

EFM Study Center - Test EFM Questions Answers

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 (Q45-Q50):

NEW QUESTION # 45

A woman reports 12 fetal movements over one hour. The best recommendation is to:

- A. Instruct her to count again the next day
- B. Continue to monitor for one hour
- C. Administer a nonstress test

Answer: A

Explanation:

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

NCC and AWHONN consider fetal movement counts normal when:

- * #10 distinct movements occur within 2 hours
- * Or #4 movements in 1 hour for certain protocols
- * Or #10 movements in 1 hour (common triage threshold)

This patient reports 12 movements in 1 hour, which is reassuring and requires no further testing.

Thus, recommending she continue daily kick counts at home is appropriate.

Why the other options are incorrect:

- * A. NST is not needed because movements are normal.
- * B. Continue to monitor is unnecessary; the test is already reassuring.

Correct choice: C. Count again the next day.

References: NCC C-EFM Candidate Guide; AWHONN Fetal Assessment guidelines; Simpson & Creehan.

NEW QUESTION # 46

Tachysystole can have a negative effect on fetal oxygenation during labor by

- A. blocking active transport of oxygen to the fetus
- B. increasing maternal blood pressure
- C. interfering with reperfusion of the intervillous space

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources NCC-recommended physiology references (AWHONN, Simpson & Creehan, Menihan, Creasy & Resnik) consistently state that the primary mechanism by which tachysystole affects fetal oxygenation is reduced uteroplacental perfusion, specifically through impaired intervillous space reperfusion. During a normal contraction cycle, the fetus receives oxygen between contractions, when the uterus relaxes and maternal blood re-enters the intervillous space. AWHONN's Fetal Heart Monitoring Principles & Practices explains that tachysystole-defined as more than five contractions in 10 minutes averaged over 30 minutes-shortens or eliminates the relaxation phase, preventing adequate placental reoxygenation.

Simpson & Creehan highlight that "tachysystole decreases uteroplacental blood flow and interferes with replenishment of oxygenated maternal blood in the intervillous space." Menihan emphasizes that fetal hypoxemia in tachysystole results from interrupted perfusion, not from altered oxygen transport or maternal hemodynamic changes. Creasy & Resnik confirm that uterine overactivity reduces intervillous perfusion during contractions and impairs fetal oxygen exchange.

Thus, the physiologic problem is failure of the intervillous space to reperfuse, which compromises fetal oxygenation.

References:

AWHONN - Fetal Heart Monitoring Principles & Practices
Simpson & Creehan - Perinatal Nursing
Menihan - Electronic Fetal Monitoring
Creasy & Resnik - Maternal-Fetal Medicine
Miller's Pocket Guide

NEW QUESTION # 47

Sustained fetal supraventricular tachycardia that goes untreated is most likely to result in:

- A. The need for a neonatal pacemaker
- B. Hydrops fetalis
- C. Fetal anemia

Answer: B

Explanation:

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

Sustained fetal supraventricular tachycardia (SVT) often produces heart rates > 200-240 bpm, causing:

- * Poor ventricular filling
- * Decreased stroke volume
- * Reduced cardiac output
- * Congestive heart failure
- * Progressive fluid accumulation

NCC and AWHONN emphasize that untreated SVT leads to hydrops fetalis, characterized by:

- * Ascites
- * Pleural effusion
- * Pericardial effusion
- * Skin edema

Why the other answers are incorrect:

- * A. Fetal anemia - Causes tachycardia but is not caused by SVT.
- * C. Neonatal pacemaker - Pacemakers treat heart block, not SVT.

Correct answer: B. Hydrops fetalis

References: NCC C-EFM Candidate Guide; AWHONN Principles & Practices; Simpson & Creehan; Creasy & Resnik Maternal-Fetal Medicine.

NEW QUESTION # 48

(Full question)

Spontaneous fetal heart rate accelerations indicate

- A. dominance of the fetal sympathetic nervous system
- **B. integrated response of the fetal central nervous system**
- C. immaturity of the fetal parasympathetic nervous system

Answer: B

Explanation:

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

NCC references (AWHONN, Menihan, Simpson, Creasy & Resnik) consistently state that fetal accelerations are a reassuring sign of intact neurologic function. Accelerations represent the interaction of both the sympathetic and parasympathetic branches moderated through the central nervous system, reflecting effective autonomic regulation.

AWHONN specifically describes fetal accelerations as:

- * A maturity marker of CNS function,
- * Reflecting vigorous fetal movement,
- * Demonstrating adequate oxygenation,
- * Indicating a well-oxygenated brainstem and cortex.

Simpson & Miller emphasize that accelerations require both systems to be functioning and respond appropriately, which confirms CNS integration, not sympathetic or parasympathetic dominance alone.

Therefore, spontaneous accelerations indicate an integrated CNS response, making Option C the correct NCC-aligned answer.

NEW QUESTION # 49

A 30-minute tracing with moderate variability, accelerations, and one variable deceleration would be classified as:

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

Answer: C

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

NICHD/NCC criteria:

Category I must have ALL of the following:

- * Baseline 110-160 bpm
- * Moderate variability

- * No late or variable decelerations
- * Early decelerations may be present or absent
- * Accelerations may be present or absent

Because this tracing has one variable deceleration, it fails Category I criterion ("no late or variable decelerations").

Category III requires:

- * Absent variability with recurrent late decels, recurrent variables, or bradycardia, or
- * Sinusoidal pattern

Those findings are not present.

Therefore, any tracing that:

- * Has moderate variability and accelerations,
- * But includes a variable deceleration, and
- * Does not meet Category III criteria

...falls into the Category II (indeterminate) group.

Correct classification: B. Category II.

References: NCC C-EFM Candidate Guide; NICHD Three-Tier FHR Interpretation System; AWHONN FHMPP; Menihan; Simpson & Creehan.

NEW QUESTION # 50

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