

100% EFM Correct Answers, EFM Minimum Pass Score

C-EFM Questions and Answers 100% Pass

simple diffusion ✓✓The mechanism for movement of carbon dioxide and oxygen through the placenta.

bradycardia ✓✓The fetal heart rate pattern that is likely to be seen with maternal hypothermia.

inferior vena cava ✓✓Maternal supine hypotension is caused mainly by compression of?

Terbutaline ✓✓The medication that following maternal administration, can make the FHR baseline increase.

insert a spiral electrode and turn off the logic ✓✓The most appropriate action if a woman is being monitored externally and has a suspected fetal arrhythmia.

cord prolapse ✓✓In a twin delivery, the second twin is at a higher risk of?

metabolic acidemia ✓✓The presence of moderate variability rules out fetal?

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q38-Q43):

NEW QUESTION # 38

A fetus displays a baseline heart rate of 125 beats per minute with moderate variability. During a contraction, the baseline rate drops abruptly to 80 beats per minute with gradual return to baseline over 90 seconds. This is classified as:

- A. Early deceleration
- **B. Variable deceleration**
- C. Prolonged deceleration

Answer: B

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

NICHD definitions:

A variable deceleration is identified by:

- * Abrupt onset(drop from baseline to nadir in <30 seconds)
- * Depth #15 bpm
- * Duration #15 seconds and <2 minutes
- * Variable timing relative to contractions
- * Variable shape (sharp drop, jagged descents, rapid recovery)

The scenario describes:

- * Abrupt drop from 125 # 80 bpm (rapid onset)
- * Lasting 90 seconds (still <2 minutes)
- * Gradual return but still within variable range
- * Occurring during a contraction
- * Depth >15 bpm

This meets ALL criteria for a variable deceleration.

Why the other options are wrong:

- * A. Early deceleration
- * Requires gradual onset (>30 seconds).
- * Mirrors contraction shape.
- * Caused by head compression.
- * This decel is abrupt, so NOT early.
- * B. Prolonged deceleration
- * Requires #2 minutes and <10 minutes.
- * This decel lasts 90 seconds, which is below the threshold.

Correct classification: Variable deceleration.

References: NICHD FHR Definitions; NCC Pattern Recognition Domain; AWHONN FHMPP; Menihan; Simpson & Creehan.

NEW QUESTION # 39

Uterine contraction intensity is manually measured by degree of uterine:

- A. Muscle strength
- **B. Indentation**
- C. Pain

Answer: B

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Equipment Concepts:

When using external tocodynamometry, uterine contraction intensity cannot be measured in mmHg. It is assessed manually, using palpation. NCC and AWHONN teach:

- * Contraction intensity is estimated by palpating the fundus during a contraction.
- * The degree of firmness versus indentation determines intensity:
- * Mild # uterus easily indented
- * Moderate # firm, difficult to indent
- * Strong # rigid, cannot be indented

Why the incorrect answers are wrong:

- * B. Muscle strength - Not measurable by external or manual exam.
 - * C. Pain - Not a reliable indicator; pain perception varies widely and does not correlate with uterine intensity.
- Thus, the correct manual measurement is done through uterine indentation, making A correct.

References:NCC C-EFM Candidate Guide; AWHONN Principles & Practices; Menihan EFM; Miller's Pocket Guide; Simpson & Creehan.

NEW QUESTION # 40

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

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

Answer: B

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 # 41

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 # 42

When fetal arterial blood pressure increases, the baroreceptors send impulses to the vagus nerve resulting in:

- A. Reflex tachycardia
- B. Decreased PO#
- **C. Decreased heart rate**

Answer: C

Explanation:

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

Fetal baroreceptors, located primarily in the carotid sinus and aortic arch, respond to increases in fetal arterial pressure. When activated, they stimulate the vagus nerve, causing:

* Reflex parasympathetic activation

* Decreased FHR (vagal slowing)

This is a well-established physiologic mechanism referenced throughout NCC's physiology domain. NCC emphasizes that variable decelerations, especially short deep drops, can occur when transient increases in fetal blood pressure from cord compression activate these baroreceptors.

Option B, decreased PO#, relates to chemoreceptor-mediated responses-not baroreceptors.

Option C, reflex tachycardia, is mediated by sympathetic activation and occurs when BP falls, not rises.

Thus, the correct physiologic response is A. Decreased heart rate.

References: NCC C-EFM Candidate Guide (2025); NCC Content Outline (Physiology Domain); AWHONN Fetal Heart Monitoring; Menihan Electronic Fetal Monitoring; Creasy & Resnik Maternal-Fetal Physiology; Simpson & Creehan Perinatal Nursing.

NEW QUESTION # 43

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