

EFM Questions



The Center for Certification
Preparation and Review

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1. Scalp stimulation is best used to help:

1. assess for metabolic acidosis
2. decrease head compression
3. improve fetal oxygenation

2. Resting tone and intensity of uterine contractions cannot be assessed by:

1. external tocodynamometer
2. internal pressure catheter
3. manual palpation

3. A smooth appearing acceleration that lasts greater than 30 seconds and immediately follows a variable deceleration that goes down to 60 beats per minute and lasts 75 seconds is defined as a(n)

1. lambda pattern
2. overshoot
3. primary acceleration

4. In a preterminal pattern, FHR variability is most likely:

1. absent
2. highly variable
3. profound

5. List four interventions when a non-reassuring FHR pattern is discovered:

1. _____
2. _____
3. _____
4. _____

6. Variability with fluctuations of 10-12 beats per minute around the baseline FHR is defined as

1. minimal
2. moderate
3. marked

7. What percent of the time do decelerations minimally have to occur with contractions in a 20 minute period in order to be defined as recurrent?

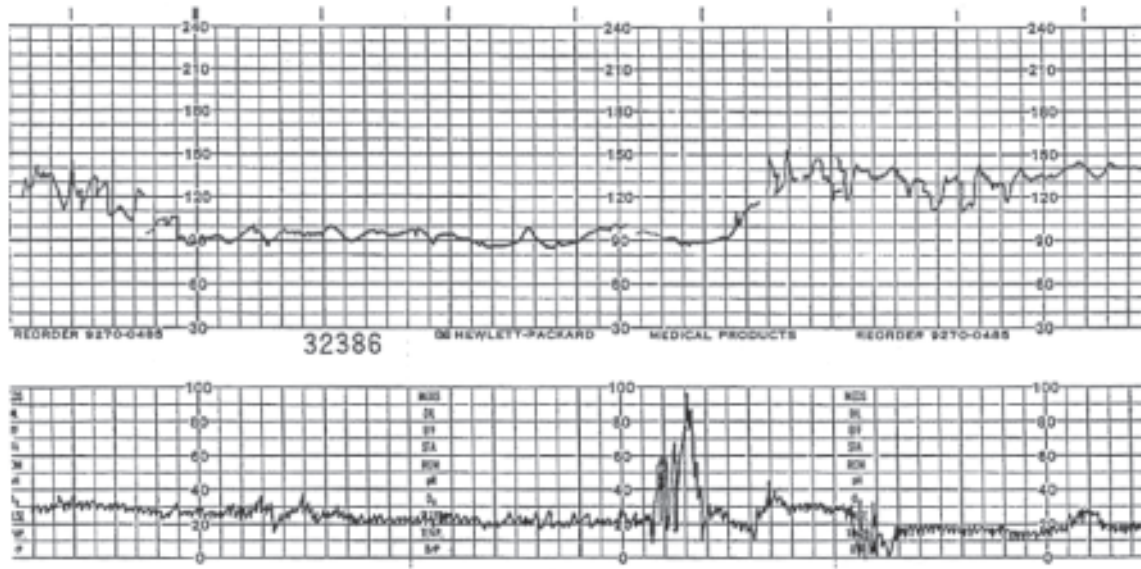
1. 25%
2. 50%
3. 75%

8. According to the National Institute of Health (NIH) a normal tracing has the following characteristics: (fill in the blank)

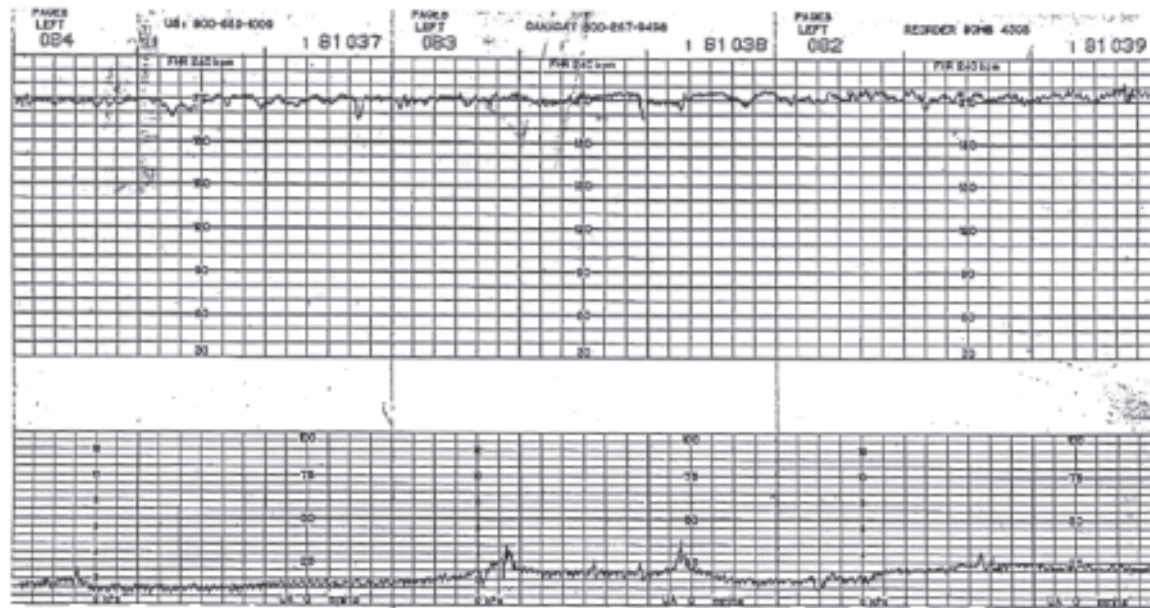
1. _____
2. _____
3. _____
4. _____

9. According to AWHONN, a high risk woman in second stage should have FHR documented every:

1. contraction
2. 5 minutes
3. 15 minutes

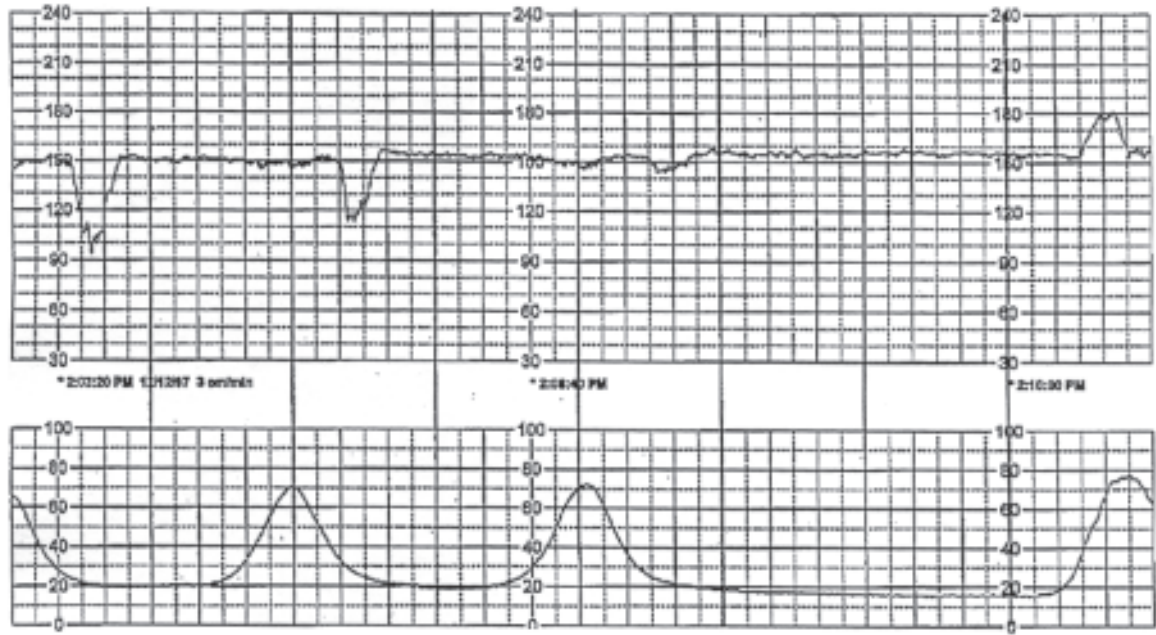


10. This tracing was obtained from a woman in active labor with a term fetus. The best nursing action is to:
1. continue the electronic tracing
 2. prepare for a cesarean section birth
 3. reassure the parents of normalcy of tracing



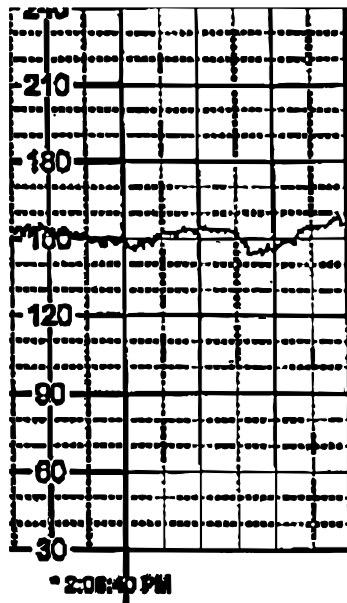
11. The most likely pregnancy event associated with this tracing is:

1. chorioamnionitis
2. fetal prematurity
3. maternal epidural anesthesia



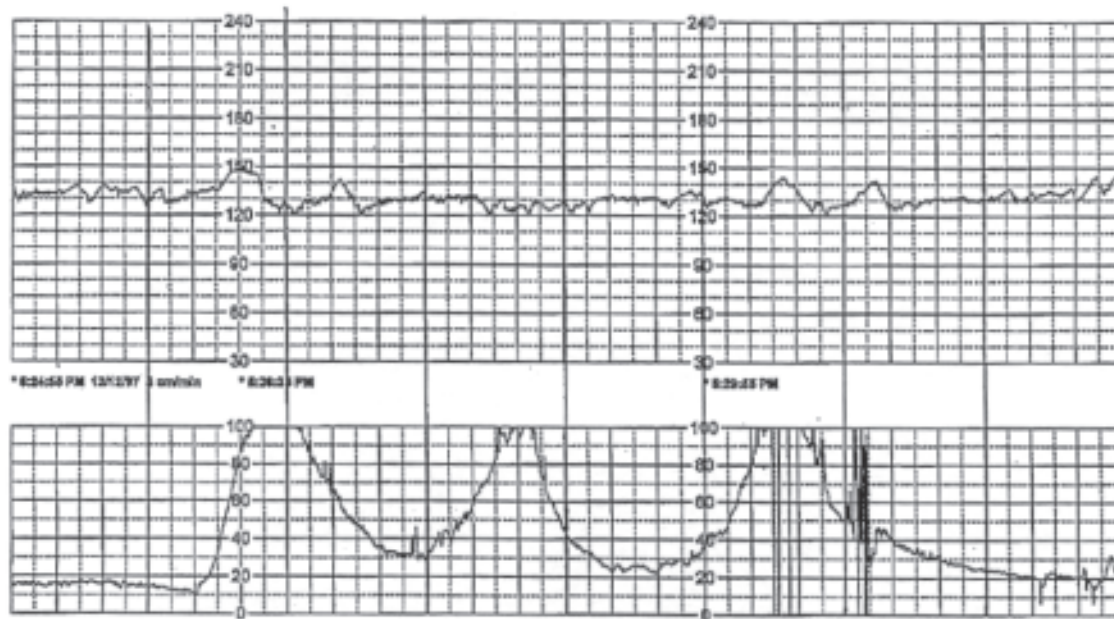
12. In the above tracing, the decelerations present are most likely:

1. early
2. late
3. variable



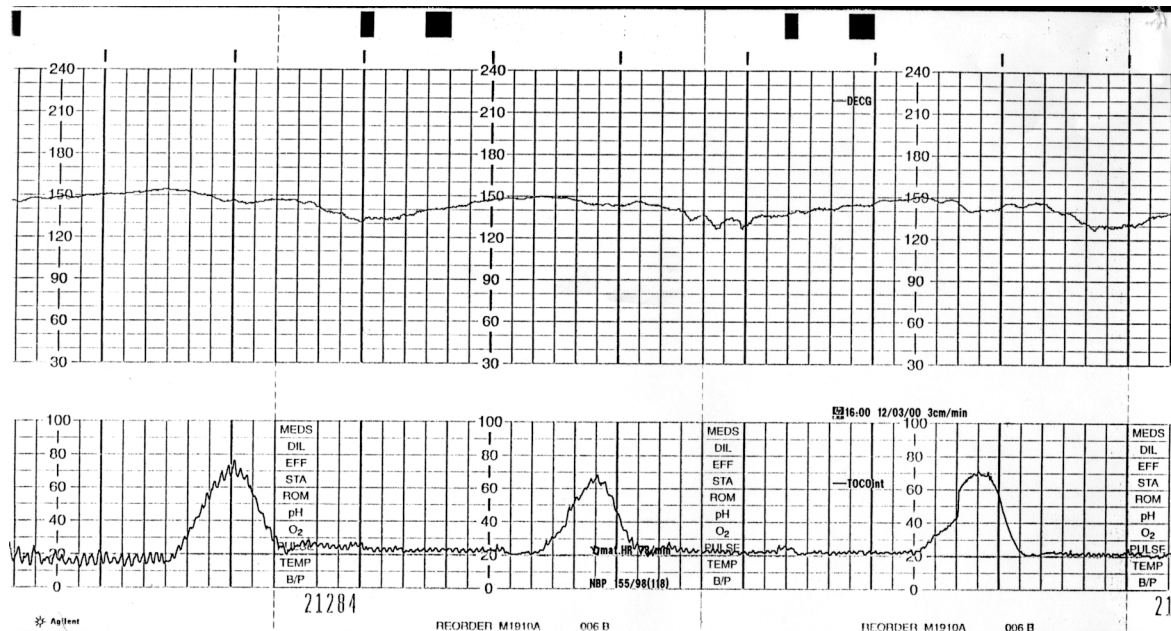
13. The FHR baseline in this tracing should be documented as:

1. 155-165
2. 160
3. Unable to be determined



14. Based on the above tracing of a woman in term in active labor, the main goal of immediate treatment is to:
1. administer oxygen
 2. promote uterine relaxation
 3. treat the underlying infection

The following relates to questions 15-18.



15. A primigravida at 36 weeks gestation has had poorly controlled insulin dependent diabetes for 15 years. She is 3 cm, 100%, and 0 station. There is an intrauterine pressure catheter and spiral electrode in place. Based upon this history, this fetal heart rate pattern most likely indicates decreased
1. amniotic fluid volume
 2. baroreceptor response
 3. placental function

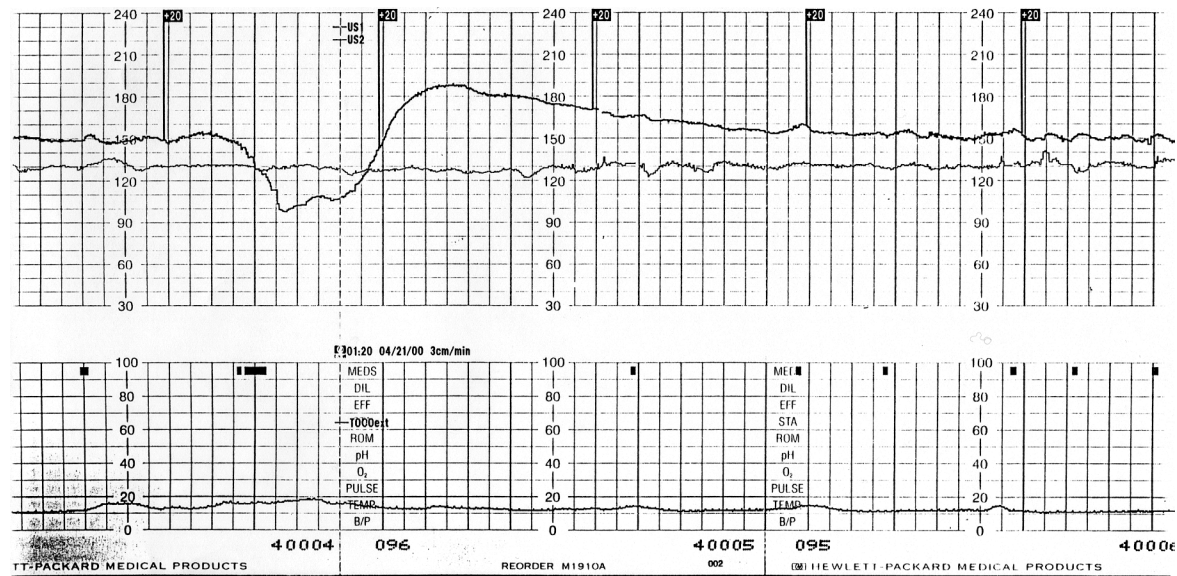
16. The intrauterine pressure would be documented as

1. 20 mm Hg
2. 70 mm Hg
3. moderate

17. Given her history, this woman is at higher risk for

1. anaphylactic syndrome of pregnancy
2. pregnancy induced hypertension
3. pulmonary embolism

The following relates to questions 18-21.



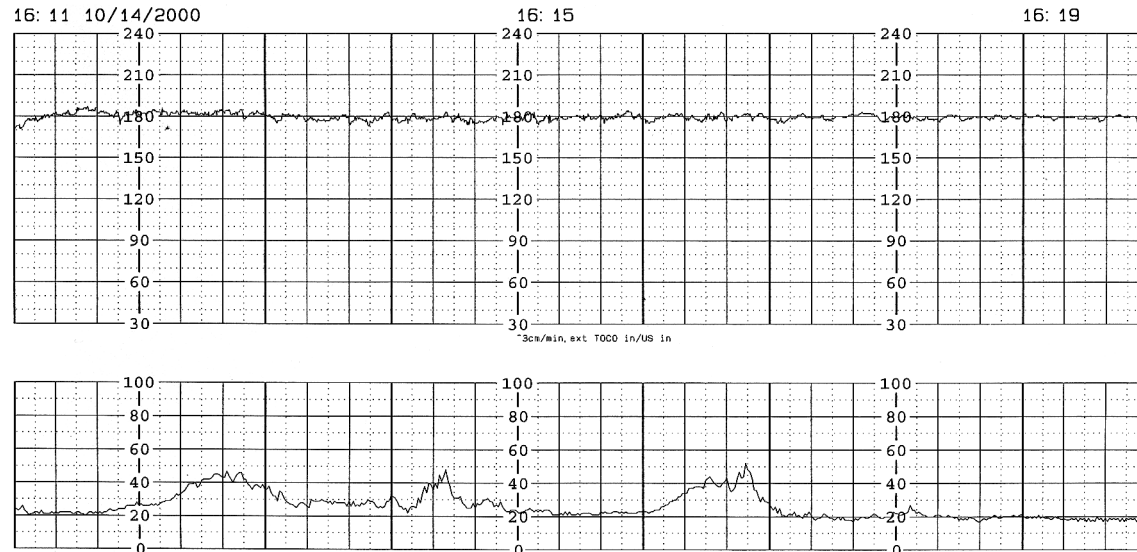
The tracing obtained from a gravida 3, para 1, 28 weeks gestation with monochorionic, diamniotic discordant twins. Twin A is smaller than twin B. The patient was admitted to labor and delivery with preterm contractions. Twin A is the upper tracing (dark line) and twin B is the lower, light tracing.

18. The uterine contraction pattern is best described as

1. hypotonic
2. no contractions present
3. uterine irritability

19. Twin B has variability that is
1. absent
 2. minimal
 3. moderate
20. A nonreassuring tracing is exhibited by
1. Both twins
 2. Twin A
 3. Twin B
21. Twin A has a deceleration that is followed by a(n)
1. lambda pattern
 2. overshoot
 3. secondary acceleration

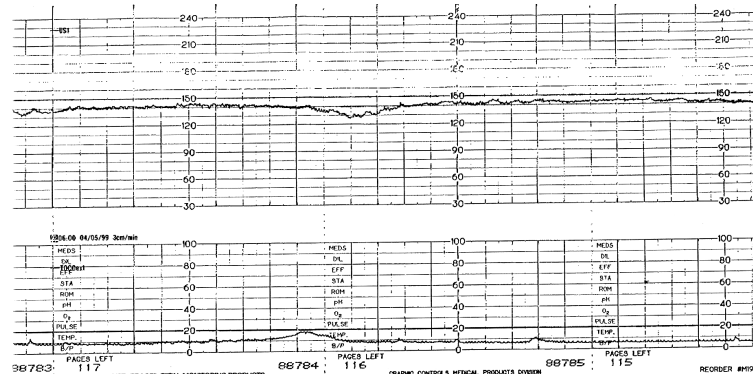
The following relates to questions 22-25.



22. This tracing is that of a primigravida at 39 weeks who is admitted in spontaneous labor. Her history includes a positive group B strep vaginal culture. Based upon this pattern and history, the first maternal assessment should be
1. blood pressure
 2. pulse
 3. temperature

23. The baseline fetal heart rate for most of the tracing is
1. 170-175
 2. 175-185
 3. 180-185
24. This fetal heart rate pattern is best described as
1. minimal variability
 2. saltatory
 3. tachycardia
25. In evaluating reactivity, the nurse notes this tracing to be
1. nonreactive
 2. positive
 3. reactive

The following relates to questions 26-28.



At 34 weeks gestations, a woman (G1, P0) with insulin dependent diabetes is admitted with nausea, vomiting and abdominal pain. The admission tracing is shown.

Vital signs are:

Temperature 97.4°F (36.3°C)
Blood pressure 140/92 mm Hg
Pulse 126 beats per minute
Respirations 16 breaths per minute

The blood sugar is 515 mg/dl.

26. Given this information, the nurse should suspect
1. diabetic ketoacidosis
 2. euglycemia
 3. insulin shock

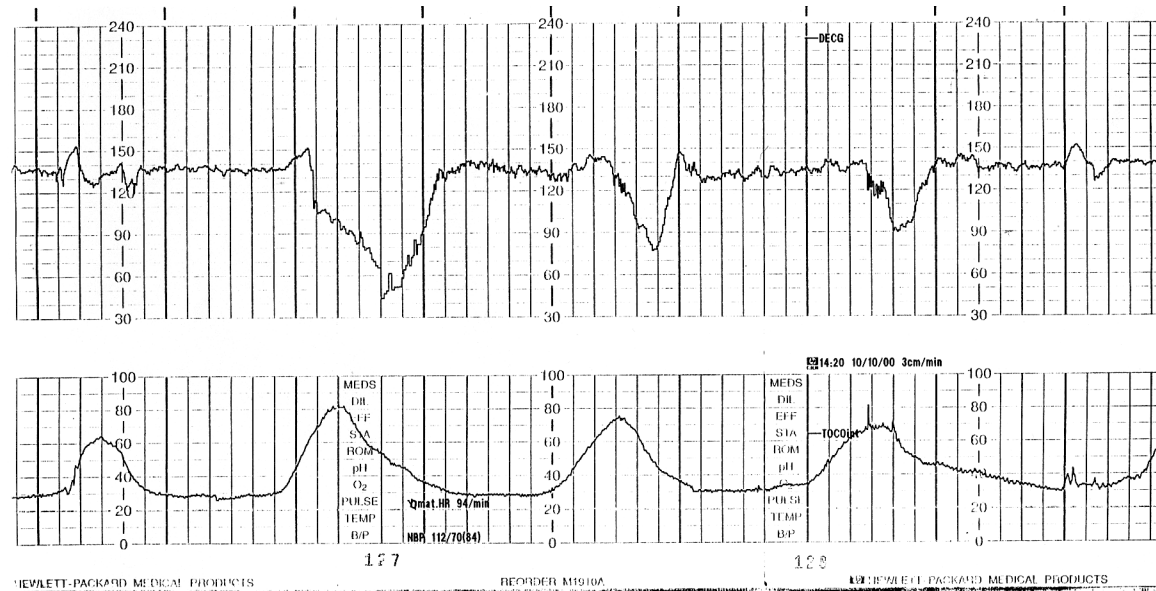
27. The variability in this tracing is best described as

1. absent
2. minimal
3. moderate

28. The best way to improve oxygenation to this fetus is

1. immediate delivery
2. oxygen administration to the mother
3. stabilization of the mother

The following relates to questions 29-32.



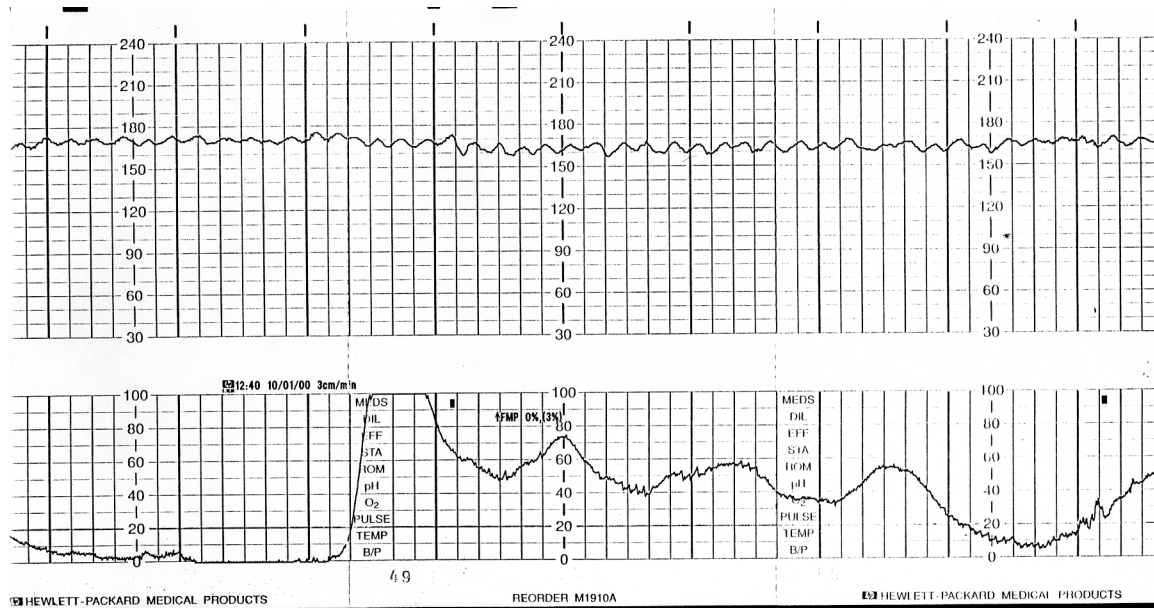
The tracing above is from a gravida 2, para 1 woman at 41 weeks gestation who was admitted in spontaneous labor. Her first delivery was 2 years ago, a spontaneous full term vaginal delivery with no complications. At her last exam 30 minutes prior to this tracing, she was 4 cm, 100%, and 0 station. Her membranes were artificially ruptured one hour ago and there was a small amount of thick meconium. Currently an IUPC and fetal spiral electrode is in place.

29. The uterine resting tone is

1. 30 mm Hg
2. 70-80 mm Hg
3. normal

30. This pattern depicts repetitive decelerations that are
1. early
 2. late
 3. variable
31. The most appropriate initial action would be to
1. administer terbutaline
 2. assess maternal vital signs
 3. perform a vaginal exam
32. Given the woman's history and this tracing, the nurse should anticipate a(n)
1. amnioinfusion
 2. biophysical profile
 3. cesarean delivery

The following relates to questions 33-35.



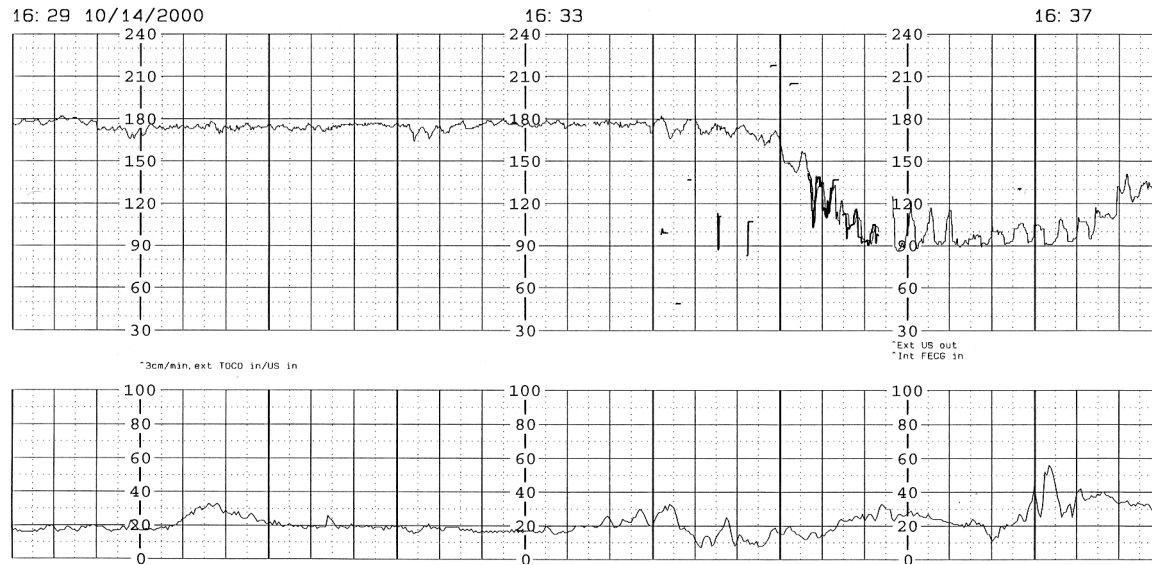
33. The above tracing is from a gravida 2, para 1 woman at 40 weeks gestation. Her pelvic exam is 3 cm, 50% effacement and -2 station. She is being induced for mild elevation in blood pressure. Oxytocin (Pitocin) currently is being administered at 6 mu/min. She received butorphanol (Stadol®) 1 mg, IV, 10 minutes prior to this tracing. Before she received the analgesic, the tracing was reassuring. The nurse should recognize this fetal heart pattern as
1. a lambda pattern
 2. indicative of a fetal bleed
 3. normal after butorphanol (Stadol®)

34. The uterine activity is best described as

1. hypertonic
2. hypotonic
3. normal

35. Based on the uterine activity, the nurse initially should consider

1. administering terbutaline
2. decreasing the oxytocin
3. giving an IV bolus



36. Regarding the above tracing, after repositioning the patient, which one of the following actions should the nurse perform first?
1. administer oxygen
 2. give an IV fluid bolus
 3. vaginal examination

EFM Answer Key

Question	Answer
1	1
2	1
3	2
4	1
5	repositioning administer oxygen infuse IV fluid bolus notify health care provider
6	2
7	2
8	normal baseline rate normal (moderate) variability presence of accelerations absence of decelerations
9	2
10	1
11	1
12	3
13	3
14	2
15	3
16	2
17	2
18	3
19	3
20	2
21	2
22	3
23	2
24	3

Question	Answer
25	1
26	1
27	2
28	3
29	1
30	3
31	3
32	1
33	3
34	1
35	2
36	3