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## NCC ELECTRONIC FETAL MONITORING CERTIFICATION (EFM) EXAM, PRACTICE EXAM AND TEST BANK 2024 | ACCURATE REAL EXAM QUESTIONS AND ANSWERS | EXPERT VERIFIED FOR GUARANTEED PASS | GRADED A

What is your first intervention in management of a patient experiencing variable decelerations?

- a. Immediate delivery
- b. Change maternal position
- c. No treatment indicated
- d. Oxygen
- e. Stop oxytocin infusion

b. Change maternal position

Etiology of a baseline FHR of 165bpm occurring for the last hour can be:

- 1. Maternal supine hypotension
- 2. Maternal fever
- 3. Maternal dehydration
- 4. Unknown

- a. 1 and 2
- b. 1, 2 and 3
- c. 2, 3 and 4

c. 2, 3 and 4

What is the most probable cause of recurrent late decelerations?

- a. Utero-placental insufficiency
- b. Head compression
- c. Cord compression
- d. Maternal position change

a. Utero-placental insufficiency

The most prevalent risk factor associated with fetal death before the onset of labor is:

- a. Low socioeconomic status
- b. Fetal malpresentation
- c. Uteroplacental insufficiency
- d. Uterine anomalies

c. Uteroplacental insufficiency

Which of the following is NOT used for antepartum fetal surveillance?

- a. Fetal movement counting
- b. Antepartum fetal heart rate testing

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The Certified - Electronic Fetal Monitoring (EFM) is one of the popular exams of EFM. It is designed for NCC aspirants who want to earn the Certified - Electronic Fetal Monitoring (EFM) certification and validate their skills. The EFM test is not an easy exam to crack. It requires dedication and a lot of hard work. You need to prepare well to clear the EFM test on the first attempt. One of the best ways to prepare successfully for the EFM examination in a short time is using real NCC EFM Exam Dumps.

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

### NEW QUESTION # 11

This fetal heart rate tracing is of a woman in labor with dichorionic-diamniotic twins at 36-weeks gestation, 4 cm dilated. She is on oxygen via face mask. Based on the fetal heart rate tracing, what is the most appropriate action?



(Tracing A = black; Tracing B = blue)

- A. Continue to observe
- B. Give terbutaline
- C. Cesarean birth

**Answer: A**

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

Both fetal tracings (A and B) show:

- \* Baselines around 140-150 bpm
- \* Moderate variability
- \* Intermittent accelerations
- \* No recurrent decelerations
- \* Normal contraction pattern
- \* Overall Category I patterns for both twins

NCC, NICHD, and AWHONN emphasize that moderate variability with a normal baseline is the strongest reassurance of fetal well-being, even in multifetal gestations.

There is no evidence of:

- \* Tachysystole
- \* Recurrent variables
- \* Recurrent lates
- \* Prolonged decelerations
- \* Category III patterns

Therefore, the appropriate action is ongoing observation.

Why the incorrect answers are wrong:

- \* A. Cesarean birth - Not indicated with Category I FHR patterns.
- \* C. Terbutaline - Reserved for tachysystole or prolonged deceleration patterns, not present here.

References: NCC C-EFM Candidate Guide; NICHD Definitions; AWHONN FHMPP; Menihan; Simpson & Creehan.

### NEW QUESTION # 12

The main reason intrauterine pressure catheters are placed is to:

- A. Define the quality of the fetal baseline
- **B. Determine the contraction pattern**
- C. Rule out artifact

**Answer: B**

Explanation:

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

Intrauterine pressure catheters (IUPCs) are an internal uterine activity monitoring device used when external tocodynamometry does not provide adequate assessment of contraction strength or frequency.

According to NCC, AWHONN, Miller, and Menihan, the primary indication for placing an IUPC is to obtain accurate, quantitative measurement of uterine activity.

Purpose of IUPC (per NCC and AWHONN):

- \* Measures exact intrauterine pressure in mmHg
- \* Calculates Montevideo units (MVUs) to evaluate adequacy of labor
- \* Clearly differentiates:
  - \* Frequency
  - \* Duration
  - \* Strength (intensity)
  - \* Resting tone

NCC explicitly lists the primary purpose as:

"Accurate assessment of uterine contraction pattern and intensity."

Why the other options are incorrect:

A). Define the quality of the fetal baseline - Incorrect

\* Fetal heart rate (FHR) baseline quality is determined by fetal ECG or FSE, not IUPC.

\* IUPCs monitor the uterus, not the fetal cardiac signal.

C). Rule out artifact - Incorrect

\* While an IUPC can reduce artifact from the toco, this is not its primary purpose.

\* Artifact is more commonly an issue with external FHR monitoring, corrected by repositioning or placing a fetal scalp electrode-not by using an IUPC.

B). Determine the contraction pattern

This aligns directly with NCC's Electronic Monitoring Equipment domain: IUPCs provide the most accurate and reliable measurement of uterine activity when external monitoring is inadequate.

References: NCC C-EFM Candidate Guide (2025); NCC Content Outline; AWHONN Fetal Heart Monitoring Principles & Practices; Miller's Fetal Monitoring Pocket Guide; Menihan Electronic Fetal Monitoring; Simpson & Creehan Perinatal Nursing; Creasy & Resnik Maternal-Fetal Medicine.

### NEW QUESTION # 13

A fetal heart rate deceleration that is episodic is a/an:

- A. Late deceleration
- **B. Variable deceleration**
- C. Early 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 # 14

When auscultating the fetal heart rate, the Doppler should be placed over the fetal:

- A. Abdomen
- B. Chest
- C. Back

**Answer: C**

Explanation:

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

NCC and AWHONN standards state that the fetal heart tones are most clearly heard when the Doppler probe is placed over the fetal back, because:

- \* The fetal heart transmits sound most directly through the fetal spine.
- \* Amniotic fluid and fetal position allow the strongest conduction at the back.
- \* During Leopold maneuvers, identification of the back guides optimal placement.

Placing the Doppler over the abdomen or chest does not provide the strongest or most reliable fetal signal.

Therefore, the correct placement is over the fetal back.

References: NCC C-EFM Candidate Guide; AWHONN Fetal Heart Monitoring Principles & Practices; Simpson & Creehan Perinatal Nursing.

### NEW QUESTION # 15

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 # 16

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