

Free PDF 2026 EFM: The Best Certified - Electronic Fetal Monitoring Guide

NCC Electronic Fetal Monitoring: Comprehensive Practice Questions and 100% Verified Answers – Latest 2025/2026

1. A nurse is explaining to a pregnant patient the purpose of electronic fetal monitoring. Which of the following statements by the nurse is the most accurate way to describe the purpose of EFM?
 - a. "EFM is a diagnostic procedure that monitors your baby's heart rate or FHR and your uterine contractions."
 - b. "EFM is a screening procedure that monitors your baby's heart rate or FHR and your uterine contractions."
 - c. "EFM is a screening procedure that only monitors your baby's heart rate or FHR."
 - d. "EFM is a diagnostic procedure that only monitors the frequency, duration, and intensity of your uterine contractions.";
2. The nurse measures fetal well being during labor by paying attention to:
 - a. the response of the FHR to uterine contractions
 - b. mom's complaint of pain during the labor
 - c. the FHR only
 - d. the frequency, duration, and intensity of the mother's uterine contractions
3. A nursing student explains during her presentation that the 5 factors for adequate fetal oxygenation include:
 1. normal maternal _____ and volume to the placenta
 2. normal _____ in the maternal blood
 3. adequate exchange of _____ and CO₂ in the placenta
 4. an open _____ path between the placenta and the fetus through vessels in the umbilical cord
 5. normal fetal circulatory and _____ -carry functions:

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q89-Q94):

NEW QUESTION # 89

Usually, the duration of an early deceleration in comparison with the contraction is:

- A. Shorter
- **B. The same**
- C. Longer

Answer: B

Explanation:

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

An early deceleration is defined by NICHD and NCC as a gradual decrease and return of the fetal heart rate associated with uterine contractions. NCC emphasizes that early decelerations are:

- * Symmetrical
- * Uniform in shape
- * Mirror images of the contraction

This means:

- * Onset of deceleration = onset of contraction
- * Nadir of deceleration = peak of contraction
- * Recovery = end of contraction
- * Duration of the deceleration = duration of the contraction

Thus, the correct answer is C. The same.

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

NEW QUESTION # 90

A fetal heart rate pattern shows no accelerations or decelerations. It would be interpreted as a Category II pattern if it occurred with:

- A. A sinusoidal pattern
- **B. Marked variability**
- C. A fetal heart rate of 110 beats per minute

Answer: B

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

NICHD Category II includes:

- * Minimal variability
- * Marked variability
- * Absent accelerations without recurrent decelerations
- * Indeterminate baseline characteristics

A tracing with no accelerations and no decelerations becomes Category II if paired with marked variability, because marked variability indicates potential stress.

Why other answers are wrong:

- * A. FHR 110 bpm = normal baseline if variability normal.
- * B. Sinusoidal pattern = Category III, not Category II.

Correct answer: Marked variability.

References: NCC Candidate Guide; NICHD FHR Definitions; AWHONN FHMPP; Menihan.

NEW QUESTION # 91

Maternal-fetal exchange during labor is diminished by:

- **A. Placental calcifications**
- B. Open-glottis pushing in second stage
- C. An increase in maternal cardiac output

Answer: A

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

Placental calcifications:

- * Reduce surface area for maternal-fetal gas exchange
- * Impair placental perfusion
- * Are associated with post-dates and chronic insufficiency
- * Decrease the placenta's ability to oxygenate the fetus

Why the incorrect answers are wrong:

- * A. Increased maternal cardiac output # improves uteroplacental perfusion.
- * B. Open-glottis pushing # improves oxygenation compared with closed-glottis Valsalva pushing.

Correct answer: Placental calcifications.

References: NCC Physiology Domain; Creasy & Resnik; Simpson & Creehan; AWHONN FHMPP.

NEW QUESTION # 92

Fetal cardiac output is essentially dependent on the fetal:

- **A. Heart rate**
- B. Baroreceptors
- C. Activity

Answer: A

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

Because the fetal myocardium is immature, it has:

- * Limited ability to increase stroke volume
- * Limited ability to increase contractility

Therefore, fetal cardiac output (CO) is almost entirely dependent on heart rate.

NCC and AWHONN physiology describe:

- * $CO = \text{stroke volume} \times \text{heart rate}$
- * In the fetus, stroke volume is relatively fixed
- * Therefore, changes in HR directly affect cardiac output
- * Tachycardia # increases CO
- * Bradycardia # decreases CO # decreased perfusion and oxygen delivery

Why the other options are incorrect:

- * A. Activity does not fundamentally determine CO.
- * B. Baroreceptors regulate HR reflexively but are not the primary determinant of cardiac output.

Correct answer: C. Heart rate

References: NCC Physiology Domain; AWHONN FHMPP; Menihan; Simpson & Creehan; Creasy & Resnik.

NEW QUESTION # 93

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

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

Answer: B

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 # 94

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