NCC
C-OBE
NCC Obstetric Emergencies

Latest Version: 6.0

Question: 1

A 41-year-old G5P4 at 16 weeks has chronic hypertension, pregestational diabetes, and a prior pregnancy complicated by severe preeclampsia in the early third trimester. At intake her blood pressure is below the diagnostic threshold for hypertension, the urine dipstick is negative for protein, and she feels well.
Which prevention-focused interpretation is most appropriate?

A. Cumulative historical risk warrants early high-risk planning despite reassuring findings
B. Risk status should be raised when symptoms or abnormal findings first appear
C. The negative urine protein makes later superimposed preeclampsia unlikely

Answer: A

Question: 2

A patient at 11 weeks reports that her previous pregnancy ended in an emergency delivery at 29 weeks after severe hypertension, pulmonary edema, and abnormal liver tests. Her blood pressure today is 124/76 mmHg and she has no symptoms.
Which prevention-focused action is most appropriate?

A. Plan routine prenatal care because her current blood pressure and examination are normal
B. Defer risk stratification to the third trimester, when hypertensive disease usually appears
C. Treat the prior severe hypertensive pregnancy as a major risk factor and begin high-risk planning now

Answer: C

Question: 3

A patient at 36 weeks' gestation with known placenta previa presents to triage with painless vaginal bleeding. She is hemodynamically stable and the fetal heart rate tracing is reassuring.
Which assessment is contraindicated in this situation?

A. Careful speculum examination to visualize the cervix and vaginal walls
B. Digital cervical examination to assess dilation and effacement
C. Transvaginal ultrasound to localize the placental edge

Answer: B

Question: 4

A patient receiving magnesium sulfate develops respiratory arrest and then pulseless electrical activity. Before the arrest, reflexes were absent and urine output was 8 mL/hr. CPR is started.
Which reversible cause should be addressed immediately?

A. Magnesium toxicity, treated with intravenous calcium
B. Thromboembolism producing obstructive shock
C. Hypovolemia from unrecognized hemorrhage rather than the magnesium infusion

Answer: A

Question: 5

A patient with ongoing postpartum hemorrhage has received multiple units of red cells and plasma along with platelets. She remains hypotensive with a rising lactate, and diffuse oozing is coming from her intravenous sites. Her uterus is firm and her fibrinogen is critically low for the obstetric setting.
Which correction is most critical at this point?

A. Increase the oxytocin infusion to improve uterine tone
B. Give a crystalloid bolus to restore intravascular volume
C. Replace fibrinogen with cryoprecipitate or fibrinogen concentrate

Answer: C

Question: 6

A patient with severe-range hypertension has a generalized seizure and afterward has persistent weakness of one side of the body.
Which action must be prioritized?

A. Obtain an electroencephalogram before other diagnostic studies
B. Continue magnesium and observe for the weakness to resolve
C. Obtain urgent brain imaging to identify intracranial pathology

Answer: C

Question: 7

A postpartum patient is being watched closely after a large-volume obstetric hemorrhage that has now been controlled. Her blood pressure remains within her usual range.
Which change is most likely to signal impending decompensation before hypotension develops?

A. A gradually rising respiratory rate
B. The onset of cool, mottled extremities
C. A falling peripheral oxygen saturation

Answer: A

Question: 8

A shoulder dystocia is recognized at a vaginal delivery, and the McRoberts maneuver has not relieved the impaction.
Which maneuver should be performed next?

A. Fundal pressure to push the impacted shoulder past the symphysis
B. Delivery of the posterior arm before external pressure is added
C. Suprapubic pressure directed just above the symphysis

Answer: C

Question: 9

During a vaginal birth the fetal head delivers and then retracts tightly against the perineum, and gentle downward traction does not deliver the shoulders. The team recognizes a shoulder dystocia.
Which action is most appropriate first?

A. Apply fundal pressure to push the anterior shoulder under the symphysis
B. Hyperflex and abduct the maternal hips and call for additional help
C. Deliver the posterior arm before repositioning the legs or applying suprapubic pressure

Answer: B

Question: 10

Which practice is required for closed-loop communication during an obstetric emergency?

A. The receiver repeats the instruction back and the sender confirms it
B. The task is announced to the room so that whoever is free responds
C. The order is entered in the record as soon as the emergency is over

Answer: A

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