Case 1

Case 1 | nadir medical - Google Search

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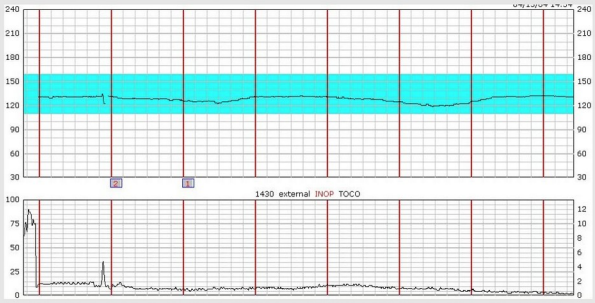
Case 1: Ms. PS

Ms. PS is a 24 yo G2P0100 at 32.4 weeks gestation admitted for severe preeclampsia. She has a history of a classical Cesarean Delivery at 24.2 in a pregnancy complicated by HELLP syndrome with a subsequent neonatal demise. At admission, her fetal tracing had a baseline of 135 with minimal variability, no accelerations, and no decelerations 4 hours ago. She has received one dose of Betamethasone for fetal lung maturity approximately 3 hours ago. Ultrasound reveals a fetus with 4%ile growth and a lagging abdominal circumference. There is absence of end-diastolic flow in the umbilical artery. She is currently on magnesium sulfate at 2 g/hr, and has received one dose of intravenous Labetolol, 20 mg, approximately two hours ago. Her current blood pressure is 153/97, pulse 86, temperature 99.1, respirations 18, O2 saturation is 96% on room air. Her deep tendon reflexes are 3+/4, her lungs are clear, and she has had 250 ml of urine output in the last 4 hours. Her urinalysis reveals 3+ proteinuria. Her liver enzymes are within normal limits and her platelets are 112. She presently denies headache, visual changes, shortness of breath, chest pain, or right upper quadrant pain. Below is her current fetal tracing:



Please answer the following questions: Perfect! You scored 6 out of 6 correct.

1. What is the baseline of the FHT?

- 120
- 125
- 130
- 135
- 140

Correct. Remember, the baseline is the average heart rate rounded to the nearest five bpm.

2. Describe the variability.

Case 1 Continued . . .

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1. Turn patient to left, lateral side.

- No.
- Yes.

Correct. This relieves compression on the IVC increasing cardiac output and therefore uterine perfusion.

2. Change maternal position to various positions until fetal improvement.

- No.
- Yes.

Correct. This only useful with cord compression of which there is no evidence.

3. Fluid bolus, lower maternal head.

- No.
- Yes.

Correct. These efforts may help improve maternal cardiac output and therefore uterine perfusion, though this could precipitate pulmonary edema and should be used cautiously.

4. Vasopressor (e.g. Ephedrine).

- No.
- Yes.

Correct. There is no evidence of maternal hypotension.

5. Supplemental Oxygen.

- No.
- Yes.

Correct. Though controversial, O2 may be of benefit to the fetus in this case.

6. Stop Magnesium Sulfate.

- No.
- Yes.

Correct. Stopping magnesium here will not benefit the fetus and may harm the mother.

7. Give tocolytic (e.g. Terbutaline).

- No.
- Yes.

Correct. There are rarely times when this will prove beneficial and there is no evidence of hypertonus.

8. Perform vaginal exam.

- No.
- Yes.

Correct. Though not contraindicated, this is not likely to be beneficial.

9. Perform emergent Cesarean delivery or operative vaginal delivery if the possible

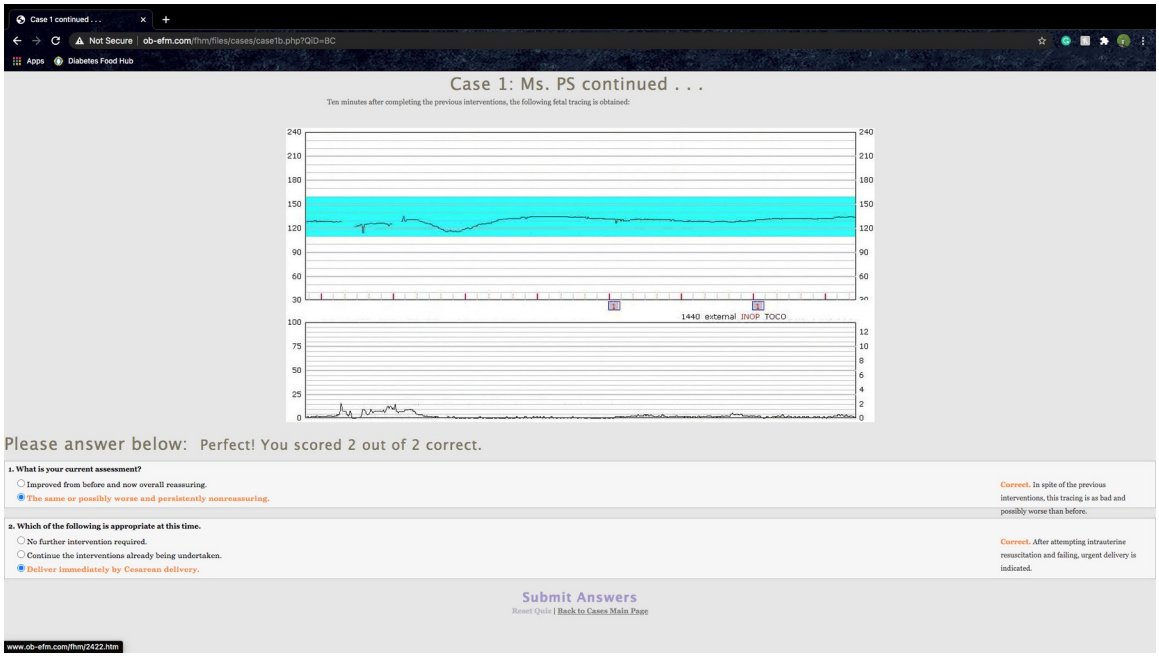
- No.
- Yes.

Correct. Intrauterine resuscitation should be attempted first.

10. Perform fetal scalp stimulation.

- No.
- Yes.

Correct. Fetal scalp stimulation should never be performed in the presence of late decelerations.


Case 1 continued . . .
Not Secure | ob-efm.com/fhm/files/cases/case1b.php?QID=BC
Apps
Diabetes Food Hub
Case 1: Ms. PS continued . . .
Ten minutes after completing the previous interventions, the following fetal tracing is obtained:
240
210
180
150
120
90
60
30
1440 external INOP TOCO
100
75
50
25
0
12
10
8
6
4
2
Please answer below: Perfect! You scored 2 out of 2 correct.
1. What is your current assessment?
Improved from before and now overall reassuring.
The same or possibly worse and persistently nonreassuring.
Correct. In spite of the previous interventions, this tracing is as bad and possibly worse than before.
2. Which of the following is appropriate at this time.
No further intervention required.
Continue the interventions already being undertaken.
Deliver immediately by Cesarean delivery.
Correct. After attempting intrauterine resuscitation and failing, urgent delivery is indicated.
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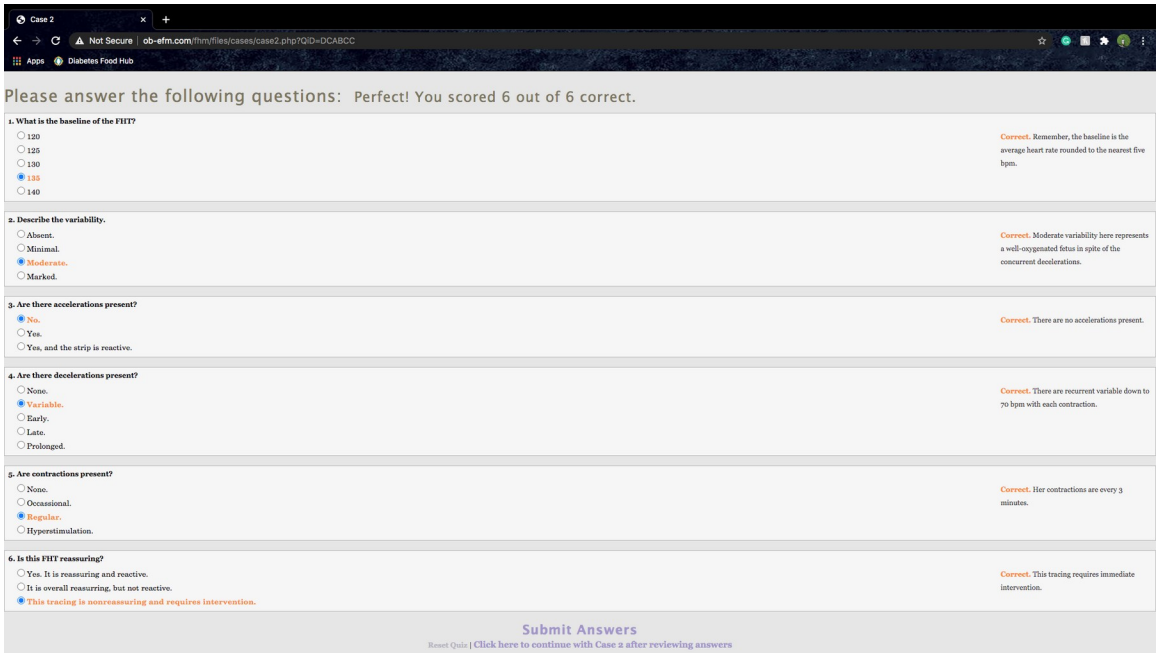
Case 2


Case 2
Not Secure | ob-efm.com/fhm/files/cases/case2.php?QID=DCABCC
Apps
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Please answer the following questions: Perfect! You scored 6 out of 6 correct.
1. What is the baseline of the FHT?
120
125
130
135
140
Correct. Remember, the baseline is the average heart rate rounded to the nearest five bpm.
2. Describe the variability.
Absent.
Minimal.
Moderate.
Marked.
Correct. Moderate variability here represents a well-oxygenated fetus in spite of the concurrent decelerations.
3. Are there accelerations present?
No.
Yes.
Yes, and the strip is reactive.
Correct. There are no accelerations present.
4. Are there decelerations present?
None.
Variable.
Early.
Late.
Prolonged.
Correct. There are recurrent variable down to 70 bpm with each contraction.
5. Are contractions present?
None.
Occassional.
Regular.
Hyperstimulation.
Correct. Her contractions are every 3 minutes.
6. Is this FHT reassuring?
Yes. It is reassuring and reactive.
It is overall reasurring, but not reactive.
This tracing is nonreassuring and requires intervention.
Correct. This tracing requires immediate intervention.
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Case 2 Continued . . .

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Case 2 Interventions

Which of the following interventions are appropriate in this context?

1. Turn patient to left, lateral side.

- (•) No.
- ( ) Yes.

Correct. The correct approach is to rotate through various positions until cord compression is relieved. This may be left, lateral, but not necessarily.

2. Change maternal position to various positions until fetal improvement.

- ( ) No.
- (•) Yes.

Correct. This is useful with cord compression of which the variable decels may represent.

3. Fluid bolus, lower maternal head.

- (•) No.
- ( ) Yes.

Correct. These efforts may help improve maternal cardiac output and therefore uterine perfusion, though this could precipitate pulmonary edema and should be used cautiously.

4. Vasopressor (e.g. Ephedrine).

- (•) No.
- ( ) Yes.

Correct. There is no evidence of maternal hypotension.

5. Supplemental Oxygen.

- ( ) No.
- (•) Yes.

Correct. Though controversial, O2 may be of benefit to the fetus in this case.

6. Start amnioinfusion.

- ( ) No.
- (•) Yes.

Correct. An amnioinfusion is indicated for recurrent severe variable decelerations.

7. Give tocolytic (e.g. Terbutaline).

- (•) No.
- ( ) Yes.

Correct. There are rarely times when this will prove beneficial and there is no evidence of hypertonus.

8. Perform vaginal exam.

- ( ) No.
- (•) Yes.

Correct. An exam may reveal the presence of a prolapsed cord and will allow the physician to know whether operative delivery is possible.

9. Perform expeditious (emergent) delivery (operative vaginal delivery or Cesarean delivery)

- (•) No.
- ( ) Yes.

Correct. Intrauterine resuscitation should be attempted first.

10. Perform fetal scalp stimulation.

- (•) No.

Correct. Fetal scalp stimulation should never

Case 2 continued . . .

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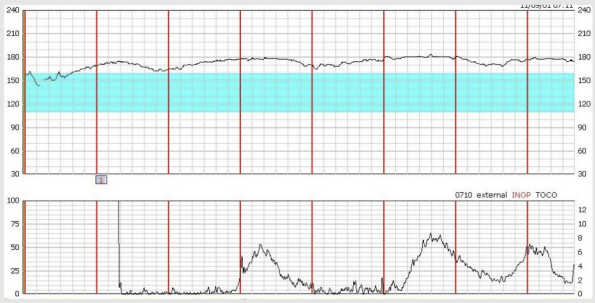
Case 2: Ms. CD continued . . .

One hour after completing the previous interventions, the cervix is 6 cm dilated and the following fetal tracing is obtained:



Please answer below: Perfect! You scored 2 out of 2 correct.

1. What is your current assessment?

- ( ) Improved from before and now overall reassuring.
- (•) The same or possibly worse and persistently nonreassuring.

Correct. In spite of the previous interventions, this tracing is as bad and possibly worse than before.

2. Which of the following is appropriate at this time.

- ( ) No further intervention required.
- (•) Immediately try new interventions for this change in the tracing.
- ( ) Deliver immediately by Cesarean delivery.

Correct. After attempting intrauterine resuscitation and failing for this new pattern, urgent delivery is indicated.

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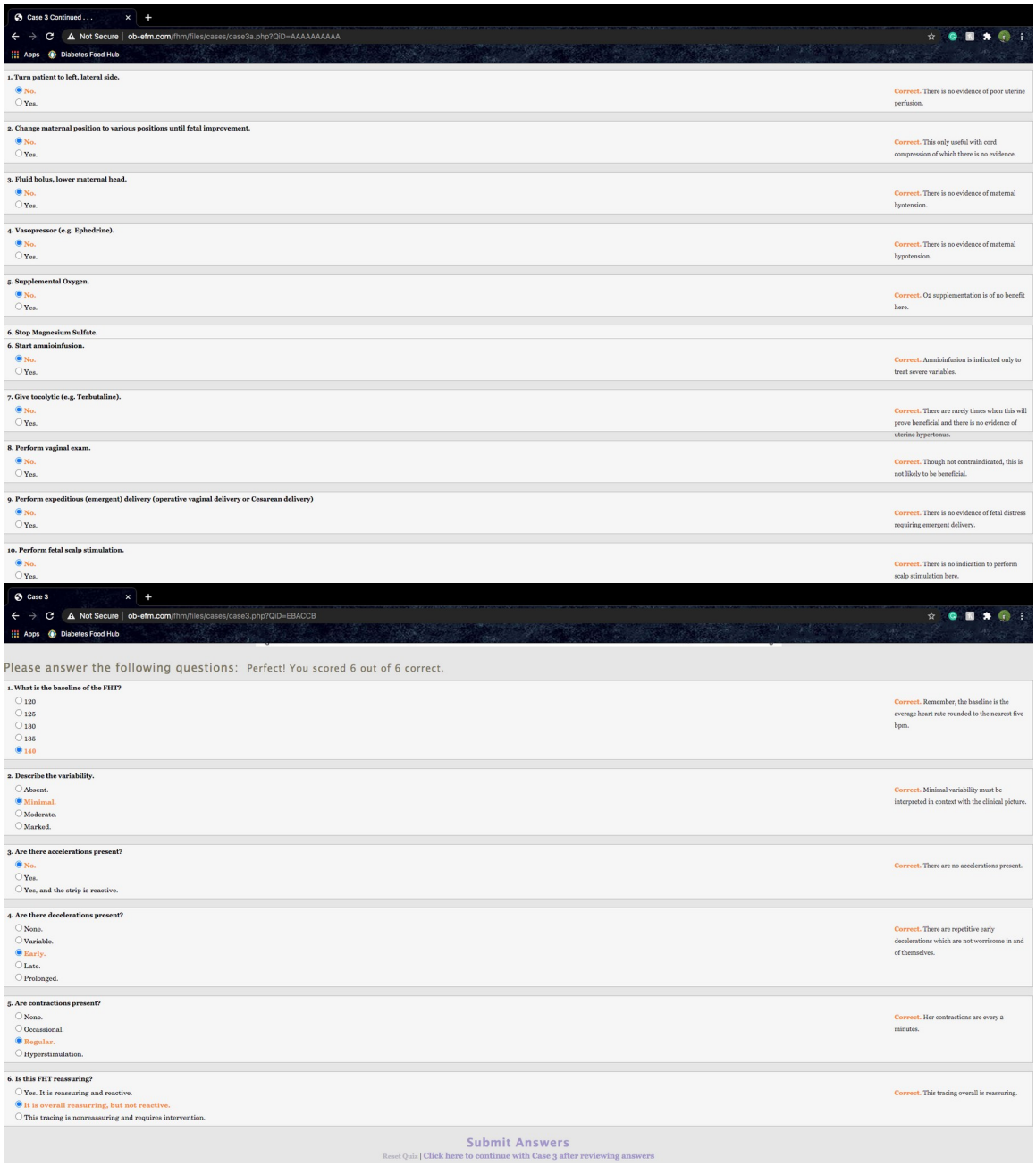
Case 3



Case 3 Continued . . .

Not Secure | ob-efm.com/fhm/files/cases/case3a.php?QID=AAAAAAAAA

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1. Turn patient to left, lateral side.
- (•) No. — Correct. There is no evidence of poor uterine perfusion.
- ( ) Yes.

2. Change maternal position to various positions until fetal improvement.
- (•) No. — Correct. This only useful with cord compression of which there is no evidence.
- ( ) Yes.

3. Fluid bolus, lower maternal head.
- (•) No. — Correct. There is no evidence of maternal hyotension.
- ( ) Yes.

4. Vasopressor (e.g. Ephedrine).
- (•) No. — Correct. There is no evidence of maternal hypotension.
- ( ) Yes.

5. Supplemental Oxygen.
- (•) No. — Correct. O2 supplementation is of no benefit here.
- ( ) Yes.

6. Stop Magnesium Sulfate.

6. Start amnioinfusion.
- (•) No. — Correct. Amnioinfusion is indicated only to treat severe variables.
- ( ) Yes.

7. Give tocolytic (e.g. Terbutaline).
- (•) No. — Correct. There are rarely times when this will prove beneficial and there is no evidence of uterine hypertonus.
- ( ) Yes.

8. Perform vaginal exam.
- (•) No. — Correct. Though not contraindicated, this is not likely to be beneficial.
- ( ) Yes.

9. Perform expeditious (emergent) delivery (operative vaginal delivery or Cesarean delivery)
- (•) No. — Correct. There is no evidence of fetal distress requiring emergent delivery.
- ( ) Yes.

10. Perform fetal scalp stimulation.
- (•) No. — Correct. There is no indication to perform scalp stimulation here.
- ( ) Yes.

Case 3

Not Secure | ob-efm.com/fhm/files/cases/case3.php?QID=EBACCB

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Please answer the following questions: Perfect! You scored 6 out of 6 correct.

1. What is the baseline of the FHT?
- ( ) 120
- ( ) 125
- ( ) 130
- ( ) 135
- (•) 140 — Correct. Remember, the baseline is the average heart rate rounded to the nearest five bpm.

2. Describe the variability.
- ( ) Absent.
- (•) Minimal. — Correct. Minimal variability must be interpreted in context with the clinical picture.
- ( ) Moderate.
- ( ) Marked.

3. Are there accelerations present?
- (•) No. — Correct. There are no accelerations present.
- ( ) Yes.
- ( ) Yes, and the strip is reactive.

4. Are there decelerations present?
- ( ) None.
- ( ) Variable.
- (•) Early. — Correct. There are repetitive early decelerations which are not worrisome in and of themselves.
- ( ) Late.
- ( ) Prolonged.

5. Are contractions present?
- ( ) None.
- ( ) Occassional.
- (•) Regular. — Correct. Her contractions are every 2 minutes.
- ( ) Hyperstimulation.

6. Is this FHT reassuring?
- ( ) Yes. It is reassuring and reactive.
- (•) It is overall reassuring, but not reactive. — Correct. This tracing overall is reassuring.
- ( ) This tracing is nonreassuring and requires intervention.

Submit Answers

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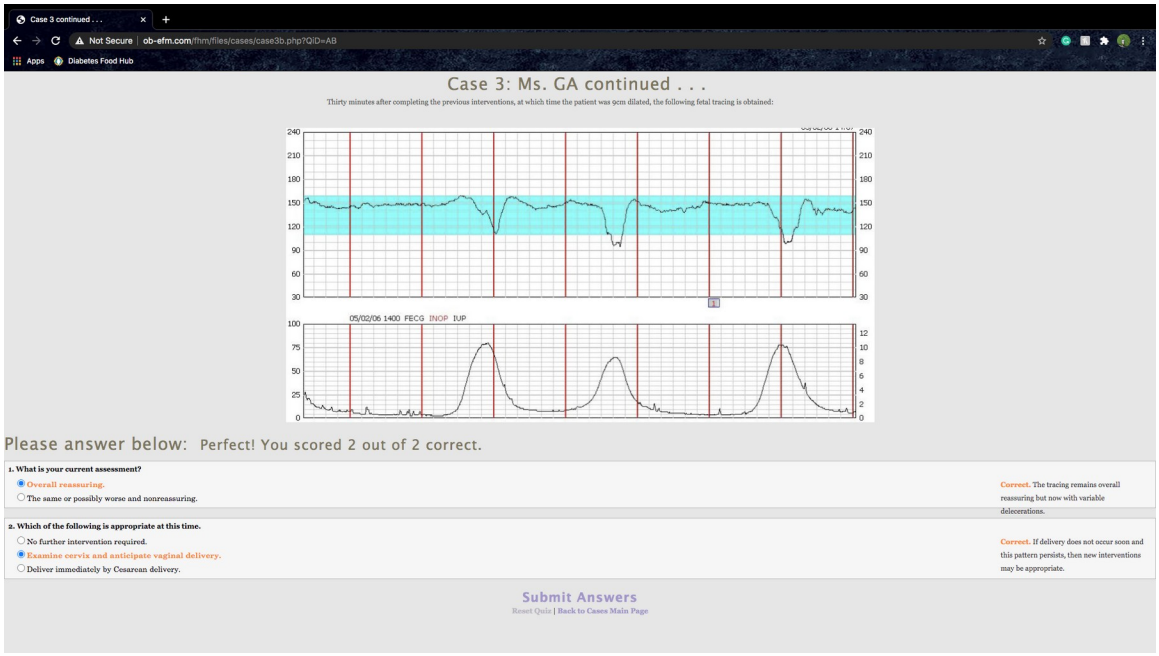
Case 3 continued . . .
Not Secure | ob-efm.com/fhm/files/cases/case3b.php?QID=AB
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Case 3: Ms. GA continued . . .
Thirty minutes after completing the previous interventions, at which time the patient was 9cm dilated, the following fetal tracing is obtained:
05/02/06 1400 FECG INOP IUP
Please answer below: Perfect! You scored 2 out of 2 correct.
1. What is your current assessment?
Overall reassuring.
The same or possibly worse and nonreassuring.
Correct. The tracing remains overall reassuring but now with variable decelerations.
2. Which of the following is appropriate at this time.
No further intervention required.
Examine cervix and anticipate vaginal delivery.
Deliver immediately by Cesarean delivery.
Correct. If delivery does not occur soon and this pattern persists, then new interventions may be appropriate.
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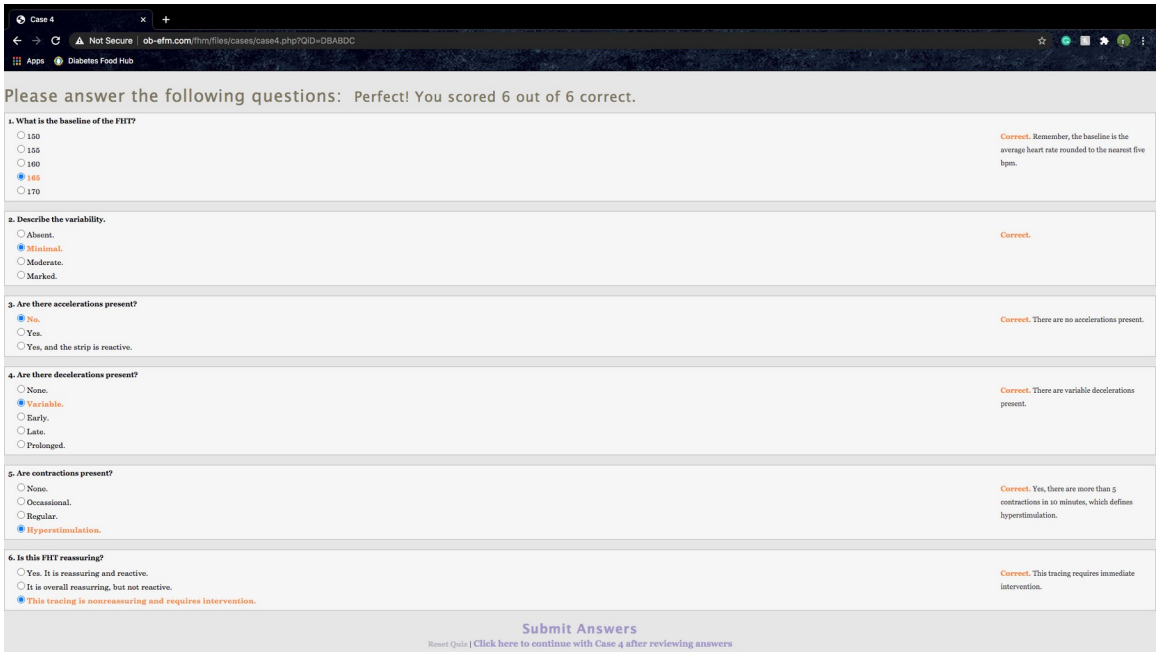
Case 4


Case 4
Not Secure | ob-efm.com/fhm/files/cases/case4.php?QID=DBABDC
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Please answer the following questions: Perfect! You scored 6 out of 6 correct.
1. What is the baseline of the FHT?
150
155
160
165
170
Correct. Remember, the baseline is the average heart rate rounded to the nearest five bpm.
2. Describe the variability.
Absent.
Minimal.
Moderate.
Marked.
Correct.
3. Are there accelerations present?
No.
Yes.
Yes, and the strip is reactive.
Correct. There are no accelerations present.
4. Are there decelerations present?
None.
Variable.
Early.
Late.
Prolonged.
Correct. There are variable decelerations present.
5. Are contractions present?
None.
Occassional.
Regular.
Hyperstimulation.
Correct. Yes, there are more than 5 contractions in 10 minutes, which defines hyperstimulation.
6. Is this FHT reassuring?
Yes. It is reassuring and reactive.
It is overall reasurring, but not reactive.
This tracing is nonreassuring and requires intervention.
Correct. This tracing requires immediate intervention.
Submit Answers
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Case 4 Continued . . .

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Which of the following interventions are appropriate in this context?

1. Turn patient to left, lateral side.
- No.
- Yes.

Correct. This relieves compression on the IVC increasing cardiac output and therefore uterine perfusion.

2. Change maternal position to various positions until fetal improvement.
- No.
- Yes.

Correct. This is useful with cord compression but the main problem is hypoperfusion with hyperstimulation.

3. Fluid bolus, lower maternal head.
- No.
- Yes.

Correct. These efforts may help improve maternal cardiac output and therefore uterine perfusion.

4. Vasopressor (e.g. Ephedrine).
- No.
- Yes.

Correct. There is no evidence of maternal hypotension.

5. Supplemental Oxygen.
- No.
- Yes.

Correct. Though controversial, O2 may be of benefit to the fetus in this case.

6. Start amnioinfusion.
- No.
- Yes.

Correct. Amnioinfusion is indicated only for the treatment of severe variables.

7. Give tocolytic (e.g. Terbutaline).
- No.
- Yes.

Correct. If the tachycardia is taken as evidence of fetal distress, then giving a tocolyic may hasten the resolution of the hyperstimulation.

8. Perform vaginal exam.
- No.
- Yes.

Correct. Though not contraindicated, this is not likely to be beneficial.

9. Perform expeditious (emergent) delivery (operative vaginal delivery or Cesarean delivery)
- No.
- Yes.

Correct. Intrauterine resuscitation should be attempted first.

10. Perform fetal scalp stimulation.
- No.
- Yes.

Correct. Fetal scalp stimulation should never be performed in the presence of tachycardia.

Case 4 continued . . .

Not Secure | ob-efm.com/fhm/files/cases/case4b.php?QID=AA

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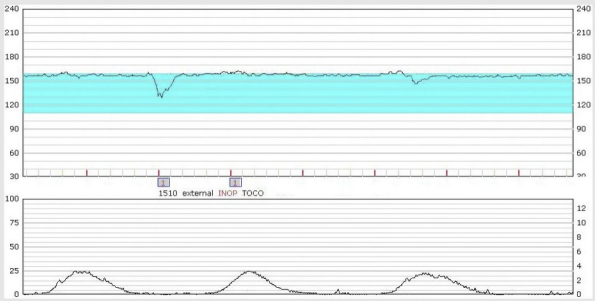
Case 4: Ms. RB continued . . .

Thirty minutes after completing the previous interventions, the following fetal tracing is obtained:



Please answer below: Perfect! You scored 2 out of 2 correct.

1. What is your current assessment?
- Improved from before and now overall reassuring.
- The same or possibly worse and persistently nonreassuring.

Correct. The tracing has improved with correction of the hyperstimulation.

2. Which of the following is appropriate at this time.
- No further intervention required.
- Continue the interventions already being undertaken.
- Deliver immediately by Cesarean delivery.

Correct. The tracing is now overall reassuring and labor should be allowed to progress.

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Case 5

Case 5 continued . . .

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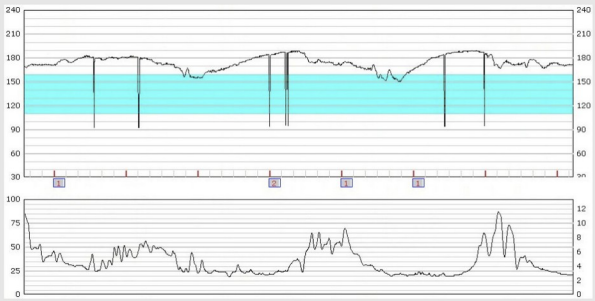
Case 5: Ms. AR continued . . .

Thirty minutes after completing the previous interventions, the following fetal tracing is obtained:



Please answer below: Perfect! You scored 2 out of 2 correct.

1. What is your current assessment?

- Improved from before and now overall reassuring.
- **The same or possibly worse and persistently nonreassuring.**

Correct. In spite of the previous interventions, this tracing is as bad and possibly worse than before.

2. Which of the following is appropriate at this time.

- No further intervention required.
- Continue the interventions already being undertaken.
- **Deliver immediately by Cesarean delivery.**

Correct. After attempting intrauterine resuscitation and failing, urgent delivery is indicated.

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Case 5

Not Secure | ob-efm.com/fhm/files/cases/case5.php?QID=ECABCC

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Please answer the following questions: Perfect! You scored 6 out of 6 correct.

1. What is the baseline of the FHT?

- 165
- 170
- 175
- 180
- **185**

Correct. Remember, the baseline is the average heart rate rounded to the nearest five bpm.

2. Describe the variability.

- Absent.
- Minimal.
- **Moderate.**
- Marked.

Correct. The variability is moderate.

3. Are there accelerations present?

- **No.**
- Yes.
- Yes, and the strip is reactive.

Correct. There are no accelerations present.

4. Are there decelerations present?

- None.
- **Variable.**
- Early.
- Late.
- Prolonged.

Correct. There is an occassional variable deceleration.

5. Are contractions present?

- None.
- Occassional.
- **Regular.**
- Hyperstimulation.

Correct. Her contractions are every 3 minutes.

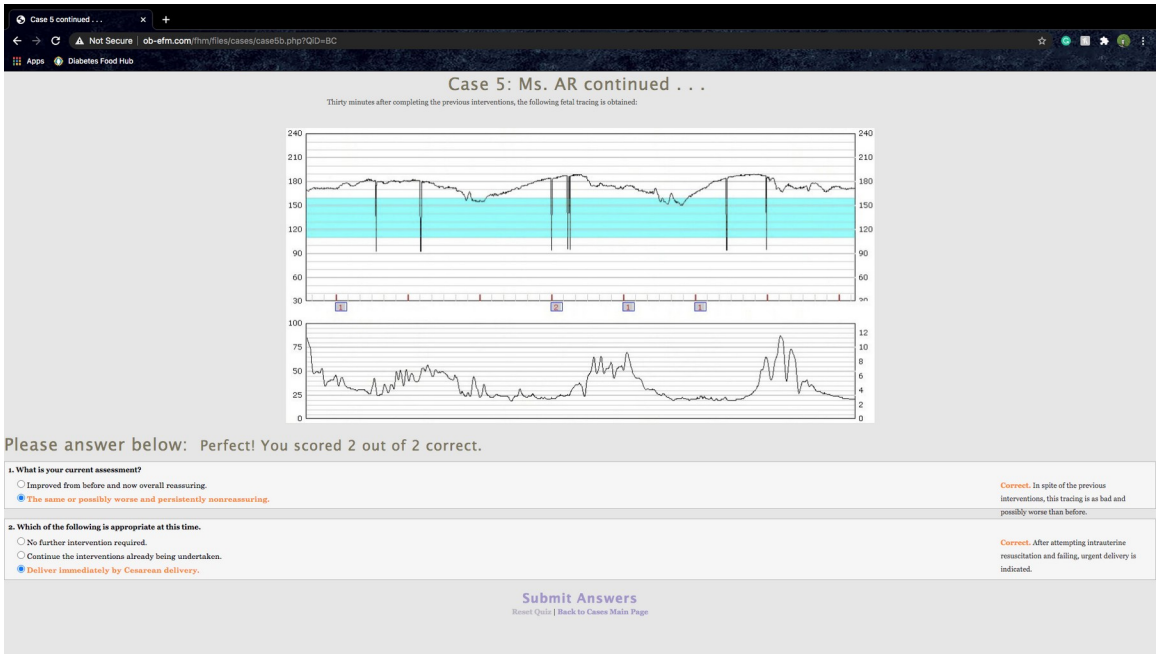
6. Is this FHT reassuring?

- Yes. It is reassuring and reactive.
- It is overall reasurring, but not reactive.
- **This tracing is nonreassuring and requires intervention.**

Correct. This tracing requires immediate intervention.

Submit Answers

Reset Quiz | Click here to continue with Case 5 after reviewing answers


Case 5 continued . . .
Not Secure | ob-efm.com/fhm/files/cases/case5b.php?QID=BC
Apps
Diabetes Food Hub
Case 5: Ms. AR continued . . .
Thirty minutes after completing the previous interventions, the following fetal tracing is obtained:
240
210
180
150
120
90
60
30
100
75
50
25
0
12
10
8
6
4
2
Please answer below: Perfect! You scored 2 out of 2 correct.
1. What is your current assessment?
Improved from before and now overall reassuring.
The same or possibly worse and persistently nonreassuring.
Correct. In spite of the previous interventions, this tracing is as bad and possibly worse than before.
2. Which of the following is appropriate at this time.
No further intervention required.
Continue the interventions already being undertaken.
Deliver immediately by Cesarean delivery.
Correct. After attempting intrauterine resuscitation and failing, urgent delivery is indicated.
Submit Answers
Reset Quiz | Back to Cases Main Page