

Name: _____ Jada Sales-Morales _____

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?

Fetal tachycardia: >160 beats per minute for at least 10 mint

Common causes: maternal fever or infection, interruption of fetal oxygenation, fetal anemia, or response to meds such as parasympathetic drugs (atropine, hydroxyzine), or drugs (caffeine, cocaine, methamphetamines – for hyperactive disorder). Abnormal fetal cardiac pacemakers and/or cardiac conduction system.

2. What causes late decelerations?

Late Deceleration: disruption of oxygen transfer from the environment to the fetus = transient fetal hypoxemia

Common causes: uterine tachysystole (frequent/intense contractions), maternal supine hypotension, epidural or spinal anesthesia, placental abruption, hypertensive disorders, post term gestation, fetal growth restriction, DM, intraamniotic infection (affects tissues around fetus), direct hypoxic myocardial depression during contraction.

3. What causes variable decelerations?

Variable Deceleration: abrupt decrease in fetal heart rate below baseline

Common causes: umbilical cord compression – maternal position w/ cord between fetus and maternal pelvis, cord around the fetal neck/arm/leg, short cord, knot in cord, prolapsed cord

4. What is the cause of early decelerations?

Early Deceleration: Gradual decrease and return to baseline fetal heart rate w/ UCs

Common causes: transient fetal head compression – uterine contractions, vaginal examination, fundal pressure, placement of internal mode of monitoring

5. What are accelerations a response to?

It's a sign that the fetus is doing well. Abrupt increase in fetal heart rate above baseline lasting for 15secs then going back to baseline in less than 2 mint. It indicates that interruption of fetal oxygenation is not occurring so there's no fetal metabolic acidemia

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

Normal FHR: 110 to 160 beats/min

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

Category tracing III: abnormal, immediate evaluation and intervention required.

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

Tocotransducer: monitors frequency and duration of contractions using pressure sensing device applied on top of maternal abdomen

9. What fetal heart pattern is the most concerning?

Category 3 heart patterns and sinusoidal pattern

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

Baseline fetal heart and response to uterine contraction