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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?**

- Interruption of fetal oxygenation resulting in metabolic acidemia
- Fetal cardiac arrhythmias
- Infection
- Parasympatholytic drugs, B-Sympathomimetic drugs, and even caffeine, cocaine, and methamphetamines
- Fetal anemia
- Maternal hyperthyroidism

### **2. What causes late decelerations?**

Late decelerations are caused by a reflex fetal response to transient hypoxemia during a contraction which decreases the amount of oxygenated blood to the placenta.

### **3. What causes variable decelerations?**

Variable decelerations are caused umbilical cord compression resulting from maternal positioning, short cord, knot in cord, prolapsed cord, and/or cord around the neck, arm, leg, etc.

### **4. What is the cause of early decelerations?**

Early decelerations are caused by head compression resulting from contractions, vaginal examinations, fundal pressure, and/or placement of internal monitoring.

### **5. What are accelerations a response to?**

Accelerations are in response to spontaneous fetal movement, compression of the umbilical vein, etc. Ultimately resulting in significant interruption of fetal oxygenation.

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

110 to 160 bpm

### **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

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**9. What is the most concerning fetal heart rate pattern?**

Absent variability

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

Fetal heart rate