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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 signs of fetal hypoxemia, maternal fever or infection or fetal anemia, could be response to medications or illicit drugs.
2. What causes late decelerations?  
Disruption of oxygen transfer from environment to the fetus, resulting in transient fetal hypoxemia. Conditions that cause disruption of oxygen transfer could be uterine tachysystole, maternal supine hypotension, epidural or spinal anesthesia, placenta previa, DM, hypertensive disorders.
3. What causes variable decelerations?  
Umbilical cord compression caused but not limited to maternal position with cord between fetus and maternal pelvis, cord around the fetal neck, arm, or legs, short cord, knot in cord or prolapsed cord.
4. What is the cause of early decelerations?  
Head compression resulting from uterine contractions, vaginal examinations, fundal pressure, or placement of internal mode of monitoring.
5. What are accelerations a response to?  
Accelerations indicate that interruption of fetal oxygenation leading to fetal metabolic acidemia is not occurring at the time they are observed. Could be caused by, spontaneous fetal movement, vaginal examinations, electrode application, breech presentation, fundal pressure, abdominal palpation, or fetal reactions to external sounds.
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 tracing indicates abnormal, immediate evaluation and prompt intervention
8. What equipment is used to evaluate contractions with external monitoring?  
Ultrasound transducer
9. What fetal heart pattern is the most concerning?  
Baseline bradycardia
10. What is the most important indicator of fetal status?  
Fetal oxygen supply