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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?

Maternal: fever, dehydration, anxiety, meds.
Fetal: early fetal hypoxia, asphyxia, anemia, infection, premature.

2.   What causes late decelerations?

A reflex fetal response to transient hypoxemia during a uterine contraction that reduces the delivery of oxygenated blood to the intervillous space of the placenta. Also can result from direct hypoxic myocardial depression during a contraction, from maternal hypotension and/or uterine tachysystole.

3.   What causes variable decelerations?

Umbilical cord compression caused by: maternal position with cord between fetus and maternal pelvis, cord around the fetal neck, arm, leg or another body part, short cord, knot in cord, prolapsed cord

4.   What is the cause of early decelerations?

Head compression from: uterine contraction, vaginal examination, fundal pressure, placement of internal mode of monitoring.

5.   What are accelerations a response to?

Fetal movement, fetal scalp or vibroacoustic stimulation, transient compression of the umbilical vein, resulting in decreased fetal venous return and reflex rise in heart rate.

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?

III

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

tocotransducer

9.   What fetal heart pattern is the most concerning?

Fetal bradycardia

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

FHR pattern