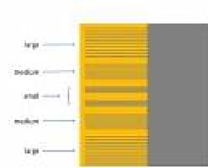
EFM日本語サンプル & EFM受験対策解説集



P.S.PassTestがGoogle Driveで共有している無料の2026 NCC EFMダンプ：https://drive.google.com/open?id=132hq_s0uvoYSSwPUqlz6fTa3B1Zg-1WB

IT認証資料を提供したほかのサイトより、PassTestのプロかつ高品質の製品は最高のものです。PassTestを選んだら成功を選んだということです。PassTestのNCCのEFM試験トレーニング資料はあなたが成功への保証です。PassTestを利用したら、あなたはきっと高い点数を取ることができ、あなたの理想なところへと進むことができます。

時間が経つとともに、PassTestはより多くの受験生から大好評を博します。弊社のEFM資料は99%の成功率を持っていますから、弊社のNCCのEFM練習問題を利用したら、最もよい結果を得ることができます。弊社のEFM練習問題さえ使用すれば試験の成功までもっと近くなります。

>> EFM日本語サンプル <<

EFM受験対策解説集 & EFM資格トレーニング

IT領域での主要な問題が質と実用性が欠くということを我々ははっきり知っています。PassTestのNCCのEFMの試験問題と解答はあなたが必要とした一切の試験トレーニング資料を準備して差し上げます。実際の試験のシナリオと一致で、选択問題（多肢選択問題）はあなたが試験を受かるために有効な助けになれます。PassTestのNCCのEFM「Certified - Electronic Fetal Monitoring」の試験トレーニング資料は検証した試験資料で、PassTestの専門的な実践経験に含まれています。

NCC Certified - Electronic Fetal Monitoring 認定 EFM 試験問題 (Q109-Q114):

質問 # 109
The fetal heart rate tracing shown is consistent with

- A. artifact
- B. half counting
- C. supraventricular tachycardia

正解：C

解説：
Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources The tracing demonstrates a very rapid, highly regular baseline fetal heart rate with minimal beat-to-beat variability-characteristic of fetal supraventricular tachycardia (SVT).

NCC-recommended references, including AWHONN's Fetal Heart Monitoring Principles & Practices, Menihan's Electronic Fetal Monitoring: Concepts and Applications, Simpson & Creehan's Perinatal Nursing, and Creasy & Resnik's Maternal-Fetal Medicine all describe fetal SVT as a sustained tachyarrhythmia usually greater than 200 bpm
, narrow-complex, and extremely regular in appearance.
AWHONN teaches that SVT appears as a "tight, rapid, uniform baseline with minimal variability." Menihan states that "SVT may present on EFM as a nearly straight line due to the rapid, consistent rate with micro- oscillations." This differs significantly from artifact, which appears disorganized, erratic, and inconsistent in amplitude. Additionally, "half-counting" is a Doppler misinterpretation that records half of an extremely fast fetal rate, usually resulting in a falsely lower heart rate-not the very rapid tracing shown here.
Creasy & Resnik emphasize that SVT is the most common pathological fetal arrhythmia and can lead to fetal compromise if prolonged, making accurate recognition essential. Miller's Pocket Guide to Fetal Monitoring also identifies SVT as a pattern with a "smooth, fast rhythm lacking normal variability." All authoritative NCC-recommended references support that this EFM pattern is consistent with fetal SVT, not artifact or half-counting.
References:
AWHONN - Fetal Heart Monitoring Principles & PracticesMenihan - Electronic Fetal MonitoringSimpson & Creehan - Perinatal NursingCreasy & Resnik - Maternal-Fetal MedicineMiller's Pocket Guide to Fetal Monitoring

質問 # 110
This is a tracing of a multiparous woman in the second stage of labor. The vertex is at +3 station. This pattern has continued for the last 20 minutes. She has been pushing for 2½ hours, and oxytocin is infusing at 12 milliunits/minute. Management should include

- A. preparing for cesarean birth
- B. increasing the oxytocin
- C. preparing for operative vaginal birth

正解：C

解說：
Comprehensive and Detailed Explanation (From NCC C-EFM-Referenced Sources) According to NCC C-EFM content guidance and AWHONN Fetal Heart Monitoring Principles (2022), recurrent variable and late patterns in second stage with descent to +2/+3 station require consideration of expediting delivery, especially when maternal effort is prolonged and oxytocin augmentation is already present.
Menihan & Simpson emphasize that with prolonged second stage, continued pushing beyond 2-3 hours, and vertex at +3 station, the evidence-based next step is operative vaginal birth, provided prerequisites are met. Cesarean is not indicated when the fetal head is already low and deliverable vaginally.
AWHONN and Creasy & Resnik state that increasing oxytocin when facing fetal stress and prolonged second stage is contraindicated, because tachysystole worsens fetal oxygenation and increases risk of fetal compromise.
Exact Extract Concepts Referenced:
- "Expedited delivery is recommended when recurrent decelerations persist in second stage and the head is low enough for operative vaginal birth." (AWHONN Principles)
- "Oxytocin should be reduced or discontinued in the presence of nonreassuring patterns." (Simpson, Obstetric Interventions)
- "Operative vaginal delivery is appropriate with full dilation, engaged head, and prolonged second stage." (Menihan, Simpson; Creasy & Resnik)

質問 # 111
This tracing has lasted for 20 minutes in a woman who is 6 cm dilated. The most appropriate intervention is:

- A. Delivery
- B. Intravenous bolus of D5% Lactated Ringers
- C. Fetal scalp stimulation

正解：C

解說：
Comprehensive and Detailed Explanation From NCC-Aligned Sources:
This tracing shows:
* Baseline approximately 135-140 bpm
* Minimal variability

* No accelerations
* No recurrent decelerations
* Category II for 20 minutes
According to NCC, AWHONN, and NICHD, minimal variability persisting # 20 minutes without accelerations requires assessment of fetal acid-base status, and fetal scalp stimulation is an accepted method to evaluate fetal well-being when a Category II tracing persists.
Fetal scalp stimulation:
* Should produce an acceleration # 15 bpm lasting # 15 seconds
* A positive response indicates intact fetal nervous system and normal pH
* If no acceleration occurs # further intrauterine resuscitation or expedited delivery may be required Why other options are incorrect:
* A. Delivery - Not indicated; this is Category II, not Category III.
* C. IV bolus - IV hydration may improve variability, but assessment of fetal status comes first after
20 minutes of minimal variability.
Thus, the correct answer is B. Fetal scalp stimulation.
References:NCC C-EFM Candidate Guide; AWHONN FHMPP; NICHD Three-Tier System; Menihan; Miller's Pocket Guide; Simpson & Creehan.

質問 # 112
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. Adjust tocotransducer and continue to monitor
- B. Discharge to home
- C. Admit for induction

正解： A

解説：
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.

質問 # 113
Maternal conditions of autoimmunity can result in fetal heart block due to antibodies that target:

- A. The fetal atrioventricular node
- B. Maternal white blood cells
- C. Fetal red blood cells

正解：A

解説：
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
NCC physiology content specifically includes maternal autoimmune influences on fetal cardiac conduction.
Conditions such as maternal lupus (SLE) or Sjogren's syndrome may produce anti-Ro/SSA and anti-La /SSB antibodies. These antibodies cross the placenta and damage fetal conduction tissue.
The primary site of injury is the fetal atrioventricular (AV) node, leading to:
* First-, second-, or complete third-degree heart block
* A slow, regular ventricular rate typically 50-70 bpm
* Loss of beat-to-beat variability because ventricular myocardium does not display normal autonomic modulation This mechanism is extensively described in AWHONN, NCC physiology materials, and maternal-fetal physiology texts.
Option A: Antibodies do not target fetal RBCs; that describes hemolytic disease of the newborn.
Option B: Targeting maternal WBCs is not fetal-specific.
The correct affected structure is the fetal AV node.
Therefore, the correct answer is C. The fetal atrioventricular node.
References:NCC C-EFM Candidate Guide (2025); NCC Physiology Content Outline; AWHONN Fetal Heart Monitoring Principles & Practices; Menihan Electronic Fetal Monitoring; Simpson & Creehan Perinatal Nursing; Creasy & Resnik Maternal-Fetal Medicine.

質問 # 114
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EFM受験対策解説集: https://www.passtest.jp/NCC/EFM-shiken.html

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試験の準備方法-一番優秀なEFM日本語サンプル試験-検証するEFM受験対策解説集

EFM問題集参考書の二番目のバージョンはソフトウエアで、本当テストの環境を模擬するから、本当のテスト

を受ける前にEFM Certified - Electronic Fetal Monitoring試験問題集を体験して緊張を大いに解消できます、無料デモの試用と支払い後即時勉強開始できます。

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