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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? **Early sign of fetal hypoxemia, maternal fever or infection, fetal anemia, response to medications or drugs, fetal cardiac pacemaker abnormalities**
2. What causes late decelerations? **Disruption of O₂ transfer to fetus -> transient fetal hypoxemia (causes: placenta previa, uterine tachysystole, epidural, placental abruption, HTN, post term, fetal growth restrictions, DM, intraamniotic infection.)**
3. What causes variable decelerations? **Umbilical cord compression (maternal position, cord around fetal body part, short cord, knot in cord, prolapsed cord)**
4. What is the cause of early decelerations? **Transient fetal head compression**
5. What are accelerations a response to? **Spontaneous fetal movement, vaginal exam, electrode placement, fetal scalp electrode, fetal reaction to sounds, breech, occiput posterior position, uterine contractions, fundal pressure, abdominal palpation.**
6. What is the normal range for the fetal heart rate? **110-160 beats/min**
7. What category tracing (I, II, or III) clearly indicates a fetus in distress? **Category III**
8. What equipment is used to evaluate contractions with external monitoring? **Tocotransducer**
9. What is the most concerning fetal heart rate pattern? **Late and/or prolonged decelerations**

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