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## **Class Prep – Fetal Monitoring**

Using your textbook (pp. 356-373, 383-385) and the provided PowerPoint, answer the following questions.

1. What are common causes of fetal tachycardia?

Common causes of fetal tachycardia include an early sign of hypoxemia, because of maternal fever, maternal infection, maternal hyperthyroidism, and fetal anemia. It can also be a response to medications such as atropine, hydroxyzine, terbutaline, or drugs such as cocaine and methamphetamines.

2. What causes late decelerations?

Late decelerations are caused by a reflex fetal response to transient hypoxemia during uterine contractions that decreases the delivery of oxygenated blood to the placenta.

3. What causes variable decelerations?

Variable decelerations are caused by the compression of blood vessels from the umbilical cord and can occur due to uterine contractions and without.

4. What is the cause of early decelerations?

The cause of early decelerations includes transient fetal head compression. It can also occur during uterine contractions when the vagina is examined which cause pressure in the fundus or even when placing the internal fetal monitor.

5. What are accelerations a response to?

Accelerations are due to fetal movement or compression of the umbilical vein. This causes interruptions in fetal oxygenation.

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

The normal range for the fetal heart rate is 110-160 bpm.

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

Category 3 indicates a fetus is in distress.

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

The tocotransducer is used to evaluate contractions with external monitoring.

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9. What fetal heart pattern is the most concerning?

Prolonged decelerations is the most concerning heart pattern.

10. What is the most important indicator of fetal status?

The best indicator of fetal status is the fetal heart rate.