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EFM Exam With Complete Updated Questions And Answers 2024

Hypoxemia - correct answer. Decreased oxygen in blood

Hypoxia - correct answer. Not enough oxygen to supply organs

Normal fetal PO₂ - correct answer. 15-25 mmHg

What factors can change the maternal HR? - correct answer. Intrinsic pacemakers (SA & AV node)
Cardiac conduction system
Autonomic regulation... Sympathetic, parasympathetic
Humoral factors (catecholamines)
Extrinsic factors (medications)
Local factors (Ca, K)

What are the 3 most common causes of decrease cardiac output in the OB patient? - correct answer. Reduced preload (HypoTN) from
-hypovolemia
-compression of inferior vena cava
-anesthesia

In what area of the placenta does exchange of gases, nutrients, waste, hormones, antibodies & medications occur? - correct answer. Maternal blood in the intervillous space and fetal blood in the villous capillaries
These are separated by the blood-blood barrier

Oxygen, CO₂, NaCl, lipids, vitamins and some drugs are exchanged by... - correct answer. Simple diffusion

Glucose & carbohydrates are exchanged by... - correct answer. Facilitated diffusion

Amino acids, water-soluble vitamins & large ions are transported by... - correct answer. Active transport

What conditions decrease the volume of the blood in the intervillous space? - correct answer. Abruptio

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q113-Q118):

NEW QUESTION # 113

A woman at 39-weeks gestation is in early labor, 2-3 cm dilated, 85% effaced, and -2 station. Based on the fetal heart rate tracing shown, what is the most appropriate first intervention?

- A. Administer terbutaline
- B. Administer an IV fluid bolus
- C. Adjust the fetal monitor

Answer: C

Explanation:

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

The tracing shows significant artifact, periods of signal loss, and abrupt changes inconsistent with physiologic fetal patterns. This is typical of poor signal quality, not actual fetal decelerations. In early labor at -2 station, external FHR monitoring often loses contact due to fetal position and maternal movement.

NCC and AWHONN emphasize the following when artifact is present:

- * Correct signal quality before interpreting the tracing.
- * Troubleshooting steps include:- Adjusting transducer location- Ensuring adequate ultrasound gel- Repositioning the mother- Checking for maternal heart rate contamination Why the other options are incorrect:
- * B. IV fluid bolus - Indicated for hypotension or late decelerations, not for artifact.
- * C. Terbutaline - Used for tachysystole with fetal intolerance; there is no tachysystole shown.

Thus, the correct first step is A. Adjust the fetal monitor.

References:NCC C-EFM Candidate Guide; AWHONN Fetal Heart Monitoring Principles & Practices; Miller' s Pocket Guide; Menihan; Simpson & Creehan.

NEW QUESTION # 114

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

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

Answer: A

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 # 115

Fetal respiratory acidosis is most likely to present with which of the following fetal heart rate decelerations?

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

Answer: C

Explanation:

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

NCC and AWHONN physiology teachings:

- * Variable decelerations caused by cord compression lead to:
- * Transient interruption of umbilical venous flow
- * Impaired fetal gas exchange
- * Acute rise in CO₂
- * Respiratory acidosis (early phase of hypoxemia)

This is well documented:

- * Early decelerations # head compression # NOT associated with acidemia.
- * Late decelerations # uteroplacental insufficiency # metabolic acidosis, not respiratory.

Thus:

- * Variable decelerations # respiratory acidosis
- * Late decelerations # metabolic acidosis

Correct answer: C. Variable

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

NEW QUESTION # 116

The baseline fetal heart rate decreases with gestational age as a result of an increase in:

- A. Catecholamine production
- B. Intrinsic ventricular rate
- C. Parasympathetic tone

Answer: C

Explanation:

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

As gestation advances:

- * Vagal (parasympathetic) control increases,
- * Sympathetic dominance decreases,
- * Resulting in a lower baseline heart rate.

NCC physiology teaching:

"Baseline FHR decreases with advancing gestational age due to maturation and increasing parasympathetic tone." Why the others are incorrect:

- * Catecholamines increase heart rate, not decrease it.
- * Intrinsic ventricular rate does not change significantly with gestational age.

Thus, the correct physiologic factor is increased parasympathetic tone.

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

NEW QUESTION # 117

A patient presents at 38-weeks gestation with complaints of decreased fetal movement and ruptured membranes. The fetal heart rate is not able to be determined with an external ultrasound monitor. A spiral electrode is placed, and the tracing shows a rate of 90 bpm. What is the next most appropriate action?

- A. Palpation of the maternal radial pulse
- B. Request for an urgent bedside ultrasound
- C. Intrauterine resuscitation measures

Answer: A

Explanation:

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

Whenever a fetal heart rate is unexpectedly low (such as 90 bpm), the FIRST step per NCC and AWHONN is to confirm that the signal is fetal, not maternal.

Even internal spiral electrodes can capture maternal heart rate, especially after:

- * Rupture of membranes

- * Maternal hypotension
- * Maternal dehydration
- * Maternal tachycardia or bradycardia

Thus, the first, most immediate action is:

Palpate the maternal radial pulse to determine whether the tracing is maternal or fetal.

If rates match # the monitor is falsely detecting the maternal pulse.

If rates differ # confirm true fetal bradycardia and begin intrauterine resuscitation.

Why the other options are incorrect:

- * A. Intrauterine resuscitation - should NOT begin before confirming the tracing is fetal.
- * C. Bedside ultrasound - appropriate after confirming that the tracing is not maternal, not before.

Correct answer: B. Palpation of the maternal radial pulse.

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

NEW QUESTION # 118

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