

# EFM Reliable Practice Materials, Test EFM Pass4sure

## EFM practice test-with complete solutions

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 - Answer- 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 - Answer- 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 - Answer- 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 - Answer- 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
- b. cat 2
- c. cat 3 - Answer- cat 2

as the labor nurse is setting up for vacuum assisted or forcep assisted delivery by the provider, the stimulation of the \_\_\_\_\_ nerve occurs which results in fetal heart characteristic of

- a. vagus, tachycardia and minimal variability
- b. vagus, bradycardia
- c. trigeminal, minimal variability and an arrhythmia - Answer- b. vagus, bradycardia

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## NCC Certified - Electronic Fetal Monitoring Sample Questions (Q85-Q90):

### NEW QUESTION # 85

The tracing shown is a:



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

**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 # 86

A woman with hypertension at 38-weeks gestation has a biophysical profile. The result is 4/10 with decreased amniotic fluid volume.

The next step should be to:

- A. Repeat the biophysical profile in 24 hours
- B. Discharge home on bedrest
- **C. Admit for delivery**

**Answer: C**

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned BPP Management Standards:

NCC, AWHONN, and maternal-fetal medicine guidelines state:

- \* A BPP score of 4/10 at term is abnormal.
- \* A low score indicates hypoxia-related CNS suppression.
- \* Oligohydramnios is an additional high-risk finding, especially in hypertension.
- \* At 37 weeks, a BPP score of 4/10 warrants immediate delivery.

Repeating the test is acceptable at preterm gestations (e.g., < 32-34 weeks), but not at 38 weeks.

Why the other answers are incorrect:

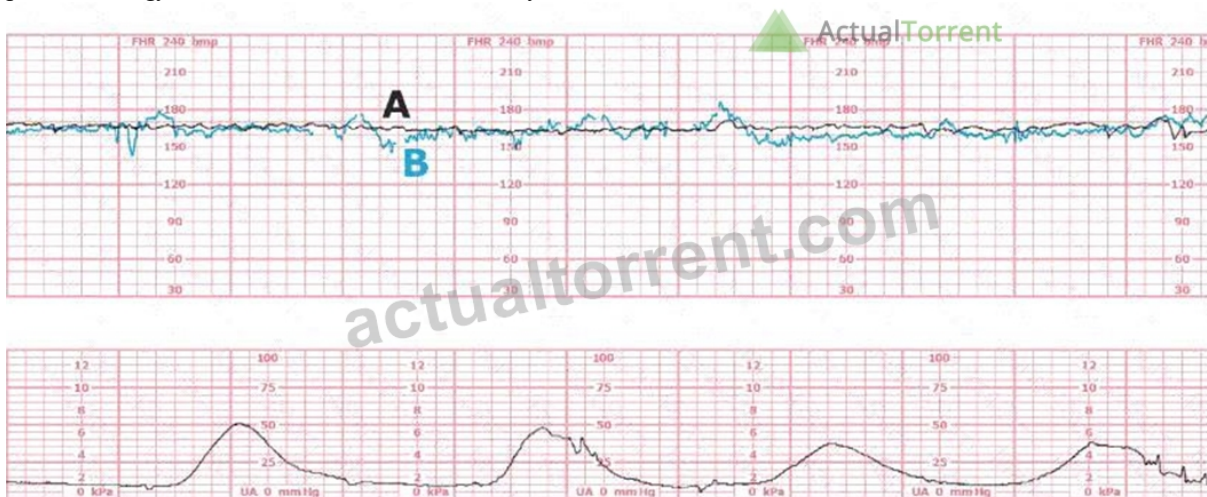
- \* B. Discharge home - Contraindicated with abnormal BPP.
- \* C. Repeat in 24 hours - Not recommended at term with a score of 4.

Correct answer: A. Admit for delivery

References: NCC C-EFM Candidate Guide; AWHONN FHMPP; Creasy & Resnik MFM; Simpson & Creehan; Menihan.

### NEW QUESTION # 87

The black pattern represents the heart rate pattern for Baby A. The blue pattern represents the heart rate pattern for Baby B. A possible etiology of the baseline fetal heart rate of Baby A is:



- A. Magnesium sulfate
- **B. Infection**
- C. Fetal positioning

**Answer: B**

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

The black tracing (Baby A) demonstrates:

- \* Baseline ~170-175 bpm
- \* Moderate variability
- \* No recurrent decelerations

This is fetal tachycardia.

NCC physiology guidelines list common causes of fetal tachycardia:

- \* Maternal fever / infection (chorioamnionitis)
- \* Maternal dehydration
- \* Maternal anxiety
- \* Maternal hyperthyroidism

- \* Fetal infection
- \* Certain medications (terbutaline, illicit stimulants)

Why the other options are incorrect:

- \* A. Fetal positioning does not influence baseline heart rate.
- \* C. Magnesium sulfate typically lowers fetal baseline and variability-it does not cause tachycardia.

Thus, the most likely etiology is infection.

References: NCC C-EFM Candidate Guide; AWHONN FHMPP; Menihan EFM; Simpson & Creehan; Creasy & Resnik.

### NEW QUESTION # 88

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

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

**Answer: A**

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 # 89

(Full question statement)

Interobserver reliability in interpretation of fetal heart rate tracings is greatest when the tracing is:

- A. Abnormal
- B. Indeterminate
- C. Normal

**Answer: C**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract Without Links:

NCC examination standards and AWHONN clearly state that normal Category I patterns have the highest interobserver agreement because they contain objective, easily identifiable components:

- \* baseline 110-160 bpm
- \* moderate variability
- \* absence of late or variable decelerations
- \* presence or absence of accelerations

Simpson highlights that Category II tracings have poor reliability due to multiple combinations of variability and decelerations, while



Category III patterns have higher agreement but occur far less frequently, limiting reliability measures. Research cited within NCC-endorsed materials confirms that clinicians demonstrate the greatest agreement in identifying normal Category I patterns, making normal the correct answer.

## NEW QUESTION # 90

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