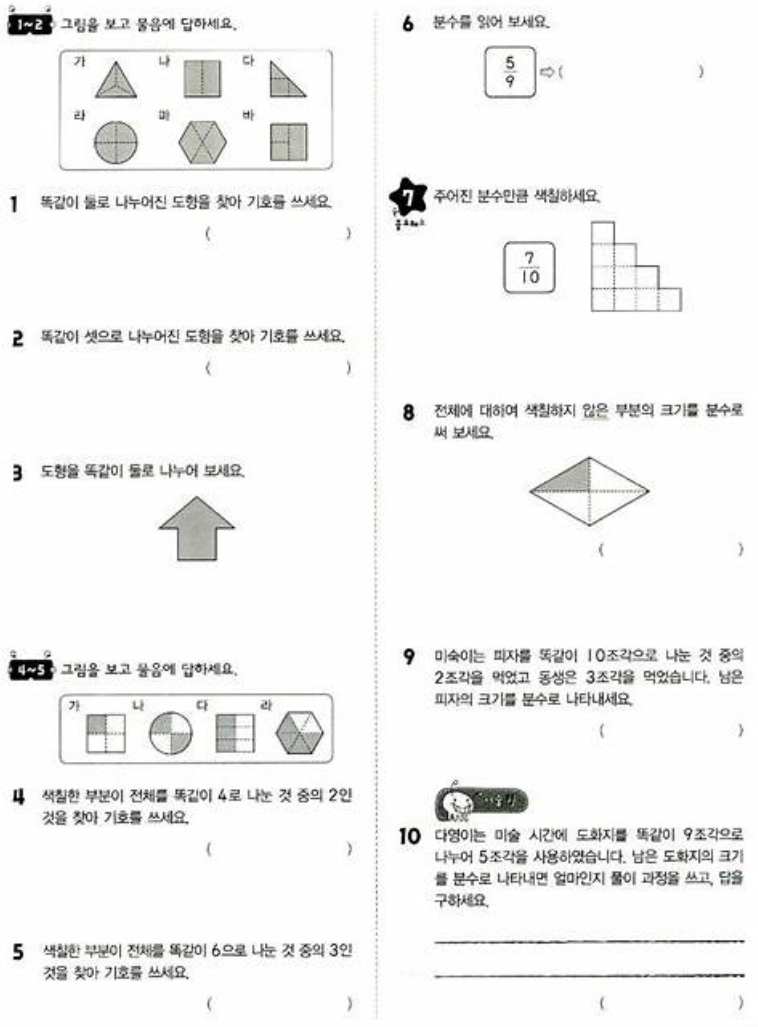
EFM공부문제 & EFM인기덤프공부



그 외, Itcertkr EFM 시험 문제집 일부가 지금은 무료입니다: https://drive.google.com/open?id=1nQpTobYTaNRyTAwR7_IsVuAFTndVBSnz

경쟁이 치열한 IT업계에서 굳굳한 자신만의 자리를 찾으려면 국제적으로 인정받는 IT자격증 취득은 너무나도 필요합니다. NCC인증 EFM시험은 IT인사들중에서 뜨거운 인기를 누리고 있습니다. Itcertkr는 IT인증시험에 대비한 시험전 공부자료를 제공해드리는 전문적인 사이트입니다.한방에 쉽게NCC인증 EFM시험에서 고득점으로 패스하고 싶다면Itcertkr의NCC인증 EFM덤프를 선택하세요.저렴한 가격에 비해 너무나도 높은 시험적중율과 시험패스율, 언제나 여러분을 위해 최선을 다하는Itcertkr가 되겠습니다.

NCC인증 EFM시험을 한방에 편하게 통과하여 자격증을 취득하려면 시험전 공부가이드가 필수입니다. Itcertkr에서 연구제작한 NCC인증 EFM덤프는NCC인증 EFM시험을 패스하는데 가장 좋은 시험준비 공부자료입니다. Itcertkr덤프공부자료는 엘리트한 IT전문자들이 자신의 노하우와 경험으로 최선을 다해 연구제작한 결과물입니다.IT인증자격증을 취득하려는 분들의 곁은Itcertkr가 지켜드립니다.

>> EFM공부문제 <<

EFM인기덤프공부 - EFM인기덤프문제

우리Itcertkr 는 많은IT전문가들로 구성되었습니다. 우리의 문제와 답들은 모두 엘리트한 전문가들이 만들어낸 만큼 시험문제의 적중률은 아주 높습니다. 거이 100%의 정확도를 자랑하고 있습니다. 아마 많은 유사한 사이트들도 많습니다. 이러한 사이트에서 학습가이드와 온라인서비스도 지원되고 있습니다만 우리Itcertkr는 이미 이러한 사이트를 뛰어넘은 실력으로 업계에서는 우리만의 이미지를 지키고 있습니다. 우리는 정확한 문제와답만 제공하고 또한

그 어느 사이트보다도 빠른 업데이트로 여러분의 인증시험을 안전하게 패스하도록합니다.NCC EFM인증시험을 응시하려는 분들은 저희 문제와 답으로 안심하시고 자신 있게 응시하시면 됩니다. 우리Itcertkr 는 여러분이 100%NCC EFM인증시험을 패스할 수 있다는 것을 보장합니다.

최신 NCC C-EFM EFM 무료샘플문제 (Q46-Q51):

질문 # 46
(Full question statement)
Interobserver reliability in interpretation of fetal heart rate tracings is greatest when the tracing is:

- A. Indeterminate
- B. Normal
- C. Abnormal

정답：B

설명：
Comprehensive and Detailed Explanation From Exact Extract Without Links:
NCC examination standards and AWHONN clearly state that normal Category I patterns have the highest interobserver agreement because they contain objective, easily identifiable components:
* baseline 110-160 bpm
* moderate variability
* absence of late or variable decelerations
* presence or absence of accelerations
Simpson highlights that Category II tracings have poor reliability due to multiple combinations of variability and decelerations, while Category III patterns have higher agreement but occur far less frequently, limiting reliability measures.
Research cited within NCC-endorsed materials confirms that clinicians demonstrate the greatest agreement in identifying normal Category I patterns, making normal the correct answer.

질문 # 47
A woman (G1P0) arrives in triage with a pain score of 4/10 at 39-weeks gestation. The fetal heart rate tracing shown is obtained. The best intervention is to:

- A. Discharge to home
- B. Adjust tocotransducer and continue to monitor
- C. Admit for induction

정답：B

설명：
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
This tracing demonstrates a normal, reassuring fetal heart pattern that is technically categorized as Category I, indicating normal fetal acid-base status. Before any decision regarding discharge or induction, NCC emphasizes correct assessment of the tracing quality, fetal status, and uterine activity.
Key Tracing Characteristics
* Baseline:Approximately 135-145 bpm, well within the normal range of 110-160 bpm.
* Variability:The strip shows moderate variability (6-25 bpm), the strongest indicator of adequate fetal oxygenation per NCC, AWHONN, and NICHD.
* Accelerations:Several accelerations are present-another reassuring feature of normal fetal well-being.
* Decelerations:No variable, late, or prolonged decelerations are present.
* Uterine Activity:The lower channel shows poor recording quality and inconsistent signal- suggesting the toco is not capturing contractions well, not that the patient is contracting excessively or not at all.
Correct interpretation per NCC:
NCC emphasizes distinguishing between physiologic assessment and technical artifact.
The fetal tracing is completely reassuring.
The only abnormality is the poor uterine activity signal, a common triage occurrence due to:
* Toco placement
* Maternal body habitus
* Positioning
* Low contraction intensity in early labor

Thus, the correct next step is to optimize equipment (reposition the toco, adjust belt, palpate contractions) and continue to monitor.
Why the other options are incorrect:
B). Admit for induction - NOT indicated
* There is no evidence of fetal compromise.
* No indication for induction is present (pain score 4/10, reassuring FHR, term pregnancy).
* NCC emphasizes avoiding unnecessary interventions.
C). Discharge to home - NOT yet appropriate
* You cannot safely discharge a patient with a poorly monitored contraction pattern.
* Adequate assessment requires confirming uterine activity-after fixing the toco.
Therefore, the appropriate action is:
A). Adjust tocotransducer and continue to monitor.
References:NCC C-EFM Candidate Guide (2025); NCC Content Outline; AWHONN Fetal Heart Monitoring Principles & Practices; NICHD Definitions; Miller's Fetal Monitoring Pocket Guide; Menihan Electronic Fetal Monitoring; Simpson & Creehan Perinatal Nursing; Creasy & Resnik Maternal-Fetal Medicine.

질문 # 48
This fetal heart rate tracing is from a woman in the second stage of labor. This tracing is best interpreted as:

- A. Variable decelerations
- B. Intermittent late decelerations
- C. Wandering baseline

정답：A

설명：
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
The tracing shows the classic features of variable decelerations:
* Abrupt onset (<30 seconds from baseline to nadir)
* Rapid drop followed by a rapid recovery
* Significant variability in shape, depth, and timing
* "Shouldering"-brief accelerations before or after the deceleration, typical of cord compression
* The decelerations vary in appearance and timing relative to contractions In second stage, this pattern is extremely common due to:
* Recurrent cord compression during descent
* Maternal pushing
* Reduced amniotic fluid with advancing labor
Why the other options are incorrect:
A). Intermittent late decelerations
* Late decelerations are uniform, smooth, begin after the contraction peak, and recover after the contraction ends.
* This tracing shows abrupt, variable-shaped, non-uniform decels # NOT late decels.
C). Wandering baseline
* A wandering baseline is a slowly fluctuating, low-amplitude, smooth, preterminal pattern.
* This tracing shows an identifiable baseline with variability and clear decelerations, not wandering baseline.
Thus, the tracing is most consistent with variable decelerations.
References:NCC C-EFM Candidate Guide; AWHONN FHMPP; NICHD FHR Definitions; Menihan Electronic Fetal Monitoring; Simpson & Creehan Perinatal Nursing; Creasy & Resnik Maternal-Fetal Medicine.

질문 # 49
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. Place a spiral electrode
- B. Discontinue oxytocin
- C. Proceed to operative birth

정답：B

설명：
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 1½ 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.

질문 # 50
The pattern on the fetal heart rate tracing shown is likely due to

- A. placental insufficiency
- B. fetal head compression
- C. umbilical cord compression

정답：C

설명：
Comprehensive and Detailed Explanation From Exact Extract Sources:
The tracing demonstrates an abrupt-onset, sharp, V-shaped deceleration, occurring simultaneously with or slightly after a contraction-classic for variable decelerations, which are caused by umbilical cord compression.
According to AWHONN Fetal Heart Monitoring Principles & Practices, variable decelerations are defined by:
* "Abrupt decreases in FHR below baseline of at least 15 bpm, lasting at least 15 seconds and less than 2 minutes."
* "Most commonly associated with umbilical cord compression, whether transient or recurrent." Physiology reference (Simpson & Miller, Pocket Guide):
* Compression of the umbilical vein causes a brief acceleration.
* Compression of the umbilical arteries triggers a vagal response, producing a rapid deceleration.
* This creates the characteristic sharp 'V', 'U', or 'W' shape on the monitor.
Placental insufficiency (Choice B) produces late decelerations, which are gradual, not abrupt.
Fetal head compression (Choice A) produces early decelerations, which mirror contractions and have a gradual pattern.
Thus, the tracing is most consistent with variable decelerations caused by umbilical cord compression.
References:AWHONN Fetal Heart Monitoring Principles & Practices;Simpson - Fetal Monitoring;Menihan - Electronic Fetal Monitoring;Miller's EFM Pocket Guide;NCC C-EFM Content Outline - Pattern Recognition Domain.

질문 # 51

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Itcertkr의 경험이 풍부한 전문가들이NCC EFM인증시험관련자료들을 계획적으로 페펙트하게 만들었습니다.NCC EFM인증시험응시에는 딱 좋은 자료들입니다. Itcertkr는 최고의 덤프만 제공합니다. 응시 전NCC EFM인증시험덤프로 최고의 시험대비준비를 하시기 바랍니다.

EFM인기덤프공부: https://www.itcertkr.com/EFM_exam.html

Itcertkr의 엘리트한 전문가가 끈임 없는 노력으로 최고의NCC EFM자료를 만들었습니다, 귀중한 시간절약은 물론이고 한번에NCC EFM인증시험을 패스함으로 여러분의 발전공간을 넓혀줍니다, NCC EFM공부문제 현재 많은 IT인사들이 같은 생각하고 잇습니다, 어떻게NCC인증EFM시험을 패스하느냐 에는 여러 가지 방법이 있습니다, EFM Dumps는 EFM실제시험 출제방향에 초점을 두어 연구제작한 EFM시험준비 공부자료로서 높은 시험적중율과 시험패스율을 자랑합니다, NCC EFM공부문제 자격증이 보편화되면 자격증의 가치도 그만큼 떨어지니깐요.

황태자비 마마, 알고 있는 게 있다면 소상히 알려 주거라, Itcertkr의 엘리트한 전문가가 끈임 없는 노력으로 최고의 NCC EFM자료를 만들었습니다, 귀중한 시간절약은 물론이고 한번에NCC EFM인증시험을 패스함으로 여러분의 발전공간을 넓혀줍니다.

시험준비에 가장 좋은 EFM공부문제 덤프공부문제

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