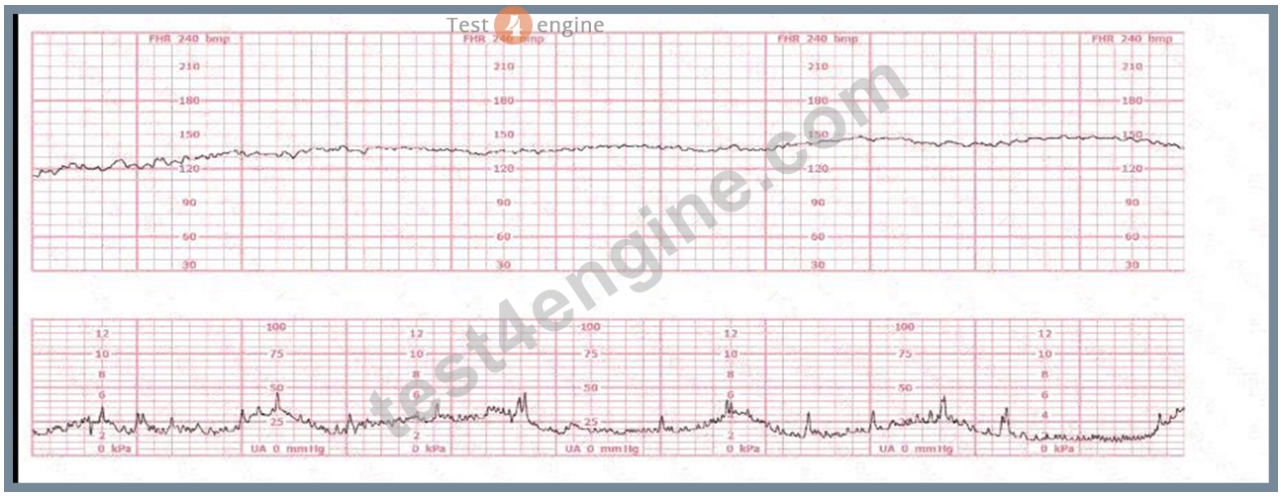
**NEW QUESTION # 104**
Accelerations that last 10 minutes or more are considered:

- A. Baseline variability
- B. A baseline change
- C. Tachycardia

**Answer: B**

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
NICHD definitions endorsed by NCC:
* An acceleration lasting #10 minutes is no longer an acceleration
* It is classified as a baseline change
* This also applies to decelerations lasting #10 minutes being considered a new baseline bradycardia Why the incorrect answers are wrong:
* B. Baseline variability # refers to amplitude fluctuations, not duration.
* C. Tachycardia # requires baseline >160 bpm for 10 minutes, but the definition of "acceleration #10 minutes = baseline change" supersedes this.
References:NCC C-EFM Candidate Guide; NICHD Definitions; AWHONN FHMPP.

**NEW QUESTION # 105**
A woman (G1, P0) at 41-weeks gestation presents to OB triage to rule out labor. Her cervical exam is 1 cm/50%/-2. Membranes are intact. She would like to go home if not in labor. Based on this tracing, which represents the last two hours, the best approach is:




- A. admission to hospital
- B. discharge to home
- C. further observation

**Answer: B**

Explanation:
Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources The fetal heart rate tracing shows a normal baseline (120-150 bpm), moderate variability, and no decelerations, consistent with a Category I pattern. According to AWHONN's Fetal Heart Monitoring Principles & Practices and NCC Perinatal Safety recommendations, a Category I tracing reliably indicates normal fetal acid-base status at the time of assessment and is considered reassuring.
Simpson & Creehan emphasize that in triage, management decisions depend on cervical status, contraction pattern, membrane status, and fetal well-being. With a cervix at 1 cm/50%/-2, intact membranes, and no regular labor pattern, she is not in active or latent labor requiring admission, provided fetal status is reassuring.
Menihan states that a normal tracing lasting two hours with moderate variability supports safe discharge when maternal and fetal assessments are normal. Creasy & Resnik confirm that reassuring fetal testing plus absence of labor is appropriate for outpatient management.
References:
AWHONN - Fetal Heart Monitoring Principles & PracticesSimpson & Creehan - Perinatal NursingMenihan - Electronic Fetal MonitoringCreasy & Resnik - Maternal-Fetal MedicineMiller's Pocket Guide

**NEW QUESTION # 106**
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