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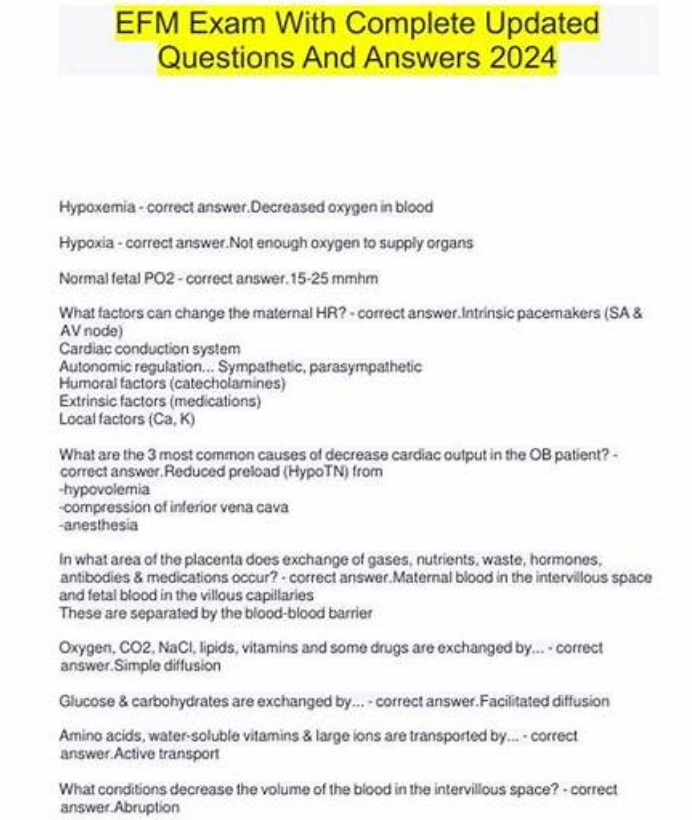
EFM Exam With Complete Updated Questions And Answers 2024

Hypoxemia - correct answer.Decreased oxygen in blood

Hypoxia - correct answer.Not enough oxygen to supply organs

Normal fetal PO2 - correct answer.15-25 mmhm

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.Abruption

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q89-Q94):

NEW QUESTION # 89
In the event of recurrent variable decelerations with thick meconium, amnioinfusion is recommended to:

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

Answer: C

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 # 90
When accelerations precede a variable deceleration pattern, this is caused by

- A. oligohydramnios
- B. occlusion of the umbilical vein
- C. hypoxic reflex response

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract (No URLs or Links) NCC-recommended physiologic texts (AWHONN, Menihan, Simpson, Creasy & Resnik) explain that variable decelerations are caused by umbilical cord compression.

This process occurs in a three-step sequence, well known in fetal monitoring physiology:
* Umbilical vein occlusion occurs first # decreases fetal venous return # brief fetal acceleration (a compensatory sympathetic response).
* Umbilical artery occlusion follows # increases fetal systemic vascular resistance # variable deceleration as vagal stimulation lowers the fetal heart rate.
* Release of compression # post-deceleration acceleration may occur.
Thus, an acceleration immediately before a variable deceleration represents the initial compression of the umbilical vein, not a hypoxic response. This is a normal physiologic response to transient cord compression, often described in AWHONN and Menihan's physiologic explanation of "shoulders" around variable decelerations.
Oligohydramnios can contribute to cord compression but does not explain accelerations preceding the deceleration. A "hypoxic reflex" would not produce a pre-deceleration acceleration.
Therefore, the correct physiologic cause is:
Umbilical vein occlusion.
References (No URLs)
* NCC C-EFM Candidate Guide 2025 - Physiology
* AWHONN Fetal Heart Monitoring Principles
* Menihan: Electronic Fetal Monitoring
* Simpson & Creehan: Perinatal Nursing
* Creasy & Resnik: Maternal-Fetal Medicine

NEW QUESTION # 91
This external tracing is from a 19-year-old (G1P0) at 39-weeks gestation. She is 6 cm dilated, 100% effaced, and -2 station. The fetus is in an occiput posterior position. She rates her pain as 8. She reports being lightheaded. She is most likely at risk for respiratory:

- A. Alkalosis
- B. Depression
- C. Acidosis

Answer: A

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Physiologic References:
This strip shows:
* Baseline around 150 bpm
* Moderate variability
* No decelerations
* Consistent, strong contractions
* A maternal report of severe pain (8/10) and feeling lightheaded
In labor, severe pain + anxiety + hyperventilation commonly cause maternal respiratory alkalosis.
NCC and AWHONN physiology guidance explain:
* Hyperventilation # # PaCO# # respiratory alkalosis
* Symptoms include:
* Lightheadedness
* Tingling
* Dizziness
* Sometimes palpitations
* This frequently occurs during painful contractions, especially with occiput posterior labor, which is notoriously more painful due to back pressure.
Why other answers are incorrect:
* A. Respiratory acidosis occurs with hypoventilation-not present here.
* C. Respiratory depression occurs with opioids, magnesium sulfate, or anesthesia-not part of this scenario.
Therefore, the correct answer is B. Alkalosis.
References:NCC C-EFM Candidate Guide; AWHONN FHMPP; Menihan EFM; Miller's Pocket Guide; Simpson & Creehan; Creasy & Resnik.

NEW QUESTION # 92
Upon admission, the clinician discusses indications, risks, and benefits of electronic fetal monitoring.

This reflects which ethical concept?

- A. Autonomy
- B. Fiduciary
- C. Informed consent

Answer: C

Explanation:
Comprehensive and Detailed Explanation From Exact Extract Without Any URLs or Links:
The NCC C-EFM Professional Issues domain identifies informed consent as a fundamental ethical requirement in fetal monitoring. AWHONN's perinatal nursing standards state that the clinician must provide clear explanation of risks, benefits, alternatives, and the purpose of EFM, ensuring the patient makes a voluntary and informed decision.
Simpson, Creasy & Resnik, and ACOG-referenced materials used by NCC emphasize that informed consent is the process, while autonomy is the principle that supports it. The act of explaining EFM and its implications is therefore informed consent, not autonomy itself.
In the NCC competencies, clinicians must:
* Provide accurate information
* Support shared decision-making
* Verify maternal understandingThis exactly matches the process of informed consent, not merely respecting autonomy or acting as a fiduciary.
References:AWHONN Standards for Professional Nursing PracticeSimpson: Fetal Monitoring TextCreasy & Resnik: Maternal-Fetal MedicineNCC C-EFM Candidate Guide 2025

NEW QUESTION # 93
A 30-year-old woman (G2P0) is experiencing preterm labor at 26-weeks gestation. She is receiving magnesium sulfate for neuroprotection. Her external fetal monitoring tracing over the past 30 minutes is shown. The next step would be to:

- A. Discontinue magnesium sulfate
- B. Evaluate for chorioamnionitis
- C. Administer acetaminophen

Answer: B

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
This tracing shows:
* Baseline ~170-175 bpm # fetal tachycardia
* Minimal variability
* No contractions of significance
* Maternal treatment with magnesium sulfate, which typically decreases baseline and variability-not increase it NCC and AWHONN physiology guidelines emphasize that fetal tachycardia is most commonly associated with maternal infection, including chorioamnionitis, especially in preterm labor.
Magnesium sulfate does not cause tachycardia; it generally causes:
* # baseline
* # variability
Thus, fetal tachycardia + minimal variability in a preterm patient strongly suggests maternal infection, requiring evaluation for chorioamnionitis.
Why the wrong answers are incorrect:
* A. Acetaminophen # used after confirming fever, not before evaluating the cause.
* B. Discontinuing magnesium # magnesium sulfate does not cause tachycardia; discontinuing it removes fetal neuroprotection.
References:NCC C-EFM Candidate Guide; AWHONN FHMPP; Simpson & Creehan; Menihan EFM; Creasy & Resnik.

NEW QUESTION # 94
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