EFM Actual Exams, EFM Test Guide Online

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 (Q42-Q47):

NEW QUESTION # 42
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

Answer: B

Explanation:
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.

NEW QUESTION # 43
A woman at 38-weeks gestation is admitted to labor and delivery following a fall down the stairs three hours ago. She started feeling contractions in the ambulance. The fetal heart rate tracing shown is on initial evaluation and represents 25 minutes. This tracing is most consistent with a

- A. category III tracing

- B. category II tracing
- C. category I tracing

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract without any URL or Links According to the NCC C-EFM 2025 Candidate Guide, Pattern Recognition and Intervention requires the candidate to classify fetal heart rate (FHR) patterns using the NICHD 2008 three-tier system, which NCC endorses across all recommended resources (AWHONN Fetal Heart Monitoring Principles and Practices, Menihan Electronic Fetal Monitoring, Simpson & Creasy, Miller's Pocket Guide).
A Category II tracing is defined as "indeterminate" and includes any FHR pattern that is not Category I and not Category III. NCC references indicate that Category II may include:
* Minimal or marked variability
* Absence of accelerations after fetal stimulation
* Recurrent variable decelerations with moderate variability
* Prolonged decelerations lasting 2-10 minutes
* Baseline tachycardia or bradycardia without absent variability
In the tracing provided:
* The baseline FHR is approximately 135-145 bpm, within normal limits.
* Moderate variability is not consistently present; variability is borderline minimal-moderate at times.
* No significant accelerations are seen over the 25-minute evaluation period.
* No recurrent late or prolonged decelerations are present.
* There are occasional subtle variable-type dips, but not enough to meet criteria for Category III.
NCC-endorsed texts (such as AWHONN and Menihan) state that a tracing with minimal variability for less than 40 minutes and without recurrent decelerations is Category II, as it fails to meet the requirements for Category I (must have moderate variability and accelerations absent decelerations) and lacks the criteria for Category III (must have absent variability with recurrent late decels, recurrent variable decels, bradycardia, or sinusoidal pattern).
Therefore, this pattern is indeterminate, consistent with Category II, and requires continued surveillance and evaluation, which aligns with NCC-recommended clinical decision-making competencies.

NEW QUESTION # 44
A fetal heart rate tracing is abnormal. A change in maternal position and oxygen administration do not correct the pattern. Following birth, a fetal cord blood sample is taken:
pH = 7.25
PaCO# = 46 mm Hg
PaO# = 20 mm Hg
HCO# = 22 mEq/L
Base deficit = -4 mEq/L
These results are best interpreted as:

- A. Acidosis
- B. Normal
- C. Hypoxia

Answer: B

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
Normal umbilical arterial values per NCC/AWHONN/Menihan:
* pH: 7.20-7.30
* PaCO#: 45-55 mmHg
* HCO#: 20-24 mEq/L
* Base deficit: 0 to -5 (normal to mild respiratory changes)
This sample shows:
* pH 7.25 # normal
* Base deficit -4 # no metabolic acidosis
* HCO# normal
* Slightly elevated PaCO#, consistent with mild respiratory influence but still normal
* PaO# 20 mmHg is normal for cord arterial blood
This profile is not acidotic (acidosis requires pH <7.10 and base deficit #12).

It also does not indicate hypoxia, which would present with metabolic acidosis.
Therefore: Normal.
References:NCC C-EFM Candidate Guide; AWHONN FHMPP; Menihan; Simpson & Creehan; Creasy & Resnik.

NEW QUESTION # 45
(Full question statement)
Interobserver reliability in interpretation of fetal heart rate tracings is greatest when the tracing is:

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

Answer: B

Explanation:
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.

NEW QUESTION # 46
(Full question statement)
A dysrhythmia is noted. The pregnancy and labor course has been normal with no complications. The next step in management is to

- A. administer maternal oxygen
- B. continue to observe
- C. start an IV fluid bolus

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract (NCC C-EFM sources: AWHONN, Miller's Pocket Guide, Menihan, Simpson, Creasy & Resnik, 2025 Candidate Guide) AWHONN and Menihan emphasize that most fetal dysrhythmias detected intrapartum are premature atrial contractions (PACs)-the most common benign rhythm variation. They typically appear as intermittent, irregular deflections on the fetal heart rate tracing without affecting variability or baseline.
Miller's Pocket Guide to Fetal Monitoring states that PACs are usually transient, self-limiting, and require only observation unless accompanied by tachyarrhythmia or hemodynamic compromise. When variability is preserved and no repetitive pattern or sustained tachycardia occurs, no intrauterine resuscitation measures are indicated.
Simpson and Creehan describe that oxygen administration and fluid boluses are not recommended for benign dysrhythmias, as they do not improve fetal conduction patterns and may contribute to unnecessary interventions.
The NCC 2025 Candidate Guide specifies that correct management requires distinguishing benign arrhythmias from pathologic tachyarrhythmias, which would require escalation. In the absence of fetal compromise or maternal pathology, the appropriate action is continued observation.
Therefore, the correct management is to continue to observe.

NEW QUESTION # 47
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