

Free PDF EFM - Updated Certified - Electronic Fetal Monitoring Free Practice Exams

Electronic Fetal Monitoring (EFM) Practice Questions with Updated Answers 2023/2024

How many parts are there to the fetal heart tracing (FHT)?

There are 2 parts:

1. Fetal heart rate

Can be measured internally or externally:

- **Externally** - measured with a doppler
- **Internally** - measured with a fetal scalp electrode (FSE)

2. Tocodynamoter (Toco)

Measures mom's contractions

Can measured internally or externally:

- **External** - measured with a skin tensometer belt ('toco' belt)
- External shows the frequency of contractions
- **Internally** - measured with Intrauterine Pressure Catheter (IUPC)
- Internal shows frequency and strength of contractions

The Display

- Upper pane = baby (fetal heart tracing)
- Lower pane = mom (uterine activity)
- Fetal heart rate is displayed numerically and by increments of 10 bpm (ascending order)
- Uterine pressure is displayed numerically in mmHG
- Red lines = intervals of 1 min
- Baseline of FHR is average FHR over 10 minutes, rounded to the nearest 5 bpm. (will always end in 5 or 0)



Baseline FHR

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q125-Q130):

NEW QUESTION # 125

When auscultating the fetal heart rate, the Doppler should be placed over the fetal:

- A. Chest
- B. Abdomen
- C. Back

Answer: C

Explanation:

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

NCC and AWHONN standards state that the fetal heart tones are most clearly heard when the Doppler probe is placed over the fetal back, because:

- * The fetal heart transmits sound most directly through the fetal spine.
- * Amniotic fluid and fetal position allow the strongest conduction at the back.
- * During Leopold maneuvers, identification of the back guides optimal placement.

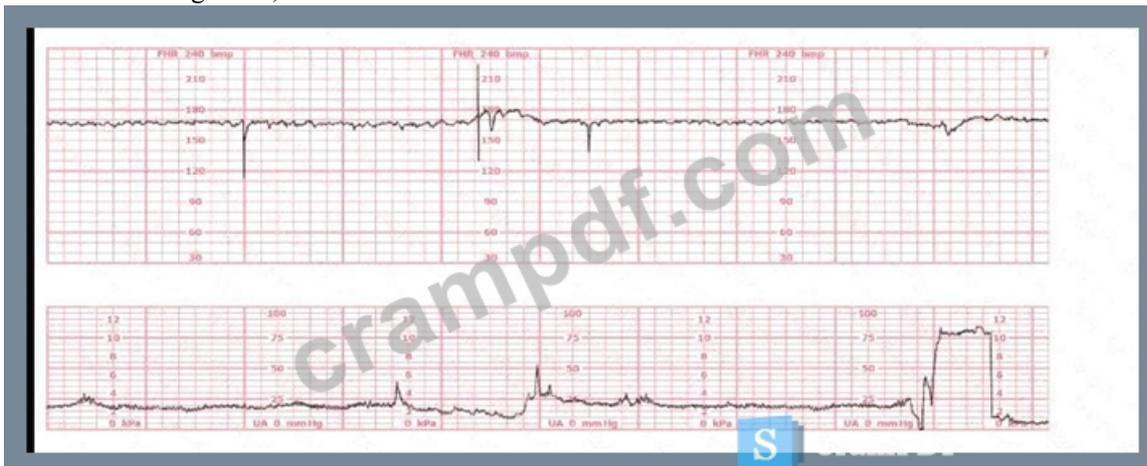
Placing the Doppler over the abdomen or chest does not provide the strongest or most reliable fetal signal.

Therefore, the correct placement is over the fetal back.

References: NCC C-EFM Candidate Guide; AWHONN Fetal Heart Monitoring Principles & Practices; Simpson & Creehan Perinatal Nursing.

NEW QUESTION # 126

Based on the tracing shown, the first action should be to



- A. administer vibroacoustic stimulation
- B. palpate for contractions
- C. assess maternal temperature

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract (No URLs or Links):

According to the NCC C-EFM exam outline and AWHONN Fetal Heart Monitoring Principles (2022), the first step when evaluating a concerning fetal heart rate pattern is to verify uterine activity, because the fetal response is often directly associated with contraction frequency, strength, or tachysystole. AWHONN states that "the clinician must confirm maternal-fetal physiology and uterine activity by palpation when interpreting any FHR pattern, as tocodynamometry may under- or overestimate uterine pressure." Menihan's Electronic Fetal Monitoring further emphasizes: "Always validate the contraction pattern via maternal abdominal palpation before proceeding with additional interventions." The tracing shows a late-appearing deceleration pattern with uncertain contraction correlation because the external toco waveform is inadequate (flat or poorly recorded). Before determining whether the decelerations are early, late, or variable, the clinician must confirm whether contractions are present, absent, or excessive. This step is listed as a core competency under Pattern Recognition & Intervention in the NCC Candidate Guide.

Therefore, palpating for contractions is the required first intervention.

References: AWHONN Fetal Heart Monitoring (2022-2024 Edition) Menihan: Electronic Fetal Monitoring Simpson & Creasy:

NEW QUESTION # 127

A woman who is one week past a confirmed due date has serial ultrasounds to determine:

- A. Amniotic fluid volume
- B. Placental calcification
- C. Fetal weight

Answer: A

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

Post-dates surveillance focuses on:

- * Amniotic fluid volume (AFI or deepest vertical pocket)
- * This is the most sensitive parameter of placental function
- * Oligohydramnios is strongly associated with post-maturity and perinatal morbidity NCC and AWHONN emphasize amniotic fluid as the primary parameter for fetal well-being in post-term surveillance.

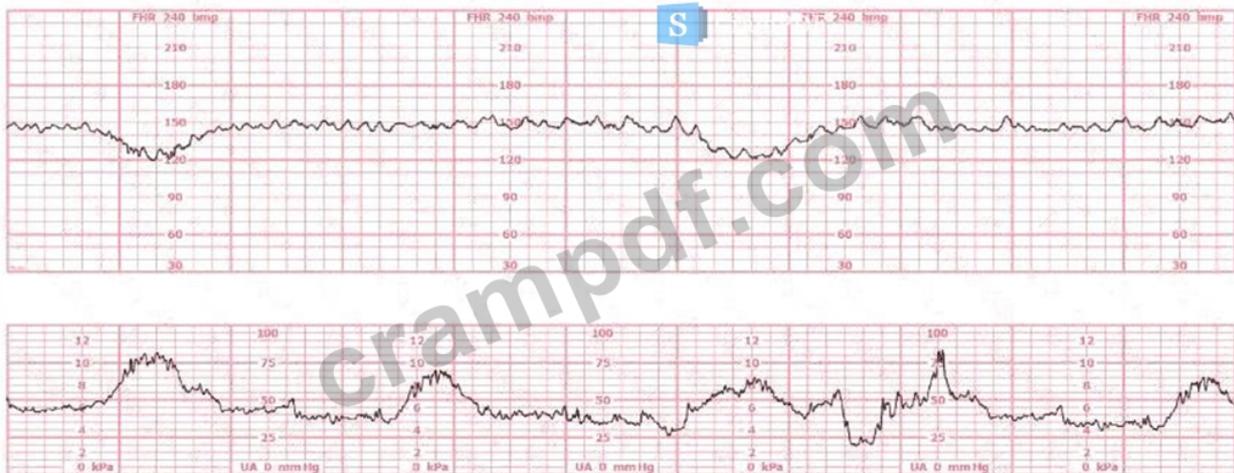
Why the incorrect answers are wrong:

- * B. Fetal weight # inaccurate and not used for surveillance decisions.
- * C. Placental calcification # poor predictor of fetal outcome and not used for management.

References: NCC C-EFM Candidate Guide; ACOG post-dates management (summaries); Simpson & Creehan.

NEW QUESTION # 128

The fetal heart rate tracing shown represents



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

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources The tracing demonstrates a baseline within normal limits, moderate variability, and recurrent variable decelerations associated with contractions. According to NICHD/NCC definitions reproduced in AWHONN's Fetal Heart Monitoring Principles & Practices and Menihan's Electronic Fetal Monitoring, recurrent variable decelerations with preserved variability classify the tracing as Category II.

A Category I pattern must show baseline 110-160, moderate variability, and absence of late or variable decelerations. Because this tracing shows recurrent variable decelerations, it does not meet Category I criteria.

Category III requires absent variability PLUS recurrent late decelerations, recurrent variable decelerations, bradycardia, or a sinusoidal pattern. This tracing shows moderate variability, therefore it cannot be Category III.

Simpson & Creehan emphasize that variable decelerations reflect cord compression and fall into Category II unless accompanied by absent variability. Miller's Pocket Guide confirms that moderate variability maintains fetal compensatory reserve, keeping the pattern

in Category II.

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 # 129

Maternal-fetal oxygen transfer takes place in the:

- A. Umbilical vein
- B. Spiral arteries
- C. Intervillous space

Answer: C

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Physiologic Sources:

Oxygen transfer occurs at the maternal-fetal interface within the intervillous space, where:

- * Maternal blood from the spiral arteries bathes the chorionic villi
- * Diffusion occurs between maternal blood and fetal capillary beds
- * Oxygen then travels through fetal circulation via the umbilical vein

Thus:

- * Intervillous space = site of gas exchange
 - * Spiral arteries = deliver maternal blood to that space
 - * Umbilical vein = fetal vessel carrying oxygenated blood after exchange has occurred
- Correct answer: A. Intervillous space

References: NCC Physiology Domain; AWHONN FHMPP; Creasy & Resnik; Simpson & Creehan.

NEW QUESTION # 130

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