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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?

> baseline HR of 160

→ maternal fever, infection, fetal anemia, med response, maternal hyperthyroidism, abnormality in cardiac conduction

2. What causes late decelerations?

Gradual ↓
and reset to
baseline FHR

reflex response to hypoxemia

↳ could be directly from myocardial depression from ↓ O₂
↳ OR maternal hypotension or uterine tachysystole

3. What causes variable decelerations?

Abrupt ↓
in FHR
below baseline

compression of blood vessels in umbilical cord → could be:

• can have "shoulders" before or after [short ↑ in FHR]

• have U, V, W shape

- cord knot
- mom's position
- prolapsed cord
- cord around body part

4. What is the cause of early decelerations?

• transient fetal head compression

★ normal

Gradual ↓
and reset to
baseline FHR

5. What are accelerations a response to?

movement, pressure, contractions

★ indicate that O₂ / acid-base balance is WNL at time of observation

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?

Cat. #3

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

tocodynamometer

9. What fetal heart pattern is the most concerning?

prolonged deceleration

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

FHR