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Class Prep – Fetal Monitoring

Using your textbook (pp. 355-373, 383-385) and the provided PowerPoint, answer the following questions.

1. What are common causes of fetal tachycardia?
Common causes of fetal tachycardia are interruption of fetal oxygenation, fetal cardiac arrhythmias, maternal fever/hyperthyroidism, infection, drugs, or fetal anemia.
2. What causes late decelerations?
The disruption of oxygen transfer from the environment to the fetus results in transient fetal hypoxemia causing late decelerations.
3. What causes variable decelerations?
Umbilical cord compression causes variable decelerations.
4. What is the cause of early decelerations?
Head compression causes early decelerations.
5. What are accelerations a response to?
Accelerations are a response to fetal movement and transient compression indicating the interruption of fetal oxygenation.
6. What is the normal range for the fetal heart rate?
Normal FHR ranges from 110-160 bpm.
7. What category tracing (I, II, or III) clearly indicates a fetus in distress?
Category III indicates fetus in distress because it shows the tracing is abnormal.
8. What equipment is used to evaluate contractions with external monitoring?
An ultrasound transducer and a tocotransducer are equipment used for external monitoring.
9. What fetal heart pattern is the most concerning?
Absent variability is the most concerning fetal heart pattern because it can go undetectable and you can't see any changes during a 10 second block.
10. What is the most important indicator of fetal status?
The most important indicator of fetal status is variability. Variability is the changes in the fetal heart rate from baseline. The heart rate fluctuates but never stands still.