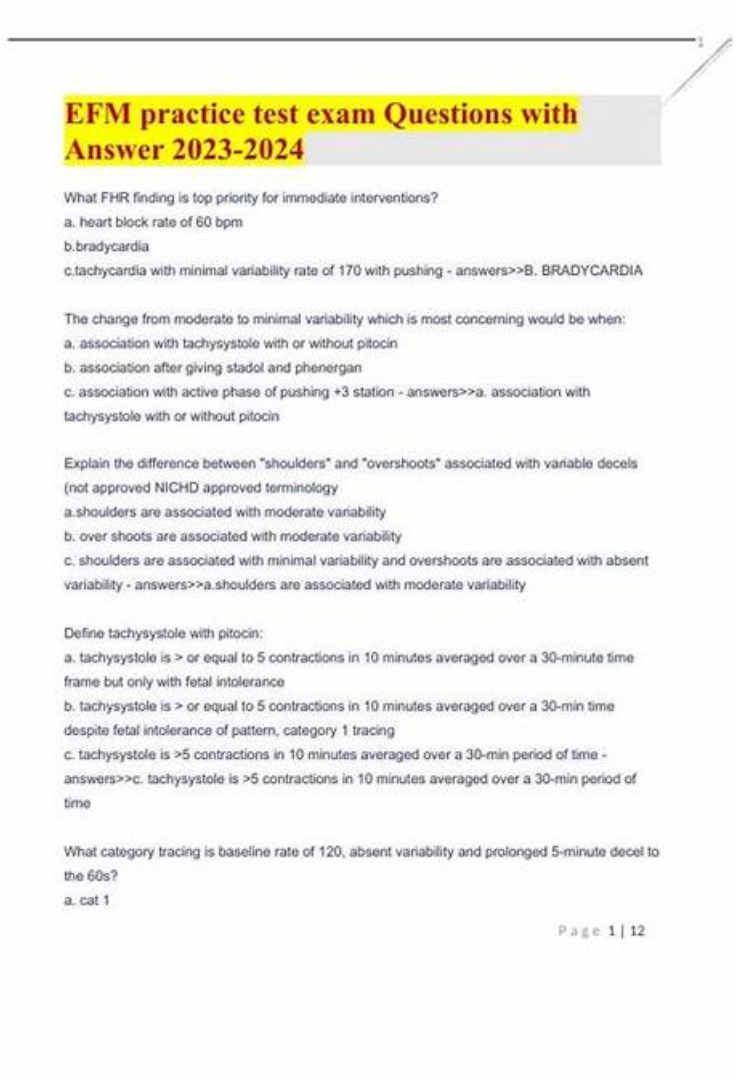
EFM Training Material - EFM Exam Lab Questions



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 (Q19-Q24):

NEW QUESTION # 19
When documenting the occurrence of late decelerations in the medical record, what should be charted?

- A. Tracing category
- B. Components of the tracing
- C. Notation that the tracing was normal or abnormal

Answer: B

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
According to NCC, AWHONN, and evidence-based documentation standards, clinicians must document:
* Baseline
* Variability
* Accelerations
* Decelerations (type, depth, duration, timing)
* Uterine activity
This fulfills the NICHD 3-tier system and legal documentation expectations.
Why the incorrect answers are wrong:
* B. "Normal/abnormal" # vague, not an acceptable documentation standard.
* C. Category alone # insufficient; categories must be supported by the components.
References:NCC C-EFM Candidate Guide; AWHONN Documentation Standards; Menihan.

NEW QUESTION # 20
Nonstress testing is used more frequently for antepartum testing than contraction stress testing because contraction stress testing has a:

- A. Higher frequency of equivocal test results
- B. Low predictability of fetal well-being within 7 days of a negative test
- C. Limited reporting option for the compromised fetus

Answer: A

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
NCC and AWHONN explain that Contraction Stress Testing (CST):
* Has a higher rate of equivocal ("equivocal-suspicious" or "equivocal-hyperstimulation") results
* Frequently must be repeated or replaced with other tests
* Requires inducing contractions, which carries risk (hyperstimulation, preterm labor, uterine rupture in scarred uterus) NST is used more commonly because it is:
* Noninvasive
* Easier to perform
* Has fewer contraindications
* Has a lower rate of equivocal results
Why the others are incorrect:
* B - CST does detect fetal compromise reliably and is NOT limited in its reporting structure.
* C - A negative CST actually has very high negative predictive value for 7 days, making this answer incorrect.
Thus the correct choice is A. Higher frequency of equivocal results.
References:NCC C-EFM Candidate Guide; AWHONN; Menihan; Simpson & Creehan; Creasy & Resnik.

NEW QUESTION # 21
A fetal heart rate tracing is abnormal. A change in maternal position and oxygen administration do not correct the pattern. Following birth, a fetal cord blood sample is taken:
pH = 7.25
PaCO# = 46 mm Hg
PaO# = 20 mm Hg

HCO# = 22 mEq/L
Base deficit = -4 mEq/L
These results are best interpreted as:

- A. Hypoxia
- B. Normal
- C. Acidosis

Answer: B

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
Normal umbilical arterial values per NCC/AWHONN/Menihan:
* pH: 7.20-7.30
* PaCO#: 45-55 mmHg
* HCO#: 20-24 mEq/L
* Base deficit: 0 to -5 (normal to mild respiratory changes)
This sample shows:
* pH 7.25 # normal
* Base deficit -4 # no metabolic acidosis
* HCO# normal
* Slightly elevated PaCO#, consistent with mild respiratory influence but still normal
* PaO# 20 mmHg is normal for cord arterial blood
This profile is not acidotic (acidosis requires pH <7.10 and base deficit #12).
It also does not indicate hypoxia, which would present with metabolic acidosis.
Therefore: Normal.
References:NCC C-EFM Candidate Guide; AWHONN FHMPP; Menihan; Simpson & Creehan; Creasy & Resnik.

NEW QUESTION # 22
The ratio of oxyhemoglobin to the total amount of hemoglobin available is called oxygen

- A. affinity
- B. saturation
- C. carrying capacity

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources Oxygen saturation refers to the percentage of hemoglobin binding sites occupied by oxygen. NCC physiology resources, including Simpson & Creehan and Creasy & Resnik, define oxygen saturation as the
"ratio of oxyhemoglobin to total hemoglobin"-the same definition used in fetal oxygenation discussions.
Oxygen affinity refers to hemoglobin's tendency to bind oxygen (related to the oxyhemoglobin dissociation curve).
Oxygen carrying capacity refers to the total amount of oxygen hemoglobin can transport, independent of current saturation.
AWHONN and Menihan emphasize that fetal oxygenation assessment is dependent on understanding oxygen saturation, not affinity or carrying capacity, when discussing fetal hypoxemia and gas exchange.
References:
AWHONN - Fetal Heart Monitoring Principles & PracticesSimpson & Creehan - Perinatal NursingCreasy & Resnik - Maternal-Fetal MedicineMenihan - EFM ConceptsMiller's Pocket Guide

NEW QUESTION # 23
Prenatal diagnosis shows that a fetus has renal agenesis. During delivery, what type of electronic fetal heart rate pattern is most likely to be seen due to a common complication associated with this syndrome?

- A. Fetal heart block
- B. Variable decelerations
- C. Late decelerations

Answer: B

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
Renal agenesis # severe oligohydramnios (due to absent fetal urine production).
Oligohydramnios causes:
* Cord compression
* Recurrent variable decelerations
* Possible prolonged decels from cord entrapment
This is one of the hallmark FHR complications in renal agenesis.
Why the other options are incorrect:
* A. Heart block - associated with maternal autoimmune antibodies, not renal anomalies.
* B. Late decelerations - associated with uteroplacental insufficiency, not fluid deficiency.
Correct answer: C. Variable decelerations.
References:NCC Physiology & Pattern Recognition; AWHONN FHMPP; Menihan; Simpson & Creehan; Creasy & Resnik.

NEW QUESTION # 24
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