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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

[Date] 1

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q11-Q16):

NEW QUESTION # 11
The fetal heart rate tracing shown represents

- A. category II
- B. category I
- C. category III

Answer: A

Explanation:
Comprehensive and Detailed Explanation From Exact Extract NCC-Recommended Sources The tracing demonstrates a baseline within normal limits, moderate variability, and recurrent variable decelerations associated with contractions. According to NICHD/NCC definitions reproduced in AWHONN' s Fetal Heart Monitoring Principles & Practices and Menihan's Electronic Fetal Monitoring, recurrent variable decelerations with preserved variability classify the tracing as Category II.
A Category I pattern must show baseline 110-160, moderate variability, and absence of late or variable decelerations. Because this tracing shows recurrent variable decelerations, it does not meet Category I criteria.
Category III requires absent variability PLUS recurrent late decelerations, recurrent variable decelerations, bradycardia, or a sinusoidal pattern. This tracing shows moderate variability, therefore it cannot be Category III.
Simpson & Creehan emphasize that variable decelerations reflect cord compression and fall into Category II unless accompanied by absent variability. Miller's Pocket Guide confirms that moderate variability maintains fetal compensatory reserve, keeping the pattern in Category II.
References:
AWHONN - Fetal Heart Monitoring Principles & PracticesMenihan - Electronic Fetal MonitoringSimpson & Creehan - Perinatal NursingCreasy & Resnik - Maternal-Fetal MedicineMiller's Pocket Guide

NEW QUESTION # 12
A fetal heart rate deceleration that is episodic is a/an:

- A. Early deceleration
- B. Variable deceleration
- C. Late deceleration

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract-Based NCC C-EFM References:
NCC and NICHD differentiate:
* Periodic decelerations - those occurring with contractions
* Episodic decelerations - those occurring independent of contractions
Deceleration types:
* Early - periodic (mirror contractions)
* Late - periodic (after peak of contraction)
* Variable - may be periodic or episodic, and are the only type strongly associated with episodic patterns** Therefore, the only deceleration type that is characteristically episodic is a variable deceleration.
Correct answer: C. Variable deceleration
References:NICHD FHR Definitions; NCC C-EFM Guide; AWHONN; Menihan; Simpson & Creehan.

NEW QUESTION # 13
A characteristic of early decelerations is that they

- A. are thought to be caused by a vagal reflex
- B. are episodic
- C. commonly fall below 100 beats per minute

Answer: A

Explanation:
Comprehensive and Detailed Explanation From Exact Extract (No URLs or Links):
Early decelerations are defined in NCC and AWHONN resources as gradual, uniform decelerations that mirror uterine contractions and are associated with fetal head compression. AWHONN's Fetal Heart Monitoring Principles states: "Early decelerations are a benign pattern caused by vagal stimulation secondary to fetal head compression." Menihan similarly notes: "The mechanism of early decelerations is a vagal reflex response; they do not reflect hypoxia." They are periodic, not episodic, because they occur with contractions-which rules out option A.
They typically remain within a normal heart rate range and do not usually fall below 100 bpm; this eliminates option C. NCC Candidate Guide emphasizes that early decelerations are considered a normal physiologic response, not a pathologic pattern, and are categorized as "Category I" when variability is present.
Thus, the correct characteristic is that they are caused by a vagal reflex, making B the correct answer.
References:AWHONN Fetal Heart Monitoring ProgramMenihan: Electronic Fetal MonitoringSimpson & Creasy: Fetal PhysiologyNCC C-EFM Content Domains - Physiology

NEW QUESTION # 14
A pattern of recurrent variable decelerations would move from Category II to Category III if what fetal heart rate change occurs?

- A. Tachysystole
- B. Late decelerations
- C. Absent variability

Answer: C

NEW QUESTION # 15
When accelerations precede a variable deceleration pattern, this is caused by

- A. hypoxic reflex response
- B. oligohydramnios
- 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 # 16
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