

Test EFM Pattern, Real EFM Question

NCC EFM Test Exam 1 Revised Question & Answers 2023 Complete Solution

Variable decelerations are thought to be caused by:

- A. Fetal head compression
- B. Umbilical cord compression
- C. Uteroplacental insufficiency correct answers B. Umbilical cord compression

An appropriate treatment for recurrent variable decelerations with moderate variability during second stage pushing is:

- A. Amnioinfusion
- B. Modification of pushing efforts
- C. Oxygen at 10 liters per nonrebreather face mask. correct answers B. Modification of pushing efforts

The Primary purpose of the use of electronic fetal monitoring is to:

- A. Determine if the fetus is well oxygenated
- B. Document fetal status throughout labor
- C. Identify the fetus at risk correct answers C. Identify the fetus at risk

An EFM tracing with fetal heart rate of 170 beats per minute and moderate variability would be classified as:

- A. Abnormal (category III)
- B. Indeterminate (category II)
- C. Normal (category I) correct answers B. Indeterminate (category II)

When variability is undetectable, it is identified as:

- A. Absent
- B. Decreased
- C. Indeterminate correct answers A. Absent

When periodic fetal heart rate patterns occur, they:

- A. Are associated with uterine contractions
- B. Are classified as indeterminate
- C. Require a fetal spiral electrode for accurate determination. correct answers A. Are associated with uterine contractions

Interpretation and classification of fetal heart rate patterns are determined:

- A. Are associated with uterine contractions
- B. Based on EFM findings observed for a 60 minute period of time.
- C. Retrospectively according to the fetal outcome. correct answers A. Are associated with uterine contractions

When a narcotic is given to a woman in labor, what EFM change is likely to occur?

- A. A decrease in variability
- B. Blunting of the accelerations
- C. Development of late decelerations correct answers A. A decrease in variability

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q90-Q95):

NEW QUESTION # 90

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

Answer: A

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 # 91

The baseline fetal heart rate in this tracing is:

- A. Indeterminate
- B. 155 beats per minute
- C. Tachycardia

Answer: C

Explanation:

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

On the tracing:

- * FHR consistently ranges 170-185 bpm
- * Variability remains present, confirming adequate signal.
- * This pattern persists for the required minimum 10-minute baseline window.

NICHD/NCC define fetal tachycardia as:

- * Baseline > 160 bpm for at least 10 minutes

Because the FHR is well above 160 for the whole reviewable period, the baseline is tachycardic.

Why the other answers are incorrect:

- * A. 155 bpm - Too low; FHR visually averages well above this.
- * B. Indeterminate - Not applicable; variability is clear and the tracing meets the #10-minute rule.

Correct answer: C. Tachycardia

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

NEW QUESTION # 92

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

Answer: B

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 # 93

A fetal heart rate pattern shows no accelerations or decelerations. It would be interpreted as a Category II pattern if it occurred with:

- A. A sinusoidal pattern
- **B. Marked variability**
- C. A fetal heart rate of 110 beats per minute

Answer: B

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

NICHD Category II includes:

- * Minimal variability
- * Marked variability
- * Absent accelerations without recurrent decelerations
- * Indeterminate baseline characteristics

A tracing with no accelerations and no decelerations becomes Category II if paired with marked variability, because marked variability indicates potential stress.

Why other answers are wrong:

- * A. FHR 110 bpm $\#$ normal baseline if variability normal.
- * B. Sinusoidal pattern $\#$ Category III, not Category II.

Correct answer: Marked variability.

References:NCC Candidate Guide; NICHD FHR Definitions; AWHONN FHMPP; Menihan.

NEW QUESTION # 94

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

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

Answer: C

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 & Crehan: Perinatal Nursing

* Creasy & Resnik: Maternal-Fetal Medicine

NEW QUESTION # 95

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