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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 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. Abruptio

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q18-Q23):

NEW QUESTION # 18

Amnioinfusion can cause what changes in the fetal heart rate tracing?

- A. Resolution of variable decelerations
- B. Improvement in fetal heart rate variability
- C. Increase in fetal heart rate baseline

Answer: A

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

NCC defines amnioinfusion as indicated for:

- * Recurrent variable decelerations caused by cord compression
- * Oligohydramnios reducing buffer around the cord

Expected effect:

- * Reduction or elimination of variable decelerations

Why the other answers are incorrect:

- * A. Variability does not improve with amnioinfusion.
- * B. Baseline FHR does not increase as a result of amnioinfusion.

Correct answer: C. Resolution of variable decelerations.

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

NEW QUESTION # 19

A woman (G1P0) arrives in triage with a pain score of 4/10 at 39-weeks gestation. The fetal heart rate tracing shown is obtained. The best intervention is to:

□

- A. Adjust tocotransducer and continue to monitor
- B. Admit for induction
- C. Discharge to home

Answer: A

Explanation:

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

This tracing demonstrates a normal, reassuring fetal heart pattern that is technically categorized as Category I, indicating normal fetal acid-base status. Before any decision regarding discharge or induction, NCC emphasizes correct assessment of the tracing quality, fetal status, and uterine activity.

Key Tracing Characteristics

- * Baseline: Approximately 135-145 bpm, well within the normal range of 110-160 bpm
- * Variability: The strip shows moderate variability (6-25 bpm), the strongest indicator of adequate fetal oxygenation per NCC, AWHONN, and NICHD.
- * Accelerations: Several accelerations are present—another reassuring feature of normal fetal well-being.
- * Decelerations: No variable, late, or prolonged decelerations are present.
- * Uterine Activity: The lower channel shows poor recording quality and inconsistent signal—suggesting the toco is not capturing contractions well, not that the patient is contracting excessively or not at all.

Correct interpretation per NCC:

NCC emphasizes distinguishing between physiologic assessment and technical artifact.

The fetal tracing is completely reassuring.

The only abnormality is the poor uterine activity signal, a common triage occurrence due to:

- * Toco placement
- * Maternal body habitus
- * Positioning
- * Low contraction intensity in early labor

Thus, the correct next step is to optimize equipment (reposition the toco, adjust belt, palpate contractions) and continue to monitor.

Why the other options are incorrect:

B). Admit for induction - NOT indicated

* There is no evidence of fetal compromise.

* No indication for induction is present (pain score 4/10, reassuring FHR, term pregnancy).

* NCC emphasizes avoiding unnecessary interventions.

C). Discharge to home - NOT yet appropriate

* You cannot safely discharge a patient with a poorly monitored contraction pattern.

* Adequate assessment requires confirming uterine activity-after fixing the toco.

Therefore, the appropriate action is:

A). Adjust tocotransducer and continue to monitor.

References:NCC C-EFM Candidate Guide (2025); NCC Content Outline; AWHONN Fetal Heart Monitoring Principles & Practices; NICHD Definitions; Miller's Fetal Monitoring Pocket Guide; Menihan Electronic Fetal Monitoring; Simpson & Creehan Perinatal Nursing; Creasy & Resnik Maternal-Fetal Medicine.

NEW QUESTION # 20

A woman in labor has been pushing for 4 hours. For the last 2 hours, there have been recurrent variable decelerations. Variability has evolved from moderate to minimal. Cervical exam is 10/100%

/+2, fetal head OP. There has been no fetal descent for the last 45 minutes. Based on the tracing shown, the most reasonable approach is

- A. vacuum-assisted vaginal birth
- B. continued pushing
- C. cesarean birth

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract (NCC-Referenced Sources) According to the NCC C-EFM Exam Outline and AWHONN Fetal Heart Monitoring (5th & 6th ed.), recurrent variable decelerations with progressive reduction in variability reflect worsening fetal hypoxia, especially when coupled with prolonged second stage and arrest of descent.

AWHONN and Menihan both state that:

* "Minimal variability with recurrent decelerations indicates inability of the fetus to maintain adequate oxygenation."

* "Failure of descent in second stage with non-reassuring patterns requires operative delivery." Creasy & Resnik emphasize that operative vaginal birth requires:

- (1) fetal head at +2 station or below,
- (2) favorable position,
- (3) reassuring fetal status.

Here, the fetus is OP, descent has arrested, and FHR is non-reassuring. This contraindicates vacuum extraction.

Therefore, the appropriate management under NCC competencies is cesarean birth.

NEW QUESTION # 21

A woman is admitted to labor and delivery with vaginal bleeding. This tracing is obtained. This is most consistent with:

- A. An indeterminate pattern
- B. Normal baseline
- C. Dysrhythmia

Answer: A

Explanation:

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

The tracing shows:

* Baseline approx. 120 bpm

* Minimal variability (amplitude <5 bpm) across the entire strip

* No accelerations

* No decelerations

* Contractions present but not excessive

NCC defines:

* Category I requires moderate variability # not present.

* Category III requires absent variability with recurrent decels, bradycardia, or sinusoidal pattern # not present.

* Thus this falls into Category II: "indeterminate."

Minimal variability for this length of time cannot be considered a normal baseline, especially in the setting of vaginal bleeding, which raises concern for:

* Abruption

* Maternal anemia

* Hypovolemia

* Decreased uteroplacental perfusion

There is no evidence of dysrhythmia (no irregular R-R intervals, no chaotic spikes, no sawtooth pattern).

Therefore, the correct interpretation is A. An indeterminate pattern (Category II).

References: NCC C-EFM Candidate Guide; NICHD Definitions; AWHONN Principles & Practices; Menihan; Simpson & Creehan; Creasy & Resnik.

NEW QUESTION # 22

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

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

Answer: B

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 # 23

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