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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 (Q22-Q27):

NEW QUESTION # 22
This fetal heart rate tracing is of a woman in labor with dichorionic-diamniotic twins at 36-weeks gestation, 4 cm dilated. She is on oxygen via face mask. Based on the fetal heart rate tracing, what is the most appropriate action?
(Tracing A = black; Tracing B = blue)

- A. Give terbutaline
- B. Continue to observe
- C. Cesarean birth

Answer: B

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
Both fetal tracings (A and B) show:
* Baselines around 140-150 bpm
* Moderate variability
* Intermittent accelerations
* No recurrent decelerations
* Normal contraction pattern
* Overall Category I patterns for both twins
NCC, NICHD, and AWHONN emphasize that moderate variability with a normal baseline is the strongest reassurance of fetal well-being, even in multifetal gestations.
There is no evidence of:
* Tachysystole
* Recurrent variables
* Recurrent lates
* Prolonged decelerations
* Category III patterns
Therefore, the appropriate action is ongoing observation.
Why the incorrect answers are wrong:
* A. Cesarean birth - Not indicated with Category I FHR patterns.
* C. Terbutaline - Reserved for tachysystole or prolonged deceleration patterns, not present here.
References:NCC C-EFM Candidate Guide; NICHD Definitions; AWHONN FHMPP; Menihan; Simpson & Creehan.

NEW QUESTION # 23
An internal electronic fetal monitor tracing continues to record artifact despite equipment troubleshooting and replacement of the spiral electrode. The next action is to:

- A. Reposition the woman
- B. Auscultate the fetal heart rate
- C. Provide oxygen

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
When internal monitoring continues to record artifact despite:
* Changing the scalp electrode
* Ensuring correct attachment
* Checking cable connections
* Confirming maternal movement is not the cause
NCC requires confirmation of fetal well-being using another modality.
The correct next step is direct auscultation with Doppler or fetoscope.
Why other answers are incorrect:
* Oxygen is not indicated for equipment malfunction.
* Repositioning does not resolve internal FHR artifact.
Thus, Auscultate the fetal heart rate is the appropriate next step.
References:NCC C-EFM Candidate Guide; AWHONN; Miller's Pocket Guide; Menihan.

NEW QUESTION # 24
The most probable underlying fetal physiologic cause for this tracing would be:

- A. Vagal nerve stimulation in response to hypoxemia
- B. Release of catecholamines
- C. Myocardial hypoxic depression

Answer: B

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
This tracing shows:
* Baseline ~145 bpm
* Minimal variability
* No accelerations or decelerations
* Very little fluctuation # resembles a flat/minimal variability Category II tracing The key physiologic mechanism behind minimal variability in the presence of a normal baseline and normal contraction pattern is most often:
Increased fetal sympathetic tone, driven by catecholamine release (epinephrine and norepinephrine).
NCC and AWHONN explain:
* Catecholamine release (due to fetal stress, early hypoxemia, or maternal stress) results in:
* Reduced beat-to-beat fluctuation
* Minimal baseline variability
* This is considered an early compensatory mechanism, not yet a decompensated hypoxic state.
Why the other answers are incorrect:
* A. Myocardial hypoxic depression
* Causes absent variability, NOT minimal variability.
* Represents advanced or severe hypoxia. The FHR here is not absent variability.
* C. Vagal stimulation in response to hypoxemia
* Produces decelerations, especially late or prolonged.
* This strip shows no decelerations, ruling this out.
Therefore the most accurate physiologic explanation is B. Release of catecholamines.
References:NCC C-EFM Candidate Guide; AWHONN FHMPP; NICHD Baseline Variability Definitions; Menihan EFM; Simpson & Creehan; Creasy & Resnik.

NEW QUESTION # 25
A characteristic of early decelerations is that they

- A. commonly fall below 100 beats per minute
- B. are episodic
- C. are thought to be caused by a vagal reflex

Answer: C

Explanation:
Comprehensive and Detailed Explanation From Exact Extract (No URLs or Links):
Early decelerations are defined in NCC and AWHONN resources as gradual, uniform decelerations that mirror uterine contractions and are associated with fetal head compression. AWHONN's Fetal Heart Monitoring Principles states: "Early decelerations are a benign pattern caused by vagal stimulation secondary to fetal head compression." Menihan similarly notes: "The mechanism of early decelerations is a vagal reflex response; they do not reflect hypoxia." They are periodic, not episodic, because they occur with contractions-which rules out option A.
They typically remain within a normal heart rate range and do not usually fall below 100 bpm; this eliminates option C. NCC Candidate Guide emphasizes that early decelerations are considered a normal physiologic response, not a pathologic pattern, and are categorized as "Category I" when variability is present.
Thus, the correct characteristic is that they are caused by a vagal reflex, making B the correct answer.
References:AWHONN Fetal Heart Monitoring ProgramMenihan: Electronic Fetal MonitoringSimpson & Creasy: Fetal PhysiologyNCC C-EFM Content Domains - Physiology

NEW QUESTION # 26
A pattern of recurrent variable decelerations would move from Category II to Category III if what fetal heart rate change occurs?

- A. Tachysystole
- B. Absent variability
- C. Late decelerations

Answer: B

NEW QUESTION # 27
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