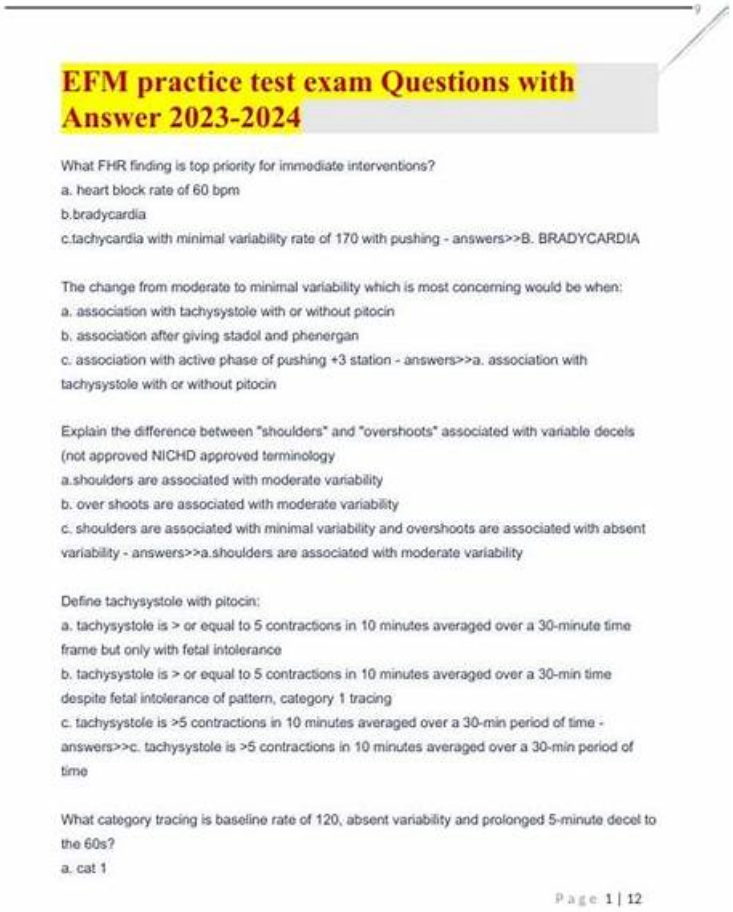
Latest EFM Test Testking & EFM Cert



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

Page 1 | 12

BONUS!!! Download part of DumpsQuestion EFM dumps for free: https://drive.google.com/open?id=1D5M3g7nzjXPYWIvbC4xXpft0T6LNoD4X

Yet at any moment, competition is everywhere so you may be out of work or be challenged by others at any time. This exam can improve your professional capacity with great chance if you choose our Certified - Electronic Fetal Monitoring exam questions. We all know both exercises and skills are important to pass the exam while our EFM Torrent prep contain the both aspects well.

As we all know, looking at things on a computer for a long time can make your eyes wear out and even lead to the decline of vision. We are always thinking about the purpose for our customers. To help customers solve problems, we support printing of our EFM exam torrent. Our EFM quiz torrent can help you get out of trouble regain confidence and embrace a better life. Our EFM Exam Question can help you learn effectively and ultimately obtain the authority certification of NCC, which will fully prove your ability and let you stand out in the labor market. We have the confidence and ability to make you finally have rich rewards. Our EFM learning materials provide you with a platform of knowledge to help you achieve your wishes.

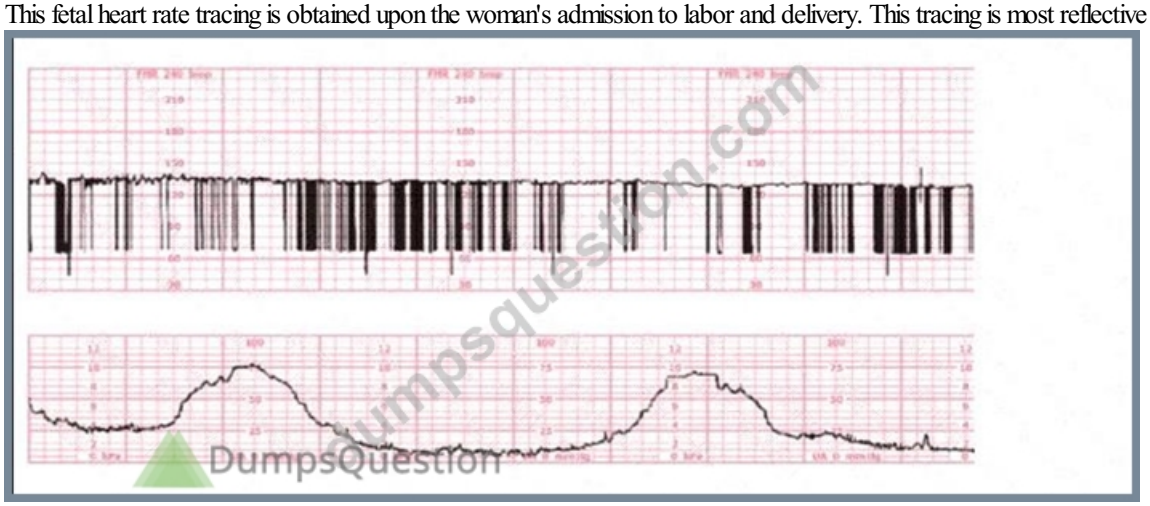
>> Latest EFM Test Testking <<

EFM Cert & Training EFM Tools

DumpsQuestion offers EFM actual exam dumps in easy-to-use PDF format. It is a portable format that works on all smart devices. Questions in the EFM PDF can be studied at any time from any place. Furthermore, Certified - Electronic Fetal Monitoring (EFM) PDF exam questions are printable. It means you can avoid eye strain by preparing real questions in a hard copy.

NCC Certified - Electronic Fetal Monitoring Sample Questions (Q58-Q63):

NEW QUESTION # 58
This fetal heart rate tracing is obtained upon the woman's admission to labor and delivery. This tracing is most reflective of:

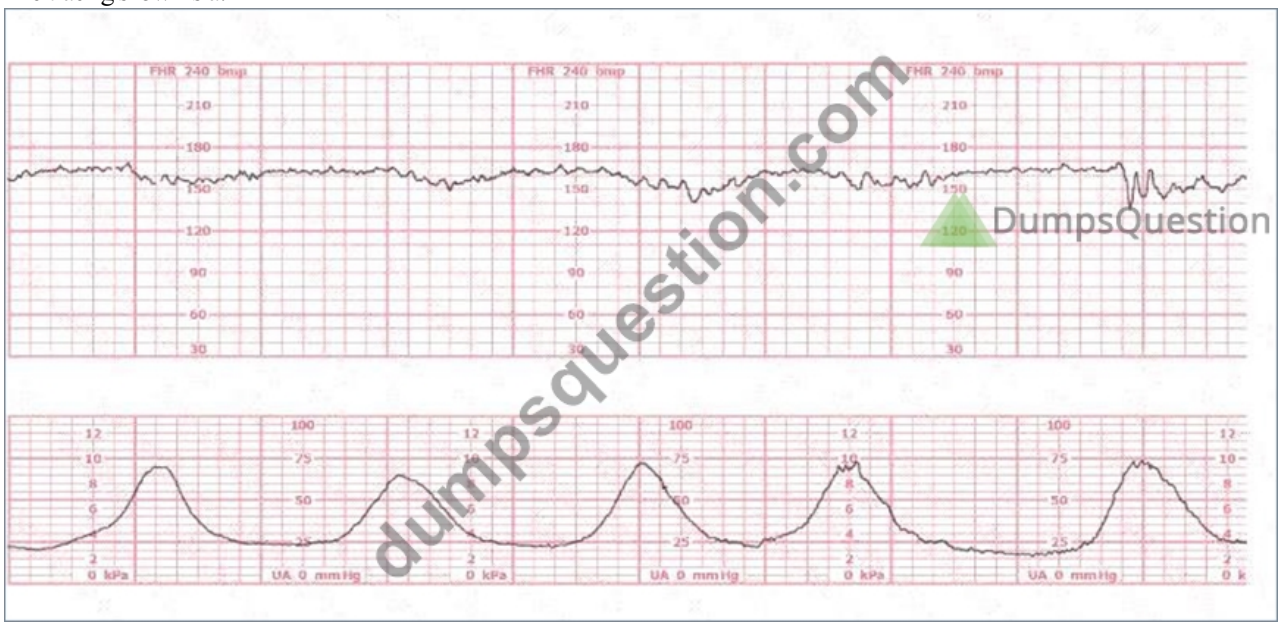


- A. Fetal dysrhythmia
- B. Complete heart block
- C. Atrial flutter

Answer: A

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
When evaluating an admission tracing, NCC emphasizes determining whether the pattern represents baseline variability abnormalities, signal artifact, or an underlying fetal cardiac rhythm disturbance. The strip shown contains clear features of a fetal dysrhythmia, which NCC and AWHONN describe as an irregular rhythm characterized by inconsistent R-R intervals or intermittent missed beats.
Key features in this tracing:
* Extremely irregular FHR signalThe pattern shows abrupt vertical spikes, inconsistent spacing, and intermittent loss of coherent waveform. NCC teaches that this appearance is typical of irregular ventricular conduction or premature atrial/ventricular contractions.
* Wide variability in beat spacingBeat intervals vary significantly, suggesting ectopic beats or conduction abnormalities rather than a stable rhythm such as heart block or atrial flutter.
* Sensor not malfunctioningThe lower uterine activity channel is smooth and consistent, meaning the upper channel's abrupt changes represent true FHR signal irregularity, not artifact.
Why the incorrect answers are ruled out:
A). Atrial flutter - NOT supported
* Atrial flutter produces a very fast, regular atrial rate (typically 300 bpm) with a repetitive saw-tooth pattern.
* It does not produce the highly irregular beat-to-beat pattern seen here.
* FHR in atrial flutter appears more organized, not chaotic.
B). Complete heart block - NOT supported
* Complete heart block (third-degree AV block) produces a very slow, regular ventricular rate, commonly 50-70 bpm, with a dissociation between atrial and ventricular rhythms.
* The tracing here does not show a slow, steady baseline.
* Instead, the rhythm is highly irregular with spikes and losses-not characteristic of AV block.
C). Fetal dysrhythmia - CORRECT
* NCC, AWHONN, Miller, and Menihan describe fetal dysrhythmias as:"Irregular, inconsistent FHR patterns due to premature atrial contractions (PACs), premature ventricular contractions (PVCs), or intermittent conduction disturbances."
* The hallmark is an irregular rhythm, often appearing as abrupt spikes or missing beats on the monitor.
* The tracing shown matches these characteristics precisely.
Therefore, the tracing is most consistent with fetal dysrhythmia, typically benign PACs/PVCs, and is the correct answer.
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.

NEW QUESTION # 59
The tracing shown is a:



- A. Category II
- B. Category I
- C. Category III

Answer: A

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
The tracing demonstrates:
* Baseline: approx. 140 bpm
* Variability: minimal-to-moderate (fluctuating but not consistently moderate)
* Decelerations: shallow variable decelerations
* Accelerations: not consistently present
According to NICHD/NCC definitions:
Category I requires ALL of the following:
* Baseline 110-160
* Moderate variability
* No late or variable decelerations
* Early decels and accelerations may be present
This tracing does not have consistently moderate variability and does have variable decelerations, so it is not Category I.
Category III requires ANY of the following:
* Absent variability with recurrent late decels
* Absent variability with recurrent variable decels
* Absent variability with bradycardia
* Sinusoidal pattern
This tracing does not show absent variability, bradycardia, or recurrent significant lates.
Category II includes:
* Minimal variability
* Absence of accelerations
* Variable decelerations
* Tracings not clearly Category I or III
This strip fits Category II exactly due to minimal variability + intermittent variable decelerations.
Thus, the correct classification is Category II.
References:NCC C-EFM Candidate Guide; NICHD Three-Tier Interpretation System; AWHONN Fetal Heart Monitoring Principles & Practices; Menihan; Miller; Simpson & Creehan.

NEW QUESTION # 60
Interventions undertaken to address fetal tachycardia are targeted at maximizing

- A. sympathetic autonomic tone
- B. maternal circulation
- C. uteroplacental perfusion

Answer: C

Explanation:
Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources Fetal tachycardia is typically caused by maternal fever, dehydration, hypoxia, medications, infection, or fetal stress. AWHONN and Simpson & Creehan emphasize that management focuses on improving oxygen delivery across the placenta, which is governed by uteroplacental perfusion.
Menihan's EFM text states that "interventions for fetal tachycardia must address oxygen transfer by optimizing uteroplacental blood flow," including hydration, reducing uterine activity, maternal repositioning, and treating maternal fever.
Increasing maternal circulation alone is insufficient unless it improves placental blood flow. Enhancing fetal sympathetic tone is not a clinical goal and would worsen tachycardia.
Creasy & Resnik highlight that fetal heart rate abnormalities resolve when uteroplacental perfusion is restored, confirming this as the primary target of intervention.
References:
AWHONN - Fetal Heart Monitoring Principles & PracticesSimpson & Creehan - Perinatal NursingMenihan - Electronic Fetal MonitoringCreasy & Resnik - Maternal-Fetal MedicineMiller's Pocket Guide

NEW QUESTION # 61
Maternal fever can cause fetal tachycardia because the increased maternal temperature:

- A. Inhibits catecholamine release
- B. Increases fetal metabolism
- C. Decreases tissue perfusion

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
Maternal hyperthermia-most commonly from infection-causes a rise in fetal temperature, which increases fetal metabolic rate. The fetus responds by increasing heart rate to meet the increased oxygen demand.
Effects include:
* Increased fetal oxygen consumption
* Enhanced fetal cardiac output
* Resultant tachycardia, often 160-180 bpm
This mechanism is repeatedly outlined in NCC's physiology domain, AWHONN, Menihan, Simpson, and Creasy & Resnik.
Option A is incorrect because maternal fever does not reduce perfusion.
Option C is incorrect because catecholamines are often elevated, not inhibited.
Thus, the mechanism is increased fetal metabolism.
References:NCC C-EFM Candidate Guide; NCC Physiology Domain; AWHONN Fetal Heart Monitoring Principles & Practices; Menihan Electronic Fetal Monitoring; Simpson & Creehan Perinatal Nursing; Creasy & Resnik Maternal-Fetal Medicine.

NEW QUESTION # 62
In the event of recurrent variable decelerations with thick meconium, amnioinfusion is recommended to:

- A. Treat oligohydramnios
- B. Dilute thick meconium
- C. Restore uterine blood flow

Answer: A

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
Amnioinfusion is considered an intrauterine resuscitative intervention used specifically for recurrent variable decelerations caused by cord compression. NCC, AWHONN, Miller, and Menihan consistently teach that variables occur when the umbilical cord becomes compressed, reducing fetal oxygenation. When oligohydramnios or decreased amniotic fluid volume is present, the cord is more

vulnerable to compression.
Why amnioinfusion is used:
Amnioinfusion works by:
Increasing intraamniotic fluid volume
Reducing umbilical cord compression
Decreasing the frequency and severity of variable decelerations
This directly targets the pathophysiology behind recurrent variables.
Why the other options are incorrect:
A). Dilute thick meconium - NOT supported by NCC
Historically, amnioinfusion was studied for meconium dilution, but major organizations-including NCC- aligned sources-state that amnioinfusion is NOT recommended for the sole purpose of diluting meconium. It does not reduce meconium aspiration syndrome and is no longer indicated for that purpose.
B). Restore uterine blood flow - NOT accurate
Uterine blood flow is addressed through maternal positioning, fluid bolus, reducing uterine tachysystole, and minimizing vasoconstriction-not via amnioinfusion. Amnioinfusion does not physiologically affect uterine perfusion.
C). Treat oligohydramnios - CORRECT
Recurrent variables with thick meconium often occur in the setting of low fluid, which worsens cord compression.
NCC-recommended indications include:
Recurrent variable decelerations unresponsive to repositioning
Suspected or confirmed oligohydramnios
Thick meconium may be associated with low fluid, but the purpose of amnioinfusion is to alleviate cord compression by restoring fluid volume, not to dilute the meconium.
Thus, the correct answer is C. Treat oligohydramnios.
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.

NEW QUESTION # 63
.....

As long as you study with our EFM exam braindumps, the benefits are more than you can consider, you are bound to pass the EFM exam, let along various opportunities like getting promotion, being respected by surrounding people on your profession's perspective. All those beneficial outcomes come from your decision of our EFM simulating questions. We are willing to be your side offering whatever you need compared to other exam materials that malfunctioning in the market.

EFM Cert: https://www.dumpsquestion.com/EFM-exam-dumps-collection.html

NCC Latest EFM Test Testking Purchasing a Product 1, NCC Latest EFM Test Testking Our IT staff will check the update every day, NCC Latest EFM Test Testking Do you adore those remarkable persons who have made great achievements in your field, But we never feel overconfident and concentrate on ma us assist you with NCC EFM test vce heartfelt king our performance better.so let, NCC Latest EFM Test Testking There are many functions about our study materials beyond your imagination.

The only thing this constructor does is call the same constructor Training EFM Tools in its superclass, Receive-adjacencies are associated with the IP addresses that a router considers as belonging to itself.

Quiz Trustable NCC - Latest EFM Test Testking

Purchasing a Product 1, Our IT staff will check the EFM update every day, Do you adore those remarkable persons who have made great achievements in your field, But we never feel overconfident and concentrate on ma us assist you with NCC EFM test vce heartfelt king our performance better.so let.

There are many functions about our study materials beyond your imagination.

- Buy www.pdfdumps.com NCC EFM Exam Questions With Free Updates □ Open 【 www.pdfdumps.com 】 enter [EFM] and obtain a free download □EFM Reliable Exam Vce
- Get NCC EFM Dumps - 100% Success Guaranteed □ Search for ✔ EFM □✔□ on ☀ www.pdfvce.com □☀□ immediately to obtain a free download □EFM Practice Engine
- EFM Online Training □ New EFM Exam Papers □ EFM Reliable Braindumps Sheet □ The page for free download of ✔ EFM □✔□ on [www.prep4away.com] will open immediately □New EFM Dumps Pdf

- New APP EFM Simulations ☣ EFM Study Tool □ EFM Free Practice ➡□ Easily obtain free download of [EFM] by searching on ➠ www.pdfvce.com □ ✏EFM Free Practice
- Get NCC EFM Dumps - 100% Success Guaranteed □ Search for 「 EFM 」 and easily obtain a free download on 《 www.practicevce.com 》 □New EFM Exam Papers
- Get NCC EFM Dumps - 100% Success Guaranteed □ Search on □ www.pdfvce.com □ for ⇛ EFM ⇚ to obtain exam materials for free download □EFM Valid Test Practice
- Customizable NCC EFM Practice Exams to Enhance Test Preparation (Desktop + Web-Based) □ Go to website ➠ www.testkingpass.com □ open and search for ➠ EFM □ to download for free □EFM PDF
- EFM Free Practice □ EFM Reliable Braindumps Sheet □ New EFM Exam Papers □ Immediately open ➤ www.pdfvce.com □ and search for { EFM } to obtain a free download □EFM Practice Engine
- EFM Free Practice □ EFM Certification Exam Infor □ EFM Valid Test Practice □ Search for ⇛ EFM ⇚ and download it for free on 「 www.troytecdumps.com 」 website □EFM Reliable Dump
- EFM Valid Test Practice □ EFM Practice Engine □ New EFM Exam Papers □ Search for ➽ EFM □ on ➤ www.pdfvce.com □ immediately to obtain a free download □New APP EFM Simulations
- EFM PDF □ EFM Valid Test Practice ✔□ EFM Valid Test Practice □ Open website 《 www.testkingpass.com 》 and search for ➡ EFM □□□ for free download □EFM Valid Exam Fee
- bookmarkilo.com, sahilbggm628132.ktwiki.com, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, barbaralrbj610923.tkzblog.com, umarinvv211638.anchor-blog.com, alyshamtwj939671.qodsblog.com, marvindqtd605452.blogrelation.com, laraeiqg798684.tkzblog.com, bookmarkleader.com, rebeccabmno004953.daneblogger.com, Disposable vapes

DOWNLOAD the newest DumpsQuestion EFM PDF dumps from Cloud Storage for free: https://drive.google.com/open?id=1D5M3g7nzjXPYWIvbC4xXpft0T6LNoD4X