

EFM勉強の資料 & EFM認定テキスト



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>> EFM勉強の資料 <<

試験の準備方法-ユニークなEFM勉強の資料試験-最高のEFM認定テキスト

今の社会では、高い効率の仕方を慣れんでいます。あなたはNCCのEFM資格認定のために、他人より多くの時間にかかるんですか？ CertJukenのEFM問題集を紹介させてください。EFMは専門家たちが長年の経験で研究分析した勉強資料です。受験生のあなたを助けて時間とお金を節約したり、EFM試験に速く合格すると保証します。

NCC Certified - Electronic Fetal Monitoring 認定 EFM 試験問題 (Q122-Q127):

質問 # 122

Nonstress testing is used more frequently for antepartum testing than contraction stress testing because contraction stress testing has a:

- A. Higher frequency of equivocal test results
- B. Low predictability of fetal well-being within 7 days of a negative test
- C. Limited reporting option for the compromised fetus

正解: A

解説:

Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
NCC and AWHONN explain that Contraction Stress Testing (CST):

- * Has a higher rate of equivocal ("equivocal-suspicious" or "equivocal-hyperstimulation") results
- * Frequently must be repeated or replaced with other tests
- * Requires inducing contractions, which carries risk (hyperstimulation, preterm labor, uterine rupture in scarred uterus) NST is used more commonly because it is:
- * Noninvasive
- * Easier to perform
- * Has fewer contraindications
- * Has a lower rate of equivocal results

Why the others are incorrect:

- * B - CST does detect fetal compromise reliably and is NOT limited in its reporting structure.
- * C - A negative CST actually has very high negative predictive value for 7 days, making this answer incorrect.

Thus the correct choice is A. Higher frequency of equivocal results.

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

質問 # 123

This fetal heart rate tracing is of a woman in labor with dichorionic-diamniotic twins at 36-weeks gestation, 4 cm dilated. She is on oxygen via face mask. Based on the fetal heart rate tracing, what is the most appropriate action?

(Tracing A = black; Tracing B = blue)

- A. Continue to observe
- B. Give terbutaline
- C. Cesarean birth

正解: A

解説:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

Both fetal tracings (A and B) show:

- * Baselines around 140-150 bpm
- * Moderate variability
- * Intermittent accelerations
- * No recurrent decelerations
- * Normal contraction pattern
- * Overall Category I patterns for both twins

NCC, NICHD, and AWHONN emphasize that moderate variability with a normal baseline is the strongest reassurance of fetal well-being, even in multifetal gestations.

There is no evidence of:

- * Tachysystole
- * Recurrent variables
- * Recurrent late
- * Prolonged decelerations
- * Category III patterns

Therefore, the appropriate action is ongoing observation.

Why the incorrect answers are wrong:

- * A. Cesarean birth - Not indicated with Category I FHR patterns.
- * C. Terbutaline - Reserved for tachysystole or prolonged deceleration patterns, not present here.

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

質問 # 124

The fetal heart rate tracing shown demonstrates:

- A. Marked variability
- B. Category II tracing
- C. Accelerations

正解: C

解説:

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

NCC C-EFM uses NICHD terminology to describe key FHR characteristics: baseline, variability, accelerations, and decelerations. In this strip, the following findings are present:

* Baseline: The baseline appears approximately 135-145 bpm, which is within the normal 110-160 bpm range described in NCC and AWHONN materials.

* Variability: Beat-to-beat fluctuation is within 6-25 bpm, which meets the definition of moderate variability. NCC and NICHD define moderate variability as amplitude range of 6-25 bpm; this is associated with adequate fetal oxygenation and a normal fetal acid-base status.

* Accelerations: The tracing shows distinct increases in FHR above the baseline by at least 15 bpm lasting 15 seconds or more but less than 2 minutes. NCC and NICHD define an acceleration in a term fetus precisely as "a visually apparent abrupt increase in FHR, with peak ≥ 15 bpm above baseline, lasting ≥ 15 seconds and < 2 minutes." The pattern shown fits this definition clearly.

* Category determination: A tracing with normal baseline, moderate variability, and accelerations without decelerations is classified as Category I, not Category II. Category II is reserved for tracings that are not clearly Category I or III, such as minimal or marked variability, recurrent variables, or prolonged decelerations.

* Marked variability consideration: Marked variability is defined as amplitude > 25 bpm. While the tracing is somewhat jagged, the fluctuation does not sustain > 25 bpm amplitude over a 10-minute segment and instead remains in the moderate range, so it does not meet criteria for marked variability.

Given these observations, the most accurate description of the tracing from the options provided is that it demonstrates accelerations.

References: NCC C-EFM Candidate Guide (2025); NCC Content Outline; NICHD Three-Tier FHR 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 # 125

A woman is being induced with oxytocin. The tracing shown is representative of 20 minutes. Based on this tracing, the next step would be to:

□

- A. Proceed to operative birth
- B. Place a spiral electrode
- C. Discontinue oxytocin

正解: C

解説:

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

Evaluation of a tracing during oxytocin induction requires analysis of fetal status (baseline, variability, accelerations, decelerations) and uterine activity, with attention to tachysystole and fetal intolerance. NCC, AWHONN, Miller, Menihan, Simpson, and the NICHD guidelines all emphasize that oxytocin must be adjusted based on fetal response and contraction frequency.

Baseline:

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

Variability:

The tracing shows minimal variability (approximately 1-4 bpm amplitude). Minimal variability for a sustained period is categorized as a Category II pattern under NCC/NICHD classification.

Accelerations:

No accelerations are present during the 20-minute representative segment.

Decelerations:

There are no recurrent variable, no recurrent late, and no prolonged decelerations.

Uterine Activity:

The tracing shows very frequent contractions—approximately every $1\frac{1}{2}$ to 2 minutes, which meets the NCC definition of tachysystole when averaged over 10 minutes (more than 5 contractions in 10 minutes).

According to NCC and AWHONN standards, when tachysystole is present with minimal variability, oxytocin must be reduced or discontinued even in the absence of late decelerations.

Clinical decision-making (per NCC principles):

NCC emphasizes that management of Category II patterns during induction starts with intrauterine resuscitative measures, including decreasing or stopping oxytocin when uterine activity is excessive or fetal response is suboptimal. Minimal variability with tachysystole requires correction of uterine stimulation before escalating to invasive monitoring or considering operative birth.

Option B (place a spiral electrode) is not indicated because the pattern is clearly visible and the priority is correcting uterine overstimulation, not refining the tracing.

Option C (operative birth) is not indicated; there is no Category III pattern or recurrent decelerations.

Option A (discontinue oxytocin) is the correct first-line action according to NCC-aligned guidelines when tachysystole and minimal

variability occur.

References:

NCC C-EFM Candidate Guide (2025); NCC Content Outline; NICHD Three-Tier FHR 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 # 126

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 # 127

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EFM 認定テキスト: <https://www.certjuken.com/EFM-exam.html>

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