

EFM試験資料、EFM最新問題

NCC EFM EXAM FLASHCARDS

What entity standardized the term "Electronic Fetal Monitoring (EFM)" ? - CORRECT ANSWER Eunice Kennedy Shriver National Institute of Child Health & Human Development (NICHD)

Primary reason for continuous EFM - CORRECT ANSWER Legal reasons. No real benefit of continuous EFM according to studies.

Correlation found between continuous EFM and Deliveries. - CORRECT ANSWER continuous EFM found to have increase rates of assisted vaginal deliveries or cesarean deliveries.

VBAC vs TOLAC - CORRECT ANSWER TOLAC (Trial Of Labor After Cesarean)- attempt to deliver vaginally after previous c-sec.

VBAC (Vaginal Birth After Cesarean)- successful TOLAC

How is variability related to fetal metabolic acidemia? - CORRECT ANSWER Moderate variability indicates absence of fetal metabolic acidemia.

Accelerations indicates absence of fetal metabolic acidemia.

Lack of either does not automatically indicate presence of fetal acidemia

Describe Sensitivity vs. Specificity vs. Reliability - CORRECT ANSWER Sensitivity: the ability to detect a healthy fetus
Specificity: the ability to detect compromised fetus
Reliability: how reliable the test is

EFM sensitivity is high (highly reliable at detecting healthy baby), specificity is low (lowly reliable at detecting compromised- 99.8% false positive for fetal compromise).

What are the EFM paper parameters? - CORRECT ANSWER Horizontal axis: 3cm/min
Vertical axis: 30 bpm

What are the 2 requirements for FSE use? - CORRECT ANSWER Requires cervical dilation more than 2cm
Requires ROM

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>> EFM試験資料 <<

認定するEFM試験資料 & 合格スムーズEFM最新問題 | 大人気EFM日本語版と英語版

全てのIT職員はNCCのEFM試験をよく知っています。これは一般的に認められている最高級の認証で、あなたのキャリアにヘルプを与えられます。あなたはその認証を持っているのですか。NCCのEFM試験は非常に難しい試験ですが、It-PassportsのNCCのEFM試験トレーニング資料を手に入れたら大丈夫です。試験が難しいと感じるのは良い方法を選択しないからです。It-Passportsを選んだら、成功の手を握ることができるようになります。

NCC Certified - Electronic Fetal Monitoring 認定 EFM 試験問題 (Q24-

Q29):

質問 # 24

During amnioinfusion, the infusion should be stopped periodically to assess changes in:

- A. Patient pain level
- **B. Baseline uterine pressure**
- C. Contraction pattern

正解: B

解説:

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

During amnioinfusion, NCC emphasizes monitoring for uterine overdistention, which can lead to uterine hypertonus, uterine rupture, or placental separation. The primary way to evaluate overdistention is by measuring baseline uterine pressure via IUPC.

* Rising resting tone (>20-25 mmHg) indicates accumulating fluid and risk.

* Stopping the infusion intermittently allows recalibration and assessment of uterine baseline pressure.

* Contraction pattern (option B) is important but not the primary safety parameter.

* Pain (option C) is nonspecific and not a reliable indicator of uterine overdistention.

Thus, the infusion is stopped to assess baseline uterine pressure.

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

質問 # 25

A reliable indicator of fetal oxygenation is fetal

- **A. heart rate accelerations**
- B. regular sleep-wake cycles
- C. movement

正解: A

解説:

Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources AWHONN and NICHD definitions state that fetal accelerations are a strong indicator of adequate fetal oxygenation and neurologic integrity. Accelerations reflect intact sympathetic and parasympathetic balance and adequate oxygen reserve.

Simpson & Creehan emphasize accelerations as "the most reliable sign of fetal well-being," because they require intact autonomic function, sufficient pH, and adequate oxygenation. Menihan also identifies accelerations as the most reassuring feature on a fetal heart tracing.

Fetal movement is helpful but not directly reflective of oxygenation, as movements can decline for non-hypoxic reasons (sleep cycles, maternal sedation). Regular sleep-wake cycles are normal developmental neurologic patterns and not oxygenation markers.

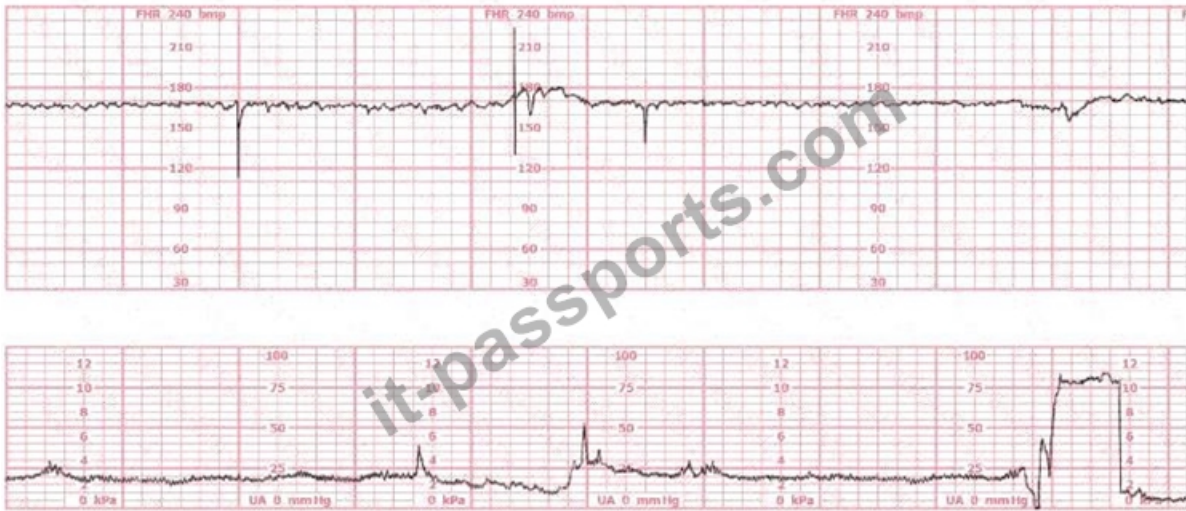
Creasy & Resnik reinforce that "presence of accelerations reliably indicates absence of metabolic acidemia." References:

AWHONN - Fetal Heart Monitoring Principles & Practices Simpson & Creehan - Perinatal Nursing Menihan

- Electronic Fetal Monitoring Creasy & Resnik - Maternal-Fetal Medicine Miller's Pocket Guide

質問 # 26

Based on the tracing shown, the first action should be to



- A. palpate for contractions
- B. assess maternal temperature
- C. administer vibroacoustic stimulation

正解: A

解説:

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

According to the NCC C-EFM exam outline and AWHONN Fetal Heart Monitoring Principles (2022), the first step when evaluating a concerning fetal heart rate pattern is to verify uterine activity, because the fetal response is often directly associated with contraction frequency, strength, or tachysystole. AWHONN states that "the clinician must confirm maternal-fetal physiology and uterine activity by palpation when interpreting any FHR pattern, as tocodynamometry may under- or overestimate uterine pressure." Menihan's Electronic Fetal Monitoring further emphasizes: "Always validate the contraction pattern via maternal abdominal palpation before proceeding with additional interventions." The tracing shows a late-appearing deceleration pattern with uncertain contraction correlation because the external toco waveform is inadequate (flat or poorly recorded). Before determining whether the decelerations are early, late, or variable, the clinician must confirm whether contractions are present, absent, or excessive. This step is listed as a core competency under Pattern Recognition & Intervention in the NCC Candidate Guide.

Therefore, palpating for contractions is the required first intervention.

References:AWHONN Fetal Heart Monitoring (2022-2024 Edition)Menihan: Electronic Fetal MonitoringSimpson & Creasy: Perinatal Nursing / Maternal-Fetal PhysiologyNCC C-EFM Content Outline - Pattern Recognition and Intervention Domain

質問 # 27

The tracing shown is a:



- A. Category II
- B. Category III
- C. Category I

正解: A

解説:

Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References (No URLs):

Interpretation of fetal heart rate (FHR) tracings in the NCC C-EFM exam follows the standardized NICHD three-tier classification, which is fully adopted in NCC's content outline and recommended references such as AWHONN Fetal Heart Monitoring Principles & Practices, Miller's EFM Pocket Guide, Menihan, Simpson's Perinatal Nursing, and Creasy & Resnik.

Baseline:

The tracing demonstrates an FHR baseline around 145-150 bpm, which falls within the normal range of 110-160 bpm. NCC references define baseline as the mean FHR rounded to increments of 5 bpm over a 10-minute window.

Variability:

The strip shows minimal variability, with amplitude fluctuations approximately 0-2 bpm.

According to NCC-aligned definitions:

* Moderate variability: 6-25 bpm

* Minimal variability: 1-5 bpm

* Absent variability: undetectable amplitude

This tracing shows minimal variability, not moderate, so it cannot be Category I.

Accelerations:

No accelerations are present. Lack of accelerations alone does not classify the tracing as Category III.

Decelerations:

There are no recurrent late decelerations, no recurrent variable decelerations, and no prolonged decelerations. Without these, and with minimal variability, the tracing does not meet Category III criteria.

Category III criteria (per NICHD/NCC):

Must include at least one of the following:

* Absent variability with recurrent late decelerations

* Absent variability with recurrent variable decelerations

* Absent variability with bradycardia

* Sinusoidal pattern

None of these are present.

Category II criteria (per NICHD/NCC):

Category II includes tracings that are not Category I or III.

Examples specifically listed include:

* Minimal variability

* Absent accelerations after fetal stimulation

* Tachycardia

* Bradycardia without absent variability

* Variable or late decelerations occurring intermittently

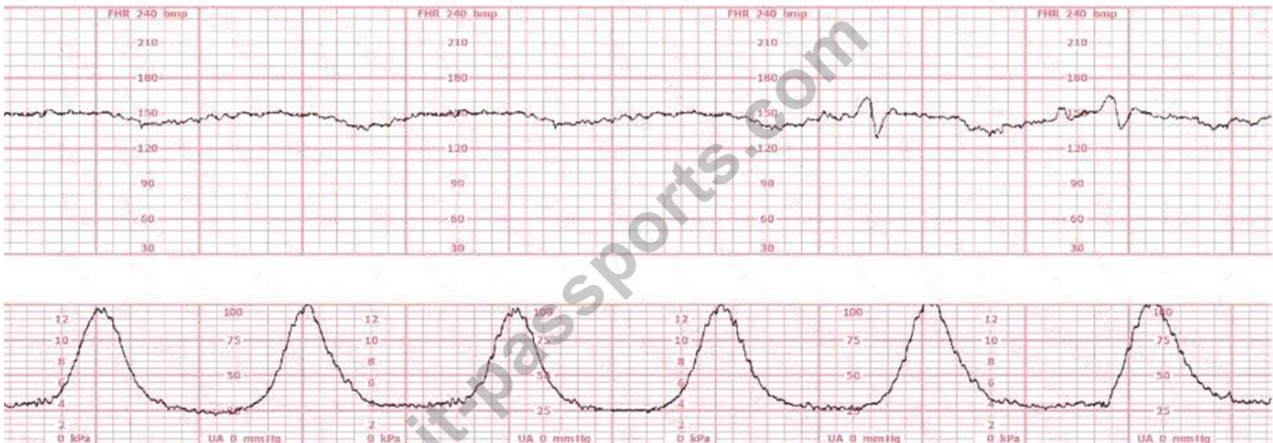
Because this tracing shows minimal variability, a normal baseline, no accelerations, and no recurrent decelerations, it fits squarely into Category II.

Therefore, the correct classification is Category II.

References: NCC C-EFM Candidate Guide and Content Outline (2025); 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; NICHD Three-Tier FHR Interpretation System.

質問 # 28

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



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

正解: B

解説:

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.

質問 # 29

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EFM最新問題: <https://www.it-passports.com/EFM.html>

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NCCのEFM認定試験に関する研究資料が重要な一部です。

