

# EFM Exam Vce Format - EFM Valid Exam Sample

## EFM practice test exam Questions with Answer 2023-2024

What FHR finding is top priority for immediate interventions?

- a. heart block rate of 60 bpm
- b. bradycardia
- c. tachycardia with minimal variability rate of 170 with pushing - answers>>B. BRADYCARDIA

The change from moderate to minimal variability which is most concerning would be when:

- a. association with tachysystole with or without pitocin
- b. association after giving stadol and phenergan
- c. association with active phase of pushing +3 station - answers>>a. association with tachysystole with or without pitocin

Explain the difference between "shoulders" and "overshoots" associated with variable decels (not approved NICHD approved terminology)

- a. shoulders are associated with moderate variability
- b. over shoots are associated with moderate variability
- c. shoulders are associated with minimal variability and overshoots are associated with absent variability - answers>>a. shoulders are associated with moderate variability

Define tachysystole with pitocin:

- a. tachysystole is > or equal to 5 contractions in 10 minutes averaged over a 30-minute time frame but only with fetal intolerance
- b. tachysystole is > or equal to 5 contractions in 10 minutes averaged over a 30-min time despite fetal intolerance of pattern, category 1 tracing
- c. tachysystole is >5 contractions in 10 minutes averaged over a 30-min period of time - answers>>c. tachysystole is >5 contractions in 10 minutes averaged over a 30-min period of time

What category tracing is baseline rate of 120, absent variability and prolonged 5-minute decel to the 60s?

- a. cat 1

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## NCC Certified - Electronic Fetal Monitoring Sample Questions (Q57-Q62):

### NEW QUESTION # 57

The fetal heart rate tracing shown demonstrates:

□

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

**Answer: C**

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  $\geq$ 15 bpm above baseline, lasting  $\geq$ 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 # 58

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

□

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

**Answer: C**

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 # 59

A woman experiences an eclamptic seizure during the second stage of labor. An anticipated fetal heart rate abnormality post-seizure would be:

- A. Variable decelerations
- B. Sinusoidal pattern
- C. **Bradycardia**

**Answer: C**

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Emergency Fetal Response Principles:

Following an eclamptic seizure:

- \* Maternal hypoxia, apnea, and intense sympathetic discharge occur
- \* Uteroplacental perfusion drops
- \* Fetus experiences acute hypoxemia
- \* The expected fetal heart rate response is a prolonged bradycardia

This is well-described in NCC and AWHONN emergency physiology:

- \* "Post-seizure fetal bradycardia is common and often resolves within 5-10 minutes as maternal oxygenation stabilizes." Why other answers are incorrect:
- \* B. Sinusoidal pattern - Rare and usually indicates fetal anemia, not post-seizure status.
- \* C. Variable decelerations - Associated with cord compression, not seizures.

Correct answer: A. Bradycardia

References: NCC C-EFM Candidate Guide; AWHONN FHMPP; Menihan; Simpson & Creehan.

### NEW QUESTION # 60

The fetal heart rate baseline is

- A. documented in a 15 beats per minute range
- B. **established between periodic and episodic changes**
- C. normally between 110 and 170 beats per minute

**Answer: B**

Explanation:

Comprehensive and Detailed Explanation (From NCC C-EFM-Referenced Sources) The NCC C-EFM exam outline, along with AWHONN and Miller's Pocket Guide, define baseline fetal heart rate as the mean FHR rounded to increments of 5 bpm, measured over a 10-minute window, excluding:

- \* accelerations
- \* decelerations
- \* periods of marked variability
- \* any segments differing by >25 bpm

This aligns with ACOG, AWHONN, and Simpson's interpretation standards.

Option A is incorrect: the baseline is not documented as a 15-bpm range; it is documented as a single value (e.g., 140 bpm).

Option C is incorrect: the correct NCC/ACOG standardized normal baseline is 110-160 bpm, not 170.

Exact Extract Concepts Referenced:

- "Baseline is determined over a 10-minute period excluding periodic or episodic changes." (AWHONN FHR Principles)
- "Baseline is the mean FHR rounded to 5-bpm increments." (Miller's Pocket Guide)
- "Normal baseline is 110-160 bpm." (Simpson & Menihan; Creasy & Resnik)

### NEW QUESTION # 61

The most probable underlying fetal physiologic cause for this tracing would be:

- A. Release of catecholamines
- B. Vagal nerve stimulation in response to hypoxemia
- C. Myocardial hypoxic depression

**Answer: A**

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

This tracing shows:

- \* Baseline ~145 bpm
- \* Minimal variability
- \* No accelerations or decelerations
- \* Very little fluctuation # resembles a flat/minimal variability Category II tracing The key physiologic mechanism behind minimal variability in the presence of a normal baseline and normal contraction pattern is most often: Increased fetal sympathetic tone, driven by catecholamine release (epinephrine and norepinephrine).

NCC and AWHONN explain:

- \* Catecholamine release (due to fetal stress, early hypoxemia, or maternal stress) results in:
  - \* Reduced beat-to-beat fluctuation
  - \* Minimal baseline variability
  - \* This is considered an early compensatory mechanism, not yet a decompensated hypoxic state.

Why the other answers are incorrect:

- \* A. Myocardial hypoxic depression
  - \* Causes absent variability, NOT minimal variability.
  - \* Represents advanced or severe hypoxia. The FHR here is not absent variability.
- \* C. Vagal stimulation in response to hypoxemia
  - \* Produces decelerations, especially late or prolonged.
  - \* This strip shows no decelerations, ruling this out.

Therefore the most accurate physiologic explanation is B. Release of catecholamines.

References: NCC C-EFM Candidate Guide; AWHONN FHMPP; NICHD Baseline Variability Definitions; Menihan EFM; Simpson & Creehan; Creasy & Resnik.

### NEW QUESTION # 62

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