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N201- Special Populations
Ticket to Enter – Fetal Monitoring

1. What are common causes of fetal tachycardia?
   - Asphyxia (Lack of o2 or an excess of co2 in the body which is usually caused by interruption of breathing which leads to unconsciousness), anemia, premature, infection, and early fetal hypoxia

2. What causes late decelerations?
   - Uterine contractions compress the blood vessels that are present in the uterine wall which then reduces blood flow to the placenta leading to temporarily restricting your fetus from oxygen supply. Causes: Maternal low blood pressure, excessive activity in the uterus (overactive uterus), and reduced 02 supply to the placenta.

3. What causes variable decelerations?
   - During variable decelerations, every time the mother has a contraction the baby's heart rate decreases a lot. The cause of a decrease in the fetal heart rate is due to compression of the umbilical cord.

4. What is the cause of early decelerations?

   - When the mother's contraction starts the baby's heart rate dips slightly and then recovers to a normal range after the mother's contraction is over. The cause of the baby's heart rate slightly decreasing is due to head compression (which could be from the baby's head being in the birth canal) which then causes the vagus nerve to be compressed which decreases the heart rate.

5. What are accelerations a response to?

   - Two types of accelerations: Periodic accelerations occur in relation to a contraction and Episodic accelerations occur with no association with a contraction. Episodic accelerations are in response to fetal movement or due to fetal stimulation such a scalp examination during a vaginal exam, vibroacoustic stimulation or during abdominal palpation. Periodic accelerations are associated with uterine contractions and due to either fetal stimulation or mild cord compression.

6. What is the normal range for the fetal heart rate?

   - 110-160bpm

7. What category tracing (I, II, or III) clearly indicates a fetus in distress?

   - Category III

8. What equipment is used to evaluate contractions via external monitoring?

   - Doppler transducer
   - External fetal monitor
   - Toc transducer

9. What fetal heart pattern is the most concerning?

   - Late decelerations, because of the lack of oxygen getting to the fetus which then can lead to fetal hypoxemia and even death.

10. What is the most important component to look at when evaluating a fetal heart tracing?

    - Important components that should be evaluated regularly is the heart rate, decelerations, accelerations, variability, and baseline changes over a period of time. I think that all of these components are extremely important but if I had to pick I think reviewing the baseline and referring back to previous fetal heart tracings and comparing them is the most important and will give you the best baseline for that patient.