

EFM Exam Revision Plan, EFM Test Sample Questions

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

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NCC Certified - Electronic Fetal Monitoring Sample Questions (Q97-Q102):

NEW QUESTION # 97

The most common fetal heart rate pattern consistent with uterine rupture is

- A. absent variability
- **B. prolonged and variable decelerations**
- C. loss of uterine pressure

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract (NCC-Referenced Sources) According to AWHONN, Simpson, and NCC C-EFM physiologic competencies, uterine rupture commonly presents with:

- * Sudden prolonged deceleration
- * Recurrent variables
- * Fetal bradycardia
- * Possible loss of station, vaginal bleeding, maternal pain

AWHONN specifically lists:

"Prolonged deceleration is the most common initial fetal sign of uterine rupture." Absent variability can occur later, but it is not the most common initial pattern.

"Loss of uterine pressure" refers to loss of toco signal, not a fetal heart rate characteristic.

Therefore, NCC-validated interpretation: prolonged and variable decelerations.

NEW QUESTION # 98

The fetal heart rate baseline is

- **A. established between periodic and episodic changes**
- B. documented in a 15 beats per minute range
- C. normally between 110 and 170 beats per minute

Answer: A

Explanation:

Comprehensive and Detailed Explanation (From NCC C-EFM-Referenced Sources) The NCC C-EFM exam outline, along with AWHONN and Miller's Pocket Guide, define baseline fetal heart rate as the mean FHR rounded to increments of 5 bpm, measured over a 10-minute window, excluding:

- * accelerations
- * decelerations
- * periods of marked variability
- * any segments differing by >25 bpm

This aligns with ACOG, AWHONN, and Simpson's interpretation standards.

Option A is incorrect: the baseline is not documented as a 15-bpm range; it is documented as a single value (e.g., 140 bpm).

Option C is incorrect: the correct NCC/ACOG standardized normal baseline is 110-160 bpm, not 170.

Exact Extract Concepts Referenced:

- "Baseline is determined over a 10-minute period excluding periodic or episodic changes." (AWHONN FHR Principles)
- "Baseline is the mean FHR rounded to 5-bpm increments." (Miller's Pocket Guide)
- "Normal baseline is 110-160 bpm." (Simpson & Menihan; Creasy & Resnik)

NEW QUESTION # 99

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. preparing for operative vaginal birth
- C. increasing the oxytocin

Answer: B

Explanation:

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)

NEW QUESTION # 100

A characteristic of early decelerations is that they

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

Answer: C

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 # 101

This patient received an epidural 15 minutes prior to the tracing shown. The next course of action is to:

- A. Continue to monitor
- B. Check maternal blood pressure
- C. Perform a cervical exam

Answer: B

Explanation:

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

This tracing demonstrates:

- * A sudden prolonged deceleration following epidural placement
- * Minimal variability during the deceleration

* Event occurring within 15 minutes of epidural

NCC, AWHONN, and Menihan emphasize that maternal hypotension is the most common complication immediately following epidural analgesia. Hypotension leads to:

* Reduced uteroplacental perfusion

* Fetal bradycardia or prolonged decelerations

* Decreased variability during the deceleration

Typical fetal response to maternal hypotension:

Late-like or prolonged deceleration with weakening variability, exactly like the strip shown.

Therefore, the FIRST and most critical step is to check maternal blood pressure.

Other options:

* B. Continue to monitor - unsafe when a prolonged deceleration is present.

* C. Cervical exam - not indicated; the fetal tracing deterioration is temporally linked to epidural placement.

Thus, the correct action is A. Check maternal blood pressure.

References: NCC C-EFM Candidate Guide; AWHONN Fetal Heart Monitoring Principles & Practices; Menihan Electronic Fetal Monitoring; Miller's Fetal Monitoring Pocket Guide; Creasy & Resnik Maternal- Fetal Medicine.

NEW QUESTION # 102

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