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EFM practice test exam Questions with Answer 2023-2024

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 - answers>>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 - answers>>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 - answers>>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 - answers>>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

[Date]

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q32-Q37):

NEW QUESTION # 32

The pattern on the fetal heart rate tracing shown is likely due to

□

- A. umbilical cord compression
- B. placental insufficiency
- C. fetal head compression

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract Sources:

The tracing demonstrates an abrupt-onset, sharp, V-shaped deceleration, occurring simultaneously with or slightly after a contraction-classic for variable decelerations, which are caused by umbilical cord compression.

According to AWHONN Fetal Heart Monitoring Principles & Practices, variable decelerations are defined by:

* "Abrupt decreases in FHR below baseline of at least 15 bpm, lasting at least 15 seconds and less than 2 minutes."

* "Most commonly associated with umbilical cord compression, whether transient or recurrent." Physiology reference (Simpson & Miller, Pocket Guide):

* Compression of the umbilical vein causes a brief acceleration.

* Compression of the umbilical arteries triggers a vagal response, producing a rapid deceleration.

* This creates the characteristic sharp 'V', 'U', or 'W' shape on the monitor.

Placental insufficiency (Choice B) produces late decelerations, which are gradual, not abrupt.

Fetal head compression (Choice A) produces early decelerations, which mirror contractions and have a gradual pattern.

Thus, the tracing is most consistent with variable decelerations caused by umbilical cord compression.

References:AWHONN Fetal Heart Monitoring Principles & Practices;Simpson - Fetal Monitoring;Menihan

- Electronic Fetal Monitoring;Miller's EFM Pocket Guide;NCC C-EFM Content Outline - Pattern Recognition Domain.

NEW QUESTION # 33

This patient received an epidural 15 minutes prior to the tracing shown. The next course of action is to:

□

- A. Check maternal blood pressure
- B. Continue to monitor
- C. Perform a cervical exam

Answer: A

Explanation:

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

This tracing demonstrates:

* A sudden prolonged deceleration following epidural placement

* Minimal variability during the deceleration

* Event occurring within 15 minutes of epidural

NCC, AWHONN, and Menihan emphasize that maternal hypotension is the most common complication immediately following epidural analgesia. Hypotension leads to:

* Reduced uteroplacental perfusion

* Fetal bradycardia or prolonged decelerations

* Decreased variability during the deceleration

Typical fetal response to maternal hypotension:

Late-like or prolonged deceleration with weakening variability, exactly like the strip shown.

Therefore, the FIRST and most critical step is to check maternal blood pressure.

Other options:

* B. Continue to monitor - unsafe when a prolonged deceleration is present.

* C. Cervical exam - not indicated; the fetal tracing deterioration is temporally linked to epidural placement.

Thus, the correct action is A. Check maternal blood pressure.

References:NCC C-EFM Candidate Guide; AWHONN Fetal Heart Monitoring Principles & Practices; Menihan Electronic Fetal Monitoring; Miller's Fetal Monitoring Pocket Guide; Creasy & Resnik Maternal- Fetal Medicine.

NEW QUESTION # 34

A woman experiences an eclamptic seizure during the second stage of labor. An anticipated fetal heart rate abnormality post-seizure would be:

- A. Bradycardia
- B. Variable decelerations
- C. Sinusoidal pattern

Answer: A

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Emergency Fetal Response Principles:

Following an eclamptic seizure:

- * Maternal hypoxia, apnea, and intense sympathetic discharge occur
- * Uteroplacental perfusion drops
- * Fetus experiences acute hypoxemia
- * The expected fetal heart rate response is a prolonged bradycardia

This is well-described in NCC and AWHONN emergency physiology:

* "Post-seizure fetal bradycardia is common and often resolves within 5-10 minutes as maternal oxygenation stabilizes." Why other answers are incorrect:

- * B. Sinusoidal pattern - Rare and usually indicates fetal anemia, not post-seizure status.
- * C. Variable decelerations - Associated with cord compression, not seizures.

Correct answer: A. Bradycardia

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

NEW QUESTION # 35

A fetal heart rate pattern characteristic of fetal neurological injury and impending intrapartum fetal demise is:

- A. Recurrent late decelerations
- B. Marked variability
- C. Wandering baseline

Answer: C

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

A wandering baseline is:

- * A slow, fluctuating baseline
- * Low amplitude
- * No variability
- * No accelerations
- * Indicative of severe fetal neurologic injury and terminal fetal status NCC and AWHONN describe wandering baseline as a preterminal pattern.

Why the other answers are wrong:

- * A. Marked variability # often transient and not associated with demise.
- * B. Recurrent lates # concerning but not a neurological-injury pattern unless variability absent.

Correct answer: C. Wandering baseline.

References: NCC Pattern Recognition; AWHONN FHMPP; Menihan; Simpson & Creehan.

NEW QUESTION # 36

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 # 37

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