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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 EFM Exam Syllabus Topics:

Section	Weight	Objectives
Topic 1: Pattern Recognition and Intervention	70%	- Maternal and Fetal Complications • 1. Fetal Dysrhythmias • 2. Tachysystole • 3. Intrauterine Resuscitation - Fetal Heart Rate Patterns • 1. Accelerations and Decelerations • 2. Baseline Variability • 3. Sinusoidal Patterns

Topic 2: Professional Issues	5%	- Clinical Practice and Safety • 1. Patient Safety • 2. Legal and Ethical Issues • 3. Quality Improvement
Topic 3: Physiology	11%	- Maternal-Fetal Physiology • 1. Fetal Heart Rate Regulation • 2. Uteroplacental Circulation • 3. Fetal Oxygenation
Topic 4: Fetal Assessment Methods	9%	- Assessment Techniques • 1. Cord Blood and Acid-Base Analysis • 2. Contraction Stress Testing • 3. Fetal Movement Assessment
Topic 5: Electronic Monitoring Equipment	5%	- Monitoring Systems • 1. Equipment Troubleshooting • 2. External Monitoring • 3. Internal Monitoring

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q124-Q129):

NEW QUESTION # 124

During amnioinfusion, the infusion should be stopped periodically to assess changes in:

- A. Contraction pattern
- B. Baseline uterine pressure
- C. Patient pain level

Answer: B

Explanation:

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

During amnioinfusion, NCC emphasizes monitoring for uterine overdistention, which can lead to uterine hypertonus, uterine rupture, or placental separation. The primary way to evaluate overdistention is by measuring baseline uterine pressure via IUPC.

* Rising resting tone (>20-25 mmHg) indicates accumulating fluid and risk.

* Stopping the infusion intermittently allows recalibration and assessment of uterine baseline pressure.

* Contraction pattern (option B) is important but not the primary safety parameter.

* Pain (option C) is nonspecific and not a reliable indicator of uterine overdistention.

Thus, the infusion is stopped to assess baseline uterine pressure.

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

NEW QUESTION # 125

A 30-minute tracing with moderate variability, accelerations, and one variable deceleration would be classified as:

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

Answer: C

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

NICHD/NCC criteria:

Category I must have ALL of the following:

- * Baseline 110-160 bpm
- * Moderate variability
- * No late or variable decelerations
- * Early decelerations may be present or absent
- * Accelerations may be present or absent

Because this tracing has one variable deceleration, it fails Category I criterion ("no late or variable decelerations").

Category III requires:

- * Absent variability with recurrent late decels, recurrent variables, or bradycardia, or
- * Sinusoidal pattern

Those findings are not present.

Therefore, any tracing that:

- * Has moderate variability and accelerations,
- * But includes a variable deceleration, and
- * Does not meet Category III criteria

...falls into the Category II (indeterminate) group.

Correct classification: B. Category II.

References: NCC C-EFM Candidate Guide; NICHD Three-Tier FHR Interpretation System; AWHONN FHMPP; Menihan; Simpson & Creehan.

NEW QUESTION # 126

When monitoring monochorionic-monoamniotic twins, which of the following fetal heart rate patterns would be anticipated?

- A. Minimal variability
- **B. Variable decelerations**
- C. Baseline tachycardia

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract (NCC-Referenced Sources) Mono-mono twins share a single amniotic cavity, which significantly increases the risk of cord entanglement

, a concept highlighted in AWHONN FHM, Creasy & Resnik Maternal-Fetal Medicine, and Miller's EFM Pocket Guide.

These texts emphasize:

* "Cord entanglement is nearly universal in monoamniotic twins."

* "Variable decelerations are common due to recurrent cord compression." Baseline tachycardia or minimal variability are not expected baseline characteristics, but may appear only in pathologic circumstances.

Thus, variable decelerations are the expected and anticipated FHR pattern in mono-mono twins.

NEW QUESTION # 127

Maternal-fetal oxygen transfer takes place in the:

- A. Spiral arteries
- **B. Intervillous space**
- C. Umbilical vein

Answer: B

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Physiologic Sources:

Oxygen transfer occurs at the maternal-fetal interface within the intervillous space, where:

- * Maternal blood from the spiral arteries bathes the chorionic villi
- * Diffusion occurs between maternal blood and fetal capillary beds
- * Oxygen then travels through fetal circulation via the umbilical vein

Thus:

- * Intervillous space = site of gas exchange
 - * Spiral arteries = deliver maternal blood to that space
 - * Umbilical vein = fetal vessel carrying oxygenated blood after exchange has occurred
- Correct answer: A. Intervillous space
- References: NCC Physiology Domain; AWHONN FHMPP; Creasy & Resnik; Simpson & Creehan.

NEW QUESTION # 128

The ratio of oxyhemoglobin to the total amount of hemoglobin available is called oxygen

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

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 & Practices
Simpson & Creehan - Perinatal Nursing
Creasy & Resnik - Maternal-Fetal Medicine
Menihan - EFM Concepts
Miller's Pocket Guide

NEW QUESTION # 129

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