

NCC EFM최고품질덤프문제보기 & EFM시험대비최신 덤프모음집

NCC-EFM Test

Uterine contractions are quantified as - answer the number of contractions present in a 10 min window

Normal frequency of uterine contractions - answer ≤5 contractions in 10 min, averaged over a 30 min window

Tachysystole is - answer >5 contractions in 10 min, averaged over a 30 min window. Should be qualified as to the presence or absence of FHR decelerations

Terms describing uterine contractions that have been abandoned - answer "hyperstimulation" and "hypercontractility"

FHR patterns are defined by the characteristics of - answer baseline, variability, accelerations, and decelerations

Baseline FHR is determined by approximating the mean FHR rounded to increments of (A) bpm during a (B) min window, excluding (C) and (D) and periods of (E) FHR variability - answer A. 5

B. 10

C. accelerations

D. decelerations

E. marked

There must be at least (A) minutes of identifiable baseline segments in any (B) minute window, or the baseline for that period is (C) - answer A. 2

B. 10

C. Indeterminate

Bradycardia - answer a baseline FHR <110

Tachycardia - answer a baseline FHR >160

Baseline FHR variability is determined in a (A) min window excluding (B) and (C) - answer A. 10

B. accelerations

C. decelerations

Baseline FHR variability is defined as (A) in the baseline FHR that are (B) in (C) and (D) - answer A. fluctuations

B. irregular

참고: Itcertkr에서 Google Drive로 공유하는 무료 2026 NCC EFM 시험 문제집이 있습니다: <https://drive.google.com/open?id=1tSu9xvFmpxLK33mqQ2MgKG9kIT9CX7G5>

그렇게 많은 IT인증덤프공부자료를 제공하는 사이트중 Itcertkr의 인지도가 제일 높은 원인은 무엇일까요? 그건 Itcertkr의 제품이 가장 좋다는 것을 의미합니다. Itcertkr에서 제공해드리는 NCC인증 EFM덤프공부자료는 NCC인증 EFM실제시험문제에 초점을 맞추어 시험커버율이 거의 100%입니다. 이 덤프만 공부하시면 NCC인증 EFM시험패스에 자신을 느끼게 됩니다.

Itcertkr의 NCC인증 EFM시험에 도전장을 던지셨나요? 현황에 만족하지 않고 열심히 하는 모습에 박수를 보내드립니다. NCC인증 EFM시험을 학원등록하지 않고 많은 공부자료 필요없이 Itcertkr에서 제공해드리는 NCC인증 EFM 덤프만으로도 가능합니다. 수많은 분들이 검증한 NCC인증 EFM덤프는 시장에서 가장 최신버전입니다. 가격도 친근하구요.

>> NCC EFM최고품질 덤프문제보기 <<

EFM시험대비 최신 덤프모음집 & EFM덤프샘플문제

Itcertkr의 NCC인증 EFM덤프는 고객님의 IT인증자격증을 취득하는 소원을 들어줍니다. IT업계에 금방 종사한 분은 자격증을 많이 취득하여 자신만의 가치를 업그레이드할 수 있습니다. Itcertkr의 NCC인증 EFM덤프는 실제 시험문제

에 대비하여 연구제작된 퍼펙트한 시험전 공부자료로서 시험이 더는 어렵지 않게 느끼도록 편하게 도와드립니다.

최신 NCC C-EFM EFM 무료샘플문제 (Q13-Q18):

질문 # 13

This is a fetal heart rate tracing of a multiparous woman whose cervix is 7 cm dilated on admission. The most likely cause for this pattern is:

- A. Rapid fetal descent
- B. Tachysystole
- C. Placental abruption

정답: B

설명:

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

The tracing shows a clear relationship between uterine activity and fetal heart rate changes:

* The uterine activity strip demonstrates very frequent contractions with little resting time between them, exceeding five contractions in 10 minutes, averaged over a 30-minute window.

* NCC and NICHD define tachysystole as "more than 5 contractions in 10 minutes, averaged over 30 minutes, regardless of whether the labor is spontaneous or stimulated." As uterine activity intensifies and becomes excessively frequent, the fetal heart rate strip begins to show:

* Progressive decrease in baseline

* Recurrent decelerations with gradual onset and recovery

* Reduced variability in the latter portion of the strip

This pattern is consistent with uteroplacental insufficiency caused by excessive uterine activity (tachysystole). NCC and AWHONN emphasize that tachysystole can result in decreased uterine blood flow and fetal oxygenation, leading to late or prolonged decelerations and eventual bradycardia if not corrected.

Why the other options are less likely:

* A. Placental abruptionTypically associated with maternal symptoms (pain, vaginal bleeding, firm /boardlike uterus) and often a sustained increase in resting tone or a hypertonic contraction, not simply very frequent contractions. These maternal findings are not described in the vignette.

* B. Rapid fetal descentUsually causes variable or early decelerations related to head compression, but the tocodynamometer would not necessarily show this degree of contraction frequency. The lower strip here clearly highlights excessive contractions as the primary problem.

Thus, the tracing's FHR abnormalities are best explained by tachysystole, making C. Tachysystole the most appropriate answer.

References:NCC C-EFM Candidate Guide (2025); NCC Content Outline - Pattern Recognition and Intervention; 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.

질문 # 14

(Full question statement)

A woman at 39-weeks gestation is in labor, progressing normally. The baseline fetal heart rate has increased from 125 to 150 beats per minute over the last hour with moderate variability. What is the next step?

- A. Initiate antibiotic therapy
- B. Perform an ultrasound
- C. Continue to observe

정답: C

설명:

Comprehensive and Detailed Explanation From Exact Extract Without Links:

NCC-recommended references (Simpson, AWHONN FHM, Creasy & Resnik) note that baseline increases within the normal range (110-160 bpm) accompanied by moderate variability are typically benign. Mild physiologic causes-maternal activity, fetal stimulation, or normal sympathetic activation-may transiently raise baseline FHR.

AWHONN stresses that intervention is required only when tachycardia exceeds 160 bpm or when variability is minimal/absent or accompanied by recurrent decelerations.

Here, the baseline increase to 150 bpm remains within normal limits and is paired with moderate variability, which the NCC recognizes as the strongest indicator of adequate fetal oxygenation.

Therefore, evaluation is complete, and continued observation is the appropriate course.

질문 # 15

(Full question)

This tracing would be categorized as a

□

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

정답: B

설명:

Comprehensive and Detailed Explanation From Exact Extract (No URLs):

According to AWHONN Fetal Heart Monitoring Principles & Practice, Simpson & Miller, and the NCC C-EFM Content Outline, fetal heart rate categories are assigned based on baseline, variability, presence /absence of accelerations, and type of decelerations.

A Category II tracing includes any pattern that is not clearly normal (Category I) or clearly abnormal (Category III). Classic Category II features include:

- * Bradycardia NOT accompanied by absent variability
- * Tachycardia
- * Minimal variability
- * Marked variability
- * Absence of accelerations after stimulation
- * Recurrent variable decelerations with minimal or moderate variability
- * Prolonged decelerations (#2 min but <10 min)

In this tracing, the fetus demonstrates:

- A prolonged deceleration with subsequent recovery,
- Presence of baseline variability,
- Return toward baseline but not immediately normal.

AWHONN and Simpson state that any prolonged deceleration automatically places the tracing in Category II unless variability is absent (which would escalate it to Category III). Because variability is present, it cannot be Category III.

Therefore, by NCC standards, this tracing is Category II.

질문 # 16

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

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

정답: C

설명:

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 Guidelines
NCC - C-EFM Content Outline (Professional Issues)
Simpson & Creehan - Perinatal Nursing
Menihan - EFM Professional Standards Chapter
Miller's Pocket Guide

질문 # 17

A woman at 41-weeks gestation is being induced. She is 2 cm dilated and is on oxytocin at 8 milliunits /minute. Based on the fetal heart rate tracing shown, the best initial response is to:

- A. Continue to observe
- B. Place a fetal spiral electrode
- C. Decrease the oxytocin

정답: C

설명:

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

The tracing shows tachysystole with emerging late decelerations and minimal variability:

* 5 contractions in 10 minutes

* Deceleration nadirs occur after the peak of the contraction (late pattern)

* Variability begins to trend toward minimal

* The tracing has deteriorated while on oxytocin 8 mU/min, a common threshold for overstimulation NCC and AWHONN emphasize that when tachysystole occurs with any fetal intolerance, the first action is to reduce or stop oxytocin.

Key NCC principles:

* Late decelerations + tachysystole = uteroplacental insufficiency caused by excessive uterine activity

* Interventions:

* Stop or reduce oxytocin

* Maternal repositioning

* IV fluid bolus

* Possible oxygen if other measures fail

Why the other options are incorrect:

* A. Continue to observe - not acceptable with late decels + tachysystole.

* C. Place a spiral electrode - this corrects signal quality, not uterine overstimulation or fetal oxygenation.

Thus, the best initial response is B. Decrease the oxytocin.

References:NCC C-EFM Candidate Guide; AWHONN Fetal Heart Monitoring Principles & Practices; NICHD Definitions; Miller & Menihan EFM texts; Simpson & Creehan; Creasy & Resnik.

질문 # 18

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EFM시험대비 최신 덤프모음집: https://www.itcertkr.com/EFM_exam.html

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아닌 척 하면서 좋아할 줄 알았지, 드레스룸은 왜, Itcertkr에서 출시한 NCC EFM덤프만 있으면 학원다닐 필요없이 시험패스 가능합니다, NCC EFM 자격증을 취득하시면 취업하는데 가산점이 될수 있고 급여 인상에도 많을 도움을 드릴수 있습니다.

EFM최고품질 덤프문제보기 덤프문제모음집

마술처럼 EFM합격이 실현될것입니다, Itcertkr의NCC인증 EFM덤프를 데려가 주시면 기적을 안겨드릴게요, 시험문제 변경시점은 저희도 예측할수 없는 부분이라 오늘 덤프를 구매했는데 내일 시험문제가 변경된다면 시험 적중율이 떨어지기 마련입니다.

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