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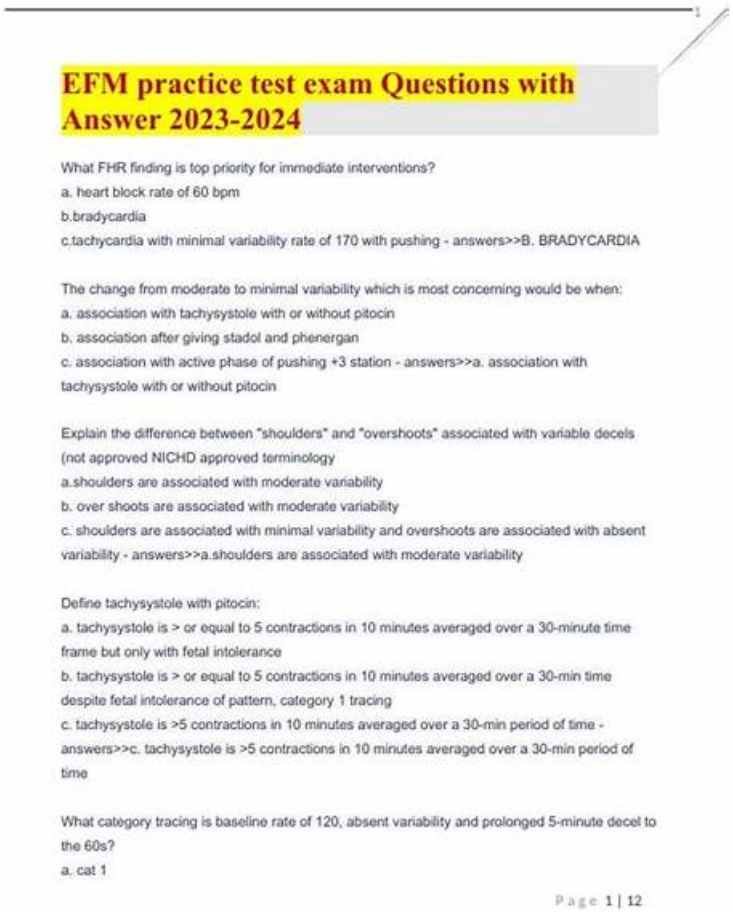

EFM practice test exam Questions with Answer 2023-2024

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 (Q13-Q18):

NEW QUESTION # 13
Based on the tracing shown, the first action should be to

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

Answer: C

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 MonitoringSimpson & Creasy: Perinatal Nursing / Maternal-Fetal PhysiologyNCC C-EFM Content Outline - Pattern Recognition and Intervention Domain

NEW QUESTION # 14
A 45-year-old woman at 36-weeks gestation presents for a nonstress test. Vital signs are:
* Maternal pulse rate: 86 beats per minute
* Blood pressure: 118/76 mm Hg
* Temperature: 36.7°C (98.1°F)
The next course of action would include:

- A. Discharge home
- B. Perform a Kleihauer-Betke test
- C. Induce labor

Answer: A

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
The NST strip shows:
* Baseline FHR about 140 bpm
* Moderate variability
* Two or more accelerations meeting 15×15 criteria
* No decelerations
* Normal, infrequent contractions
Per NCC and AWHONN, a reactive NST is defined as:
* #2 accelerations of 15 bpm × 15 seconds in a 20-minute period
* With baseline 110-160 and moderate variability
* No recurrent decelerations
A reactive NST at 36 weeks in a hemodynamically stable mother with normal vitals is reassuring, and the appropriate disposition is routine follow-up and discharge.
Why the other options are incorrect:
* B. Induce labor - Not indicated solely on maternal age or a reactive NST.
* C. Kleihauer-Betke test - Used to quantify fetomaternal hemorrhage after trauma or sensitization risk; there is no such history here.
Therefore, the correct action is A. Discharge home.
References:NCC C-EFM Candidate Guide; AWHONN Fetal Heart Monitoring Principles & Practices; Simpson & Creehan;

Creasy & Resnik.

NEW QUESTION # 15
When accelerations precede a variable deceleration pattern, this is caused by

- A. oligohydramnios
- B. hypoxic reflex response
- C. occlusion of the umbilical vein

Answer: C

Explanation:
Comprehensive and Detailed Explanation From Exact Extract (No URLs or Links) NCC-recommended physiologic texts (AWHONN, Menihan, Simpson, Creasy & Resnik) explain that variable decelerations are caused by umbilical cord compression. This process occurs in a three-step sequence, well known in fetal monitoring physiology:
* Umbilical vein occlusion occurs first # decreases fetal venous return # brief fetal acceleration (a compensatory sympathetic response).
* Umbilical artery occlusion follows # increases fetal systemic vascular resistance # variable deceleration as vagal stimulation lowers the fetal heart rate.
* Release of compression # post-deceleration acceleration may occur.
Thus, an acceleration immediately before a variable deceleration represents the initial compression of the umbilical vein, not a hypoxic response. This is a normal physiologic response to transient cord compression, often described in AWHONN and Menihan's physiologic explanation of "shoulders" around variable decelerations.
Oligohydramnios can contribute to cord compression but does not explain accelerations preceding the deceleration. A "hypoxic reflex" would not produce a pre-deceleration acceleration.
Therefore, the correct physiologic cause is:
Umbilical vein occlusion.
References (No URLs)
* NCC C-EFM Candidate Guide 2025 - Physiology
* AWHONN Fetal Heart Monitoring Principles
* Menihan: Electronic Fetal Monitoring
* Simpson & Creehan: Perinatal Nursing
* Creasy & Resnik: Maternal-Fetal Medicine

NEW QUESTION # 16
A sentinel or reportable event as defined by the Joint Commission or other regulatory bodies/agencies is one that

- A. requires investigation and response
- B. must involve malpractice or negligence
- C. requires mandatory education for providers

Answer: A

Explanation:
Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources Sentinel events are defined by the Joint Commission as unexpected occurrences involving death, serious physical or psychological injury, or the risk thereof, and they require immediate investigation, root-cause analysis, and institutional response. They do not require confirmed malpractice or negligence.
AWHONN's perinatal safety guidelines and NCC's Professional Issues domain specify that sentinel events trigger mandatory reporting, analysis, system review, and corrective action plans. Simpson & Creehan emphasize that they are addressed through standardized safety processes, including interdisciplinary review.
Miller's Pocket Guide notes that sentinel events are "events that require immediate investigation to prevent recurrence," aligning with answer choice B.
References:
AWHONN - Perinatal Safety GuidelinesNCC - C-EFM Content Outline (Professional Issues)Simpson & Creehan - Perinatal NursingMenihan - EFM Professional Standards ChapterMiller's Pocket Guide

NEW QUESTION # 17

Patient safety is enhanced when alarms:

- A. Can be called by anyone
- B. Occur infrequently
- C. Are determined by the unit leaders

Answer: A

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
NCC and AWHONN emphasize unit-wide shared responsibility for:
* Recognizing abnormal maternal or fetal findings
* Calling for help
* Triggering emergency responses (e.g., unit huddle, rapid response, safety pathways) Safety culture requires:
* Any staff member (RN, tech, provider) to initiate an alarm or escalate concern
* No hierarchy delay
* Rapid action when fetal compromise is suspected
Why the other answers are wrong:
* A. Determined by unit leaders # incorrect; safety is team-wide, not hierarchical.
* C. Occur infrequently # false; alarms must occur whenever needed, not limited.
Correct answer: B. Can be called by anyone.
References:NCC Professional Issues Domain; AWHONN Standards for Professional Practice; Perinatal Safety Bundles; Simpson & Creehan.

NEW QUESTION # 18
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