

NCC EFM関連受験参考書、EFM模擬問題集

NCC-EFM Test

Uterine contractions are quantified as - answer the number of contractions present in a 10 min window

Normal frequency of uterine contractions - answer ≤5 contractions in 10 min, averaged over a 30 min window

Tachysystole is - answer >5 contractions in 10 min, averaged over a 30 min window. Should be qualified as to the presence or absence of FHR decelerations

Terms describing uterine contractions that have been abandoned - answer "hyperstimulation" and "hypercontractility"

FHR patterns are defined by the characteristics of - answer baseline, variability, accelerations, and decelerations

Baseline FHR is determined by approximating the mean FHR rounded to increments of (A) bpm during a (B) min window, excluding (C) and (D) and periods of (E) FHR variability - answer A. 5
B. 10
C. accelerations
D. decelerations
E. marked

There must be at least (A) minutes of identifiable baseline segments in any (B) minute window, or the baseline for that period is (C) - answer A. 2
B. 10
C. Indeterminate

Bradycardia - answer a baseline FHR <110

Tachycardia - answer a baseline FHR >160

Baseline FHR variability is determined in a (A) min window excluding (B) and (C) - answer A. 10
B. accelerations
C. decelerations

Baseline FHR variability is defined as (A) in the baseline FHR that are (B) in (C) and (D) - answer A. fluctuations
B. irregular

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あなたに相応しいPass4Test問題集を探していますか。EFM試験備考資料の整理を悩んでいますか。専門化のIT認定試験資料提供者Pass4Testとして、かねてより全面的の資料を準備します。あなたの資料を探す時間を節約し、NCC EFM試験の復習をやっていきます。

>> NCC EFM関連受験参考書 <<

EFM試験の準備方法 | 一番優秀なEFM関連受験参考書試験 | 実際のCertified - Electronic Fetal Monitoring模擬問題集

EFMトレーニング資料にはハラーン語は含まれておらず、すべてのページは献身的な熟練した専門家によって書かれています。当社のウェブサイトの専門家は、複雑な概念を簡素化し、例、シミュレーション、および図を追加して、理解しにくいかもしれないことを説明します。そのため、普通の試験官でも難なくすべての学習問題を習得できます。さらに、EFM受験者は、テストエンジンを使用することで自分自身に利益をもたらす、演習や回答などの多くのテスト問題を取得できます。

NCC Certified - Electronic Fetal Monitoring 認定 EFM 試験問題 (Q114-Q119):

質問 # 114

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

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

正解: C

解説:

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.

質問 # 115

The baseline fetal heart rate in this tracing is:

□

- A. Tachycardia
- B. 155 beats per minute
- C. Indeterminate

正解: A

解説:

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

On the tracing:

* FHR consistently ranges 170-185 bpm.

* Variability remains present, confirming adequate signal.

* This pattern persists for the required minimum 10-minute baseline window.

NICHD/NCC define fetal tachycardia as:

* Baseline > 160 bpm for at least 10 minutes

Because the FHR is well above 160 for the whole reviewable period, the baseline is tachycardic.

Why the other answers are incorrect:

* A. 155 bpm - Too low; FHR visually averages well above this.

* B. Indeterminate - Not applicable; variability is clear and the tracing meets the #10-minute rule.

Correct answer: C. Tachycardia

References:NICHD Definitions; NCC C-EFM Candidate Guide; AWHONN; Miller; Menihan.

質問 # 116

This external tracing is from a 19-year-old (G1P0) at 39-weeks gestation. She is 6 cm dilated, 100% effaced, and -2 station. The fetus is in an occiput posterior position. She rates her pain as 8. She reports being lightheaded. She is most likely at risk for respiratory:

□

- A. Acidosis
- B. Alkalosis
- C. Depression

正解： B

解説:

Comprehensive and Detailed Explanation From NCC-Aligned Physiologic References:

This strip shows:

- * Baseline around 150 bpm
- * Moderate variability
- * No decelerations
- * Consistent, strong contractions
- * A maternal report of severe pain (8/10) and feeling lightheaded

In labor, severe pain + anxiety + hyperventilation commonly cause maternal respiratory alkalosis.

NCC and AWHONN physiology guidance explain:

* Hyperventilation ## PaCO₂ ## respiratory alkalosis

* Symptoms include:

* Lightheadedness

* Tingling

* Dizziness

* Sometimes palpitations

* This frequently occurs during painful contractions, especially with occiput posterior labor, which is notoriously more painful due to back pressure.

Why other answers are incorrect:

* A. Respiratory acidosis occurs with hypoventilation-not present here.

* C. Respiratory depression occurs with opioids, magnesium sulfate, or anesthesia-not part of this scenario.

Therefore, the correct answer is B. Alkalosis.

References: NCC C-EFM Candidate Guide; AWHONN FHMPP; Menihan EFM; Miller's Pocket Guide; Simpson & Creehan; Creasy & Resnik.

質問 # 117

A woman in active labor at 8 cm experiences spontaneous rupture of membranes and acute bright red vaginal bleeding. The uterus is soft and nontender to palpation. The fetal monitor tracing has been normal and now shows tachycardia followed by bradycardia with minimal variability. The maternal blood pressure is 130/76 mm Hg, and the pulse is 86 beats per minute. The most likely cause of these findings is:

- A. Placenta previa
- **B. Ruptured vasa previa**
- C. Abruptio placenta

正解： B

解説:

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

When bright red vaginal bleeding occurs at the moment of membrane rupture, accompanied by an acute, severe fetal heart rate deterioration, NCC sources emphasize considering conditions causing fetal hemorrhage rather than maternal instability.

The key features in this scenario:

* Timing: Bleeding occurs immediately with spontaneous rupture of membranes-this is classic for vasa previa rupture, where fetal vessels traverse membranes and are torn when the membranes rupture.

* Bleeding characteristics: Bleeding is acute, bright red, and sudden. In vasa previa, the blood observed vaginally is fetal blood, not maternal blood.

* Uterine exam: The uterus is soft and nontender, which strongly argues against abruptio placenta, where the uterus is typically firm, rigid, or painful.

* Maternal vital signs: Maternal blood pressure and pulse are normal, indicating no maternal hypovolemia. In placental abruption or placenta previa with significant maternal bleeding, maternal vitals are often abnormal. Here, the mother is stable, meaning the blood is not maternal-supporting fetal vessel rupture.

* Fetal heart rate pattern:

* Initial tachycardia, followed by

* Bradycardia with minimal variability Such a pattern is consistent with acute fetal blood loss, which rapidly leads to fetal hypovolemia and hypoxia.

* Differential based on NCC-aligned physiology:

A). Abruptio placenta - NOT supported

Typically presents with:

- * Painful bleeding
- * Firm, tender uterus
- * Maternal tachycardia
- * Uterine irritability

None of these are present.

B). Placenta previa - NOT supported

Classically painless bright red bleeding before or early in labor, not triggered by membrane rupture.

Fetal compromise is less sudden unless maternal shock occurs, which is not the case here.

C). Ruptured vasa previa - CORRECT

Defined by:

- * Painless, sudden bright red bleeding at ROM
- * Normal maternal vital signs
- * Rapid fetal deterioration (tachycardia # bradycardia # minimal variability)
- * Soft, nontender uterus

This fits the scenario exactly.

Therefore, the most likely cause is ruptured vasa previa, a recognized obstetric emergency described across AWHONN, NCC C-EFM references, and maternal-fetal physiology texts such as Menihan and Creasy & Resnik.

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.

質問 # 118

Fetal supraventricular tachycardia will often appear on the monitor as

- A. artifact
- B. the same rate as the maternal pulse
- C. half the actual rate

正解: C

解説:

Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources NCC-recommended fetal assessment texts emphasize that external Doppler ultrasound may undercount very rapid fetal arrhythmias such as fetal supraventricular tachycardia (SVT). Because Doppler detects mechanical motion rather than electrical activity, the device may record only every other cardiac contraction

, a phenomenon known as "half-counting."

Menihan's Electronic Fetal Monitoring explains that with SVT-often exceeding 200 to 260 bpm-the monitor "may display a fetal heart rate at approximately half the true atrial rate." AWHONN teaching materials affirm that rapid, regular tachyarrhythmias may appear deceptively slower on the external monitor due to Doppler under-sampling. Simpson & Creehan note that half-counting is a recognized technical limitation and may cause clinicians to miss true tachyarrhythmias if internal monitoring is not applied.

In contrast, artifact displays irregular, inconsistent, and non-physiologic deflections. Matching the maternal pulse suggests maternal heart rate misinterpretation, not SVT.

Miller's Pocket Guide also highlights that half-counting is "commonly seen in fetal SVT when using external Doppler due to failure to detect each rapid contraction." Therefore, fetal SVT most commonly appears as half the actual rate on an external fetal monitor.

References:

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

質問 # 119

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EFM模擬問題集: <https://www.pass4test.jp/EFM.html>

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