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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?**  
Early fetal hypoxia, asphyxia, anemia, infection, premature, fetal distress.
- 2. What causes late decelerations?**  
Late decelerations are caused by a reflex fetal response to transient hypoxemia during a UC that reduces the delivery of oxygenated blood to the intervillous space of the placenta. They also may result from direct hypoxic myocardial depression during a contraction. Other causes include uterine tachysystole, maternal supine hypotension, epidural or spinal anesthesia, placenta previa, placental abruption, hypertensive disorders, and diabetes.
- 3. What causes variable decelerations?**  
Causes variable decelerations result from umbilical cord compression. Compression of the umbilical cord is caused by maternal position with cord between fetus and maternal pelvis, short cord, knot in cord, or prolapsed cord.
- 4. What is the cause of early decelerations?**  
Causes of early decelerations include head compression resulting from uterine contractions, vaginal examinations, fundal pressure, and placement of internal mode monitoring. that results in decreased cerebral blood flow. It can mirror the contraction which is considered normal physiological action as the baby head descends.
- 5. What are accelerations a response to?**  
May occur with spontaneous fetal movement, vaginal examination, electrode application, breech position, uterine contractions, fundal pressure, or abdominal palpation. Accelerations are measured by how high from the baseline the acceleration goes and the duration of the acceleration. This is an indicator of fetal wellbeing.
- 6. What is the normal range for the fetal heart rate?**  
110-160 bpm
- 7. What category tracing (I, II, or III) clearly indicates a fetus in distress?**  
Category III requires immediate intervention to prevent fetal demise or fetal morbidity
- 8. What equipment is used to evaluate contractions with external monitoring?**  
Ultrasound transducer and tocotransducer. Ultrasound transducer works by reflecting high frequency sound waves off a moving interface which is the fetal heart and valves. A tocotransducer measures UA transabdominally. The device is placed over the fundus above the umbilicus. Used to measure and record the frequency and duration of contractions but not intensity
- 9. What fetal heart pattern is the most concerning?**  
Reduced FHR variability
- 10. What is the most important indicator of fetal status?**  
Variability is the most important indicator of reassuring fetal status. It is the change in the heartrate from baseline