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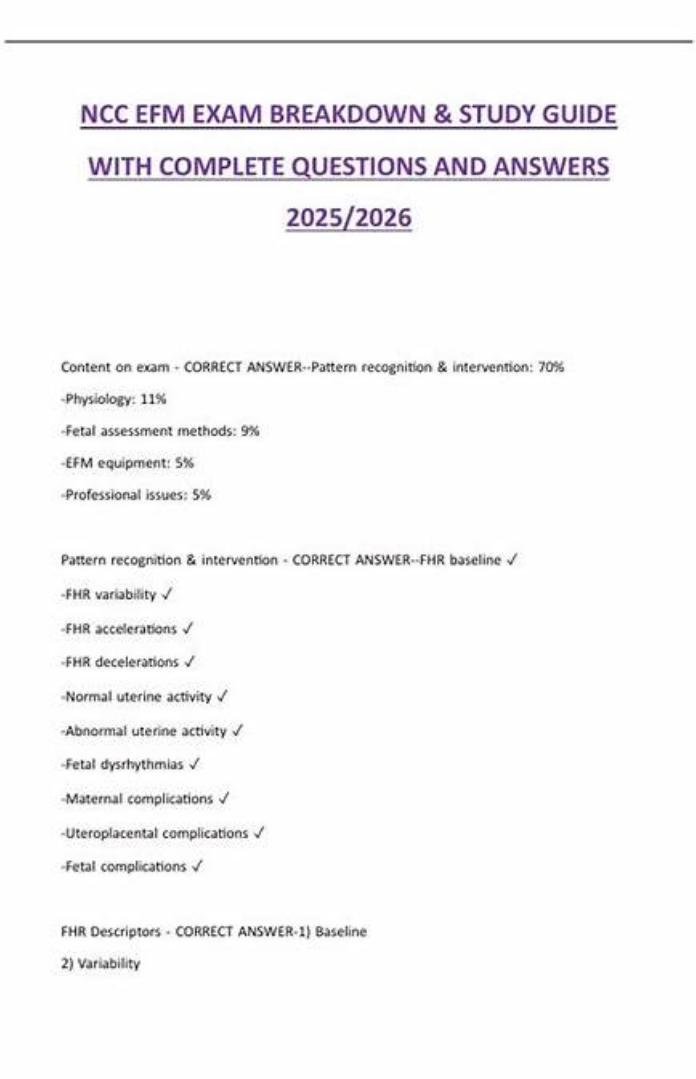

NCC EFM EXAM BREAKDOWN & STUDY GUIDE

WITH COMPLETE QUESTIONS AND ANSWERS

2025/2026

Content on exam - CORRECT ANSWER--Pattern recognition & intervention: 70%

-Physiology: 11%

-Fetal assessment methods: 9%

-EFM equipment: 5%

-Professional issues: 5%

Pattern recognition & intervention - CORRECT ANSWER--FHR baseline ✓

-FHR variability ✓

-FHR accelerations ✓

-FHR decelerations ✓

-Normal uterine activity ✓

-Abnormal uterine activity ✓

-Fetal dysrhythmias ✓

-Maternal complications ✓

-Uteroplacental complications ✓

-Fetal complications ✓

FHR Descriptors - CORRECT ANSWER-1) Baseline

2) Variability

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You should keep in mind to pass the EFM certification exam is not an easy task. It is a challenging job. If you want to pass the EFM exam then you have to put in some extra effort, time, and investment then you will be confident to pass the Certified - Electronic Fetal Monitoring (EFM) exam. With the complete and comprehensive EFM exam dumps preparation you can pass the Certified - Electronic Fetal Monitoring (EFM) exam with good scores. The PrepAwayPDF EFM Questions can be helpful in this regard. You must try this.

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q32-Q37):

NEW QUESTION # 32
When accelerations precede a variable deceleration pattern, this is caused by

- A. oligohydramnios
- B. hypoxic reflex response
- C. occlusion of the umbilical vein

Answer: C

Explanation:
Comprehensive and Detailed Explanation From Exact Extract (No URLs or Links) NCC-recommended physiologic texts (AWHONN, Menihan, Simpson, Creasy & Resnik) explain that variable decelerations are caused by umbilical cord compression. This process occurs in a three-step sequence, well known in fetal monitoring physiology:
* Umbilical vein occlusion occurs first # decreases fetal venous return # brief fetal acceleration (a compensatory sympathetic response).
* Umbilical artery occlusion follows # increases fetal systemic vascular resistance # variable deceleration as vagal stimulation lowers the fetal heart rate.
* Release of compression # post-deceleration acceleration may occur.
Thus, an acceleration immediately before a variable deceleration represents the initial compression of the umbilical vein, not a hypoxic response. This is a normal physiologic response to transient cord compression, often described in AWHONN and Menihan's physiologic explanation of "shoulders" around variable decelerations.
Oligohydramnios can contribute to cord compression but does not explain accelerations preceding the deceleration. A "hypoxic reflex" would not produce a pre-deceleration acceleration.
Therefore, the correct physiologic cause is:
Umbilical vein occlusion.
References (No URLs)
* NCC C-EFM Candidate Guide 2025 - Physiology
* AWHONN Fetal Heart Monitoring Principles
* Menihan: Electronic Fetal Monitoring
* Simpson & Creehan: Perinatal Nursing
* Creasy & Resnik: Maternal-Fetal Medicine

NEW QUESTION # 33
A nulliparous woman at term presents with leaking fluid. Rupture of membranes confirmed. After 6 hours she is completely dilated, +2 station, has been pushing 2 hours with oxytocin at 10 mU/min. The fetal tracing is shown. What is the next step in management?

- A. Decrease oxytocin
- B. Expedite birth
- C. Continue pushing for another hour

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract Without Any URLs or Links:
According to the NCC C-EFM 2025 Exam Content Outline and recommended references such as AWHONN Fetal Heart Monitoring Principles, Simpson & Miller (Fetal Monitoring Text), and Menihan's EFM Guide, recurrent variable or late decelerations with minimal or moderate variability during the second stage of labor-particularly when the patient has been pushing for #2 hours-indicate progressive fetal intolerance of labor.
AWHONN states that when the fetal tracing displays recurrent variable decelerations with ongoing stress from long second stage, the recommended intervention is operative or expedited vaginal birth, provided the fetal station is at +2 or lower. AWHONN and Simpson emphasize that reducing oxytocin is insufficient when the tracing demonstrates ongoing significant decelerations during active pushing with adequate descent.
The NCC blueprint within Pattern Recognition & Intervention emphasizes:

* Identifying worsening recurrent decelerations
* Acting when fetal tolerance is decreasing
* Prioritizing timely intervention when the second stage exceeds standard limits with a non-reassuring tracing Because she is fully dilated, vertex at +2, and tracing shows recurrent decelerations during pushing, the evidence-based next step is expediting birth, typically via operative vaginal delivery.
References:AWHONN Fetal Heart Monitoring Principles & PracticesSimpson & Miller: Fetal MonitoringMenihan: Electronic Fetal MonitoringNCC C-EFM Exam Content Outline 2025

NEW QUESTION # 34
A woman at 41-weeks gestation is being induced. She is 2 cm dilated and is on oxytocin at 8 milliunits /minute. Based on the fetal heart rate tracing shown, the best initial response is to:

- A. Place a fetal spiral electrode
- B. Continue to observe
- C. Decrease the oxytocin

Answer: C

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
The tracing shows tachysystole with emerging late decelerations and minimal variability:
* 5 contractions in 10 minutes
* Deceleration nadirs occur after the peak of the contraction (late pattern)
* Variability begins to trend toward minimal
* The tracing has deteriorated while on oxytocin 8 mU/min, a common threshold for overstimulation NCC and AWHONN emphasize that when tachysystole occurs with any fetal intolerance, the first action is to reduce or stop oxytocin.
Key NCC principles:
* Late decelerations + tachysystole = uteroplacental insufficiency caused by excessive uterine activity
* Interventions:
* Stop or reduce oxytocin
* Maternal repositioning
* IV fluid bolus
* Possible oxygen if other measures fail
Why the other options are incorrect:
* A. Continue to observe - not acceptable with late decels + tachysystole.
* C. Place a spiral electrode - this corrects signal quality, not uterine overstimulation or fetal oxygenation.
Thus, the best initial response is B. Decrease the oxytocin.
References:NCC C-EFM Candidate Guide; AWHONN Fetal Heart Monitoring Principles & Practices; NICHD Definitions; Miller & Menihan EFM texts; Simpson & Creehan; Creasy & Resnik.

NEW QUESTION # 35
(Full question statement)
The American College of Obstetricians and Gynecologists (ACOG) recommends continuous electronic fetal monitoring in pregnancies when there is:

- A. A history of preterm birth
- B. Maternal diabetes
- C. Macrosomia

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract Without Links:
NCC relies heavily on ACOG Practice Bulletins for risk-based monitoring decisions. ACOG identifies maternal diabetes (pregestational or poorly controlled gestational diabetes) as a key high-risk obstetric condition warranting continuous electronic fetal monitoring due to risks such as fetal hypoxia, macrosomia, and metabolic complications.
In contrast, a history of preterm birth does not necessarily require continuous monitoring unless current pregnancy complications are present.
Macrosomia alone does not automatically justify continuous EFM unless accompanied by other risk factors.

Therefore, according to NCC-aligned ACOG clinical criteria, maternal diabetes is the correct indication.

NEW QUESTION # 36
An electronic fetal monitoring factor that best correlates with fetal well-being is:

- A. Absence of decelerations
- B. Presence of variability
- C. Baseline heart rate 140-150 bpm

Answer: B

Explanation:
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
The single best indicator of fetal oxygenation and neurologic integrity is:
* Moderate baseline variability
Variability reflects:
* Normal autonomic regulation
* Adequate fetal oxygenation
* Intact neurologic pathways
Absence of decelerations is helpful but not as predictive.
Baseline FHR (e.g., 140-150) is normal, but baseline alone does not confirm well-being.
Correct answer: C. Presence of variability
References:NCC C-EFM Candidate Guide; AWHONN FHMPP; NICHD Definitions; Simpson & Creehan.

NEW QUESTION # 37
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