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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 mmHg

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 decreased 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 (Q40-Q45):

NEW QUESTION # 40

Accelerations that last 10 minutes or more are considered:

- A. A baseline change
- B. Baseline variability
- C. Tachycardia

Answer: A

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

NICHD definitions endorsed by NCC:

- * An acceleration lasting #10 minutes is no longer an acceleration
- * It is classified as a baseline change
- * This also applies to decelerations lasting #10 minutes being considered a new baseline bradycardia Why the incorrect answers are wrong:
 - * B. Baseline variability # refers to amplitude fluctuations, not duration.
 - * C. Tachycardia # requires baseline >160 bpm for 10 minutes, but the definition of "acceleration #10 minutes = baseline change" supersedes this.

References:NCC C-EFM Candidate Guide; NICHD Definitions; AWHONN FHMPP.

NEW QUESTION # 41

This fetal heart rate pattern is classified as Category III based on:

- A. Contraction pattern
- B. **Absent variability**
- C. Type of deceleration

Answer: B

Explanation:

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

This tracing shows recurrent late decelerations accompanied by absent variability.

Per NICHD/NCC, a tracing is Category III if ANY of the following are present:

- * Absent variability AND recurrent late decelerations
- * Absent variability AND recurrent variable decelerations
- * Absent variability AND bradycardia
- * Sinusoidal pattern

In this strip:

- * Variability is absent
- * Decelerations are recurrent and late

The determining feature for the classification is absent variability, which indicates significant risk for fetal acidemia.

The contraction pattern (option B) does not determine category.

The deceleration type alone (option C) does not determine Category III without absent variability.

Thus, the classification is Category III because of absent variability.

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

NEW QUESTION # 42

When documenting the occurrence of late decelerations in the medical record, what should be charted?

- A. Notation that the tracing was normal or abnormal
- B. **Components of the tracing**
- C. Tracing category

Answer: B

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

According to NCC, AWHONN, and evidence-based documentation standards, clinicians must document:

- * Baseline
- * Variability
- * Accelerations
- * Decelerations (type, depth, duration, timing)
- * Uterine activity

This fulfills the NICHD 3-tier system and legal documentation expectations.

Why the incorrect answers are wrong:

- * B. "Normal/abnormal" # vague, not an acceptable documentation standard.
- * C. Category alone # insufficient; categories must be supported by the components.

References:NCC C-EFM Candidate Guide; AWHONN Documentation Standards; Menihan.

NEW QUESTION # 43

When the fetal heart rate is measured by a Doppler transducer and the intervals between heart beats are persistently identical, this shows as

- A. bradycardia
- B. normal baseline
- **C. absent variability**

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources Variability is created by beat-to-beat differences in fetal cardiac intervals due to autonomic nervous system modulation. AWHONN specifies that absent variability appears as "a near-straight line with minimal or no discernible oscillations," which occurs when all beat intervals are identical. Menihan notes that Doppler displays variability based on mechanical motion and will show flat, unchanging intervals when fetal autonomic modulation is suppressed, reflecting absent variability.

Bradycardia refers to a baseline <110 bpm and does not describe the uniformity of intervals. A normal baseline may still show variability; it cannot have identical beat-to-beat intervals, as this violates the definition of variability in NICHD terminology.

Simpson & Creehan state that absent variability is a significant marker of impaired fetal oxygenation or CNS depression.

References:

AWHONN - Fetal Heart Monitoring Principles & Practices
Menihan - Electronic Fetal Monitoring
Simpson & Creehan - Perinatal Nursing
Creasy & Resnik - Maternal-Fetal Medicine
Miller's Pocket Guide

NEW QUESTION # 44

(Full question statement)

Recurrent decelerations are defined as occurring with 50% or more of contractions in any window of how many minutes?

- A. 0
- B. 1
- **C. 2**

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract Without Links:

According to the NCC C-EFM Content Outline and AWHONN Fetal Heart Monitoring Principles, recurrent decelerations are specifically defined as decelerations that occur with #50% of uterine contractions in a 20-30-minute window, but standardized interpretation guidelines used by NCC and ACOG categorize recurrent patterns based on any 30-minute evaluation period.

AWHONN (FHM 6th Ed.) explains that fetal heart patterns must be evaluated over "a sufficiently long segment, typically 30 minutes, to determine whether the pattern is intermittent or recurrent." Menihan & Simpson further emphasize that recurrent decelerations imply a persistent physiologic stressor, requiring systematic evaluation and intrauterine resuscitation. NCC's Candidate Guide ties this rule directly into categorization within Category II and III tracings. Therefore, 30 minutes is the correct standard evaluation interval for determining recurrence.

NEW QUESTION # 45

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