

# 正確なNCC EFM復習資料は主要材料s & 素敵なEFM資料勉強

## NCC EFM test 1-with complete solutions

Variable decelerations are thought to be caused by:

- A. Fetal head compression
- B. Umbilical cord compression
- C. Uteroplacental insufficiency - Answer- 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. - Answer- 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 - Answer- 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) - Answer- B. Indeterminate (category II)

When variability is undetectable, it is identified as:

- A. Absent
- B. Decreased
- C. Indeterminate - Answer- 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. - Answer- 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. - Answer- A. Are associated with uterine contractions

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

IT業界での競争がますます激しくなるうちに、あなたの能力をどのように証明しますか。NCCのEFM試験に合格するのは説得力を持っています。我々ができるのはあなたにより速くNCCのEFM試験に合格させます。数年間の発展で我々CertJukenはもっと多くの資源と経験を得ています。改善されているソフトはあなたのNCCのEFM試験の復習の効率を高めることができます。

EFM認定を取得することは多くの人にとって簡単ではないことがわかっていますが、良いニュースをお伝えできることを嬉しく思います。当社の教材は、短時間でEFM認定を取得するのに役立ちます。EFM練習問題を詳細にご紹介します。貴重な時間を割いてEFM試験の質問をご覧ください。私たちはあなたを失望させないと信じてください。ウェブ上のEFMトレーニングガイドのデモを無料でダウンロードして、優れた品質を知ることができます。

>> EFM復習資料 <<

## NCC EFM資料勉強、EFM関連復習問題集

CertJuken NCCのEFM試験問題集は完全な無制限のダンプが含まれていますから、CertJukenを利用したら気楽に試験に受かることができます。製品検定合格の証明書あるいは他の人気がある身分検定によって、CertJuken NCCのEFM試験トレーニング資料の長所を完璧に見せることができます。依頼だけでなく、指導のことも最高です。CertJuken NCCのEFM試験トレーニング資料に含まれている問題と解答を利用して、NCCのEFM認定試験

に合格することができます。

## NCC Certified - Electronic Fetal Monitoring 認定 EFM 試験問題 (Q77-Q82):

### 質問 # 77

Based on the fetal heart rate tracing shown, the expected fetal pH would be:

□

- A. Above 7.15
- B. Below 7.15
- C. Unaffected by the fetal heart rate

正解: A

解説:

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

Assessment of likely fetal acid-base status is grounded in NCC-aligned principles that correlate fetal pH with fetal heart rate patterns, especially variability, presence/absence of accelerations, and type and depth of decelerations.

This tracing shows the following features:

Baseline:

The fetal heart rate baseline is approximately 140-150 bpm, within the normal 110-160 bpm range.

Variability:

Moderate variability is present-approximately 6-25 bpm amplitude.

Per NCC and NICHD definitions, moderate variability is strongly associated with normal fetal oxygenation and normal fetal pH > 7.20-7.25.

Accelerations:

There are occasional small accelerations, another strong indicator of normal fetal acid-base status.

Decelerations:

The tracing shows occasional variable decelerations, shallow and brief, recovering rapidly, typical of intermittent cord compression.

NCC references emphasize that intermittent, non-recurrent variables with moderate variability do not correlate with acidemia.

Uterine activity:

Contractions are present but not excessive, and fetal response remains reassuring.

Correlating tracing features with fetal pH (per NCC, AWHONN, Simpson, Menihan):

Moderate variability is the strongest intrapartum indicator of normal fetal pH.

The NICHD/NCC consensus repeatedly states that:

"The presence of moderate variability reliably predicts adequate fetal oxygenation and a fetal pH above the threshold associated with metabolic acidemia." Fetal pH below 7.15 is associated with:

Absent variability

Recurrent late decelerations

Recurrent deep variable decelerations

Prolonged bradycardia

None are present in this tracing.

Because the tracing demonstrates moderate variability, intermittent uncomplicated variables, and no recurrent late decelerations, the physiologic expectation is that the fetal pH remains normal, significantly above 7.15.

Therefore, the correct answer is: A (above 7.15).

References:

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

### 質問 # 78

Fetal respiratory acidosis is most likely to present with which of the following fetal heart rate decelerations?

- A. Late
- B. Early
- C. Variable

正解: C

解説:

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

NCC and AWHONN physiology teachings:

- \* Variable decelerations caused by cord compression lead to:

- \* Transient interruption of umbilical venous flow

- \* Impaired fetal gas exchange

- \* Acute rise in CO<sub>2</sub>

- \* Respiratory acidosis (early phase of hypoxemia)

This is well documented:

- \* Early decelerations # head compression # NOT associated with acidemia.

- \* Late decelerations # uteroplacental insufficiency # metabolic acidosis, not respiratory.

Thus:

- \* Variable decelerations # respiratory acidosis

- \* Late decelerations # metabolic acidosis

Correct answer: C. Variable

References: NCC Physiology Domain; AWHONN FHMPP; Menihan EFM; Simpson & Creehan; Creasy & Resnik.

### 質問 # 79

A woman at 41-weeks gestation is being induced. She is 2 cm dilated and is on oxytocin at 8 milliunits /minute. Based on the fetal heart rate tracing shown, the best initial response is to:

□

- A. Place a fetal spiral electrode
- **B. Decrease the oxytocin**
- C. Continue to observe

正解: B

解説:

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

The tracing shows tachysystole with emerging late decelerations and minimal variability:

- \* 5 contractions in 10 minutes

- \* Deceleration nadirs occur after the peak of the contraction (late pattern)

- \* Variability begins to trend toward minimal

- \* The tracing has deteriorated while on oxytocin 8 mU/min, a common threshold for overstimulation NCC and AWHONN emphasize that when tachysystole occurs with any fetal intolerance, the first action is to reduce or stop oxytocin.

Key NCC principles:

- \* Late decelerations + tachysystole = uteroplacental insufficiency caused by excessive uterine activity

- \* Interventions:

- \* Stop or reduce oxytocin

- \* Maternal repositioning

- \* IV fluid bolus

- \* Possible oxygen if other measures fail

Why the other options are incorrect:

- \* A. Continue to observe - not acceptable with late decels + tachysystole.

- \* C. Place a spiral electrode - this corrects signal quality, not uterine overstimulation or fetal oxygenation.

Thus, the best initial response is B. Decrease the oxytocin.

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

### 質問 # 80

(Full question)

Vibroacoustic stimulation (VAS) is a useful intervention which can

- **A. shorten the length of the nonstress test (NST)**
- B. relax the uterus during tachysystole
- C. provide an indication of the amount of amniotic fluid

正解: A

解説:

Comprehensive and Detailed Explanation From Exact Extract (No URLs):

According to AWHONN's Fetal Assessment Text, Simpson & Miller, and Menihan, vibroacoustic stimulation is utilized during NSTs to elicit fetal accelerations, thereby minimizing testing time.

NCC-referenced sources describe VAS as:

- \* A method that awakens the fetus,
- \* Stimulates the fetal auditory system,
- \* Produces reactive accelerations in a neurologically intact fetus,
- \* Dramatically shortens NST duration, especially when the fetus is in a sleep cycle.

VAS does NOT measure amniotic fluid, nor does it have any effect on uterine activity (therefore cannot treat tachysystole).

The only correct purpose supported by NCC-cited literature is that VAS shortens the duration of the NST, making Option C correct.

## 質問 # 81

The fetal heart rate baseline is

- A. normally between 110 and 170 beats per minute
- **B. established between periodic and episodic changes**
- C. documented in a 15 beats per minute range

正解: B

解説:

Comprehensive and Detailed Explanation (From NCC C-EFM-Referenced Sources) The NCC C-EFM exam outline, along with AWHONN and Miller's Pocket Guide, define baseline fetal heart rate as the mean FHR rounded to increments of 5 bpm, measured over a 10-minute window, excluding:

- \* accelerations
- \* decelerations
- \* periods of marked variability
- \* any segments differing by >25 bpm

This aligns with ACOG, AWHONN, and Simpson's interpretation standards.

Option A is incorrect: the baseline is not documented as a 15-bpm range; it is documented as a single value (e.g., 140 bpm).

Option C is incorrect: the correct NCC/ACOG standardized normal baseline is 110-160 bpm, not 170.

Exact Extract Concepts Referenced:

- "Baseline is determined over a 10-minute period excluding periodic or episodic changes." (AWHONN FHR Principles)
- "Baseline is the mean FHR rounded to 5-bpm increments." (Miller's Pocket Guide)
- "Normal baseline is 110-160 bpm." (Simpson & Menihan; Creasy & Resnik)

## 質問 # 82

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現在の社会で、EFM試験に参加する人がますます多くなる傾向があります。市場の巨大な練習材料からEFMの学習教材を手に入れようとする人も増えています。私たちのEFM試験問題を利用し、ほかの資料が克服できない障害を克服できます。多くの受験者は、私たちのEFM練習試験をすることに特権を感じています。そして、私たちのウェブサイトは、市場でのとても有名で、インターネット上で簡単に見つけられます。

**EFM資料勉強:** <https://www.certjuken.com/EFM-exam.html>

NCC EFM復習資料 4.パス保証; 5.返金保証など、参考のために、3種類のEFM練習資料が手頃な価格で提供されています、次に、私の紹介を通じて、EFM学習クイズをより深く理解していただければ幸いです、もし、あなたもEFM試験に合格したいです、NCC EFM復習資料 それを使用した後、あなたはより深い経験を持つことになります、CertJukenの NCCのEFM試験トレーニング資料を手に入れるなら、あなたは最も新しいNCCのEFM学習教材を手に入れられます、NCC EFM復習資料 JPexamはIT認定試験に関する資料を提供する優れたウェブサイトです。

私は暫しばらく来てから振りかえってみた、ゆ、ずる、さだ、駄目ですって今日はEFM、平日であ、あっ 彼の肩を押し返そうとするものの、自分よりも長身の譲さんに押し掛かれた状態ではどうにもならない、4.パス保証; 5.返金保証など。

参考のために、3種類のEFM練習資料が手頃な価格で提供されています、次に、私の紹介を通じて、EFM学習クイズをより深く理解していただければ幸いです、もし、あなたもEFM試験に合格したいです。

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