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NCC EFM Practice Test Questions & Answer:

1. 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

Answer B. BRADYCAR- DIA

2. 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

Answer a. association with tachysystole with or without Pitocin

3. 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

Answer a. shoulders are associated with moderate variability

4. Define tachysystole with pitocin

P.S. Free 2026 NCC EFM dumps are available on Google Drive shared by RealVCE: https://drive.google.com/open?id=1LkvWBbUtD_4FWQX9hDJR7-ETonq-9IIG

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To get prepared for the Certified - Electronic Fetal Monitoring (EFM) certification exam, applicants face a lot of trouble if the study material is not updated. They are using outdated materials resulting in failure and loss of money and time. So to solve all these problems, RealVCE offers actual EFM Questions to help candidates overcome all the obstacles and difficulties they face during

EFM examination preparation.

NCC Certified - Electronic Fetal Monitoring Sample Questions (Q44-Q49):

NEW QUESTION # 44

A woman experiences an eclamptic seizure during the second stage of labor. An anticipated fetal heart rate abnormality post-seizure would be:

- A. Variable decelerations
- B. Sinusoidal pattern
- C. Bradycardia

Answer: C

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Emergency Fetal Response Principles:

Following an eclamptic seizure:

- * Maternal hypoxia, apnea, and intense sympathetic discharge occur
- * Uteroplacental perfusion drops
- * Fetus experiences acute hypoxemia
- * The expected fetal heart rate response is a prolonged bradycardia

This is well-described in NCC and AWHONN emergency physiology:

* "Post-seizure fetal bradycardia is common and often resolves within 5-10 minutes as maternal oxygenation stabilizes." Why other answers are incorrect:

- * B. Sinusoidal pattern - Rare and usually indicates fetal anemia, not post-seizure status.
- * C. Variable decelerations - Associated with cord compression, not seizures.

Correct answer: A. Bradycardia

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

NEW QUESTION # 45

The tracing shown is from a woman at 28-weeks gestation in the post-anesthesia care unit (PACU) after an appendectomy. She is alert and awake. Based on this fetal heart rate pattern, the most appropriate intervention is:

- A. Continued monitoring
- B. Perform cesarean birth
- C. Administer terbutaline

Answer: A

Explanation:

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

The fetal heart rate tracing shows:

- * Baseline around 140 bpm
- * Minimal variability
- * No accelerations
- * No decelerations
- * Regular uterine activity but not tachysystole

This pattern is Category II, but in the context of:

- * 28-week gestation
- * Immediate postoperative status after anesthesia
- * Maternal alertness and stability

NCC and AWHONN emphasize that maternal sedation, post-anesthesia effects, medications, and physiologic stress commonly cause temporary minimal variability without acidemia, especially at preterm gestations where baseline variability is normally lower.

Key NCC principle:

Minimal variability in a stable mother without decelerations does NOT require emergent delivery.

Instead, the fetus should be observed as anesthesia effects wear off.

Why other answers are incorrect:

- * A. Terbutaline - No tachysystole and no recurrent decels are present.
- * C. Cesarean birth - No bradycardia, no late decels, no absent variability, and no Category III criteria.

Thus, appropriate management is B. Continued monitoring.

References:NCC C-EFM Candidate Guide; AWHONN FHMPP; Menihan EFM; Miller's Pocket Guide; NICHD Definitions; Creasy & Resnik.

NEW QUESTION # 46

A woman with hypertension at 38-weeks gestation has a biophysical profile. The result is 4/10 with decreased amniotic fluid volume. The next step should be to:

- A. Repeat the biophysical profile in 24 hours
- B. Discharge home on bedrest
- C. Admit for delivery

Answer: C

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned BPP Management Standards:

NCC, AWHONN, and maternal-fetal medicine guidelines state:

* A BPP score of 4/10 at term is abnormal.

* A low score indicates hypoxia-related CNS suppression.

* Oligohydramnios is an additional high-risk finding, especially in hypertension.

* At # 37 weeks, a BPP score of # 4/10 warrants immediate delivery.

Repeating the test is acceptable at preterm gestations (e.g., < 32-34 weeks), but not at 38 weeks.

Why the other answers are incorrect:

* B. Discharge home - Contraindicated with abnormal BPP.

* C. Repeat in 24 hours - Not recommended at term with a score of 4.

Correct answer: A. Admit for delivery

References:NCC C-EFM Candidate Guide; AWHONN FHMPP; Creasy & Resnik MFM; Simpson & Creehan; Menihan.

NEW QUESTION # 47

The presence of fetal breathing movements on a biophysical profile reflects adequate:

- A. Pulmonary vasoconstriction
- B. Neurologic function
- C. Surfactant levels

Answer: B

Explanation:

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

A biophysical profile (BPP) assesses 5 components:

* FHR reactivity

* Fetal breathing movements

* Fetal tone

* Fetal movement

* Amniotic fluid volume

According to NCC/AWHONN, fetal breathing movements are controlled by the fetal central nervous system, specifically brainstem integrity.

Thus, fetal breathing movements signify normal neurologic function, particularly intact CNS and oxygenation.

Why the others are incorrect:

* Pulmonary vasoconstriction is not assessed by BPP.

* Surfactant levels do not correlate directly with fetal breathing movement scores.

Correct answer: A. Neurologic function.

References:NCC C-EFM Candidate Guide; AWHONN; Simpson & Creehan; Creasy & Resnik.

NEW QUESTION # 48

This is a fetal heart rate tracing of a multiparous woman whose cervix is 7 cm dilated on admission. The most likely cause for this pattern is:

- A. Placental abruption
- B. Rapid fetal descent
- C. Tachysystole

Answer: C

Explanation:

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

The tracing shows a clear relationship between uterine activity and fetal heart rate changes:

* The uterine activity strip demonstrates very frequent contractions with little resting time between them, exceeding five contractions in 10 minutes, averaged over a 30-minute window.

* NCC and NICHD define tachysystole as "more than 5 contractions in 10 minutes, averaged over 30 minutes, regardless of whether the labor is spontaneous or stimulated." As uterine activity intensifies and becomes excessively frequent, the fetal heart rate strip begins to show:

* Progressive decrease in baseline

* Recurrent decelerations with gradual onset and recovery

* Reduced variability in the latter portion of the strip

This pattern is consistent with uteroplacental insufficiency caused by excessive uterine activity (tachysystole). NCC and AWHONN emphasize that tachysystole can result in decreased uterine blood flow and fetal oxygenation, leading to late or prolonged decelerations and eventual bradycardia if not corrected.

Why the other options are less likely:

* A. Placental abruption Typically associated with maternal symptoms (pain, vaginal bleeding, firm /boardlike uterus) and often a sustained increase in resting tone or a hypertonic contraction, not simply very frequent contractions. These maternal findings are not described in the vignette.

* B. Rapid fetal descent Usually causes variable or early decelerations related to head compression, but the tocodynamometer would not necessarily show this degree of contraction frequency. The lower strip here clearly highlights excessive contractions as the primary problem.

Thus, the tracing's FHR abnormalities are best explained by tachysystole, making C. Tachysystole the most appropriate answer.

References: NCC C-EFM Candidate Guide (2025); NCC Content Outline - Pattern Recognition and Intervention; NICHD Three-Tier FHR Interpretation System; 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 # 49

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