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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

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q106-Q111):

NEW QUESTION # 106

A characteristic of early decelerations is that they

- A. are episodic
- B. commonly fall below 100 beats per minute
- C. are thought to be caused by a vagal reflex

Answer: C

Explanation:

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

Early decelerations are defined in NCC and AWHONN resources as gradual, uniform decelerations that mirror uterine contractions and are associated with fetal head compression. AWHONN's Fetal Heart Monitoring Principles states: "Early decelerations are a benign pattern caused by vagal stimulation secondary to fetal head compression." Menihan similarly notes: "The mechanism of early decelerations is a vagal reflex response; they do not reflect hypoxia." They are periodic, not episodic, because they occur with contractions-which rules out option A.

They typically remain within a normal heart rate range and do not usually fall below 100 bpm; this eliminates option C. NCC Candidate Guide emphasizes that early decelerations are considered a normal physiologic response, not a pathologic pattern, and are categorized as "Category I" when variability is present.

Thus, the correct characteristic is that they are caused by a vagal reflex, making B the correct answer.

References:AWHONN Fetal Heart Monitoring ProgramMenihan: Electronic Fetal MonitoringSimpson & Creasy: Fetal PhysiologyNCC C-EFM Content Domains - Physiology

NEW QUESTION # 107

A woman is admitted at 41-weeks gestation for fetal evaluation following a motor vehicle accident. She reports that she hit her abdomen on the steering wheel. The underlying physiology of the tracing is most likely:

- A. Cord accident
- B. Placental abruption
- C. Fetal trauma

Answer: B

Explanation:

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

This tracing shows recurrent late decelerations, decreased variability, and subtle baseline shifts-findings that strongly correspond to uteroplacental insufficiency. In trauma cases, NCC emphasizes that placental abruption is the most common fetal complication, caused by shearing forces separating the placenta from the uterine wall.

Key physiologic points per NCC/AWHONN/Menihan:

* Maternal blunt abdominal trauma frequently leads to partial or concealed abruption.

* Abruption produces decreased uteroplacental blood flow, resulting in:

* Late decelerations

* Minimal/absent variability

* Baseline shifts or instability

Cord accident (option A) typically produces variable decelerations, not late-pattern decelerations.

Fetal trauma (option B) is extremely rare and does not produce a consistent deceleration pattern.

Thus, the physiology most consistent with this tracing and mechanism of injury is placental abruption.

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

NEW QUESTION # 108

Accelerations that last 10 minutes or more are considered:

- A. Tachycardia
- B. A baseline change
- C. Baseline variability

Answer: B

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

NICHD definitions endorsed by NCC:

* An acceleration lasting #10 minutes is no longer an acceleration

* It is classified as a baseline change

* This also applies to decelerations lasting #10 minutes being considered a new baseline bradycardia Why the incorrect answers are wrong:

* B. Baseline variability # refers to amplitude fluctuations, not duration.

* C. Tachycardia # requires baseline >160 bpm for 10 minutes, but the definition of "acceleration #10 minutes = baseline change" supersedes this.

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

NEW QUESTION # 109

Stimulation of the vagus nerve in a healthy fetus will cause:

- A. Increased cardiac contractility
- B. Increased fetal blood pressure
- C. Decreased fetal heart rate

Answer: C

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

Vagal stimulation is part of the parasympathetic nervous system, which causes:

* Slowing of the fetal heart rate (FHR)

* Rapid but temporary changes in HR

* Seen with head compression, scalp stimulation, or fetal movement

NICHD/NCC physiology explains:

* Vagus nerve activation # acetylcholine release # slowed SA node firing # decrease in FHR

* This mechanism is responsible for early decelerations during labor due to head compression.

Why the incorrect answers are wrong:

* B. Increased cardiac contractility # sympathetic effect, not vagal.

* C. Increased fetal blood pressure # also a sympathetic effect.

Correct answer: A. Decreased fetal heart rate

References:NCC Candidate Guide; AWHONN FHMPP; Menihan; Miller's Pocket Guide; Simpson & Creehan.

NEW QUESTION # 110

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 # 111

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