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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 phenergen
- 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 (Q126-Q131):

NEW QUESTION # 126

Maternal conditions of autoimmunity can result in fetal heart block due to antibodies that target:

- A. The fetal atrioventricular node
- B. Fetal red blood cells
- C. Maternal white blood cells

Answer: A

Explanation:

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

NCC physiology content specifically includes maternal autoimmune influences on fetal cardiac conduction.

Conditions such as maternal lupus (SLE) or Sjogren's syndrome may produce anti-Ro/SSA and anti-La/SSB antibodies. These antibodies cross the placenta and damage fetal conduction tissue.

The primary site of injury is the fetal atrioventricular (AV) node, leading to:

* First-, second-, or complete third-degree heart block

* A slow, regular ventricular rate typically 50-70 bpm

* Loss of beat-to-beat variability because ventricular myocardium does not display normal autonomic modulation This mechanism is extensively described in AWHONN, NCC physiology materials, and maternal-fetal physiology texts.

Option A: Antibodies do not target fetal RBCs; that describes hemolytic disease of the newborn.

Option B: Targeting maternal WBCs is not fetal-specific.

The correct affected structure is the fetal AV node.

Therefore, the correct answer is C. The fetal atrioventricular node.

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

NEW QUESTION # 127

(Full question statement)

This tracing is consistent with:

- A. Fetal-maternal transfusion
- B. Atrial flutter
- C. Effects of butorphanol administration

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract Without Links:

NCC and AWHONN teaching materials describe that butorphanol, an opioid analgesic, characteristically produces a transient sinusoidal-like pattern or pseudo-sinusoidal pattern with moderate variability preserved.

This drug-related pattern has:

* smooth, regular oscillations

* maintained variability

* absence of true periodic decelerations

* resolution within 20-60 minutes

Simpson & Menihan describe butorphanol as producing a "saw-tooth, wavering pattern" often mistaken for dysrhythmia but actually benign.

True sinusoidal patterns (e.g., fetal-maternal hemorrhage) are fixed, smooth, non-variable patterns with absent variability, not matching the scenario.

Atrial flutter produces very rapid atrial contractions, which manifest as irregular baseline spikes-also not consistent.

Therefore, the described tracing aligns most closely with butorphanol effects.

NEW QUESTION # 128

(Full question statement)

Interobserver reliability in interpretation of fetal heart rate tracings is greatest when the tracing is:

- A. Normal
- B. Indeterminate

- C. Abnormal

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract Without Links:

NCC examination standards and AWHONN clearly state that normal Category I patterns have the highest interobserver agreement because they contain objective, easily identifiable components:

- * baseline 110-160 bpm
- * moderate variability
- * absence of late or variable decelerations
- * presence or absence of accelerations

Simpson highlights that Category II tracings have poor reliability due to multiple combinations of variability and decelerations, while Category III patterns have higher agreement but occur far less frequently, limiting reliability measures.

Research cited within NCC-endorsed materials confirms that clinicians demonstrate the greatest agreement in identifying normal Category I patterns, making normal the correct answer.

NEW QUESTION # 129

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 # 130

Accelerations that last 10 minutes or more are considered:

- A. Tachycardia
- **B. A baseline change**
- C. Baseline variability

Answer: B

Explanation:

Comprehensive and Detailed Explanation From NCC-Aligned Sources:

NICHD definitions endorsed by NCC:

- * An acceleration lasting #10 minutes is no longer an acceleration
- * It is classified as a baseline change
- * This also applies to decelerations lasting #10 minutes being considered a new baseline bradycardia Why the incorrect answers are wrong:
- * B. Baseline variability # refers to amplitude fluctuations, not duration.
- * C. Tachycardia # requires baseline >160 bpm for 10 minutes, but the definition of "acceleration #10 minutes = baseline change" supersedes this.

References:NCC C-EFM Candidate Guide; NICHD Definitions; AWHONN FHMPP.

NEW QUESTION # 131

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