

Case Study 1

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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. Minimal variability should be very worrisome in the clinical context, though it may be blunted by both magnesium sulfate and betamethasone.

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.

Correct. There are repetitive late decelerations which are ominous in this setting.

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Case 1 Interventions

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 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

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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.

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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.

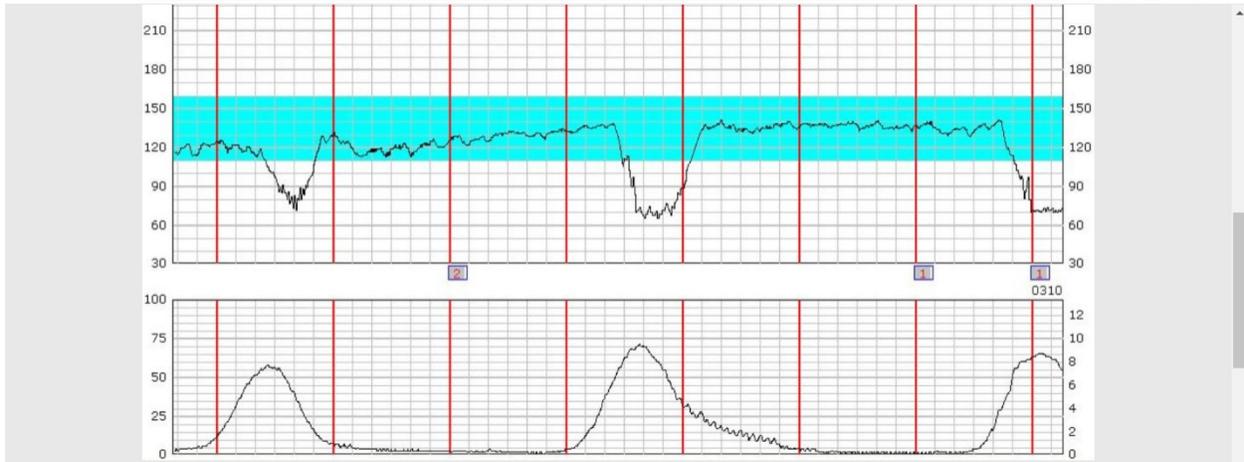
2. Which of the following is appropriate at this time.
 No further intervention required.
 Continue the interventions already being undertaken.
 Deliver immediately by Cesarean delivery.

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

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Case Study 2



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

1. What is the baseline of the FHT?

120
 125

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

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

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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.
 Yes.

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

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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 Study 3

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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. Minimal variability must be interpreted in context with the clinical picture.

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.

Correct. There are repetitive early decelerations which are not worrisome in and of themselves.

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Case 3 Interventions

Which of the following interventions are appropriate in this context?

1. Turn patient to left, lateral side.

- No.
- Yes.

Correct. There is no evidence of poor 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. There is no evidence of maternal hypotension.

4. Vasopressor (e.g. Ephedrine).

- No.
- Yes.

Correct. There is no evidence of maternal hypotension.

5. Supplemental Oxygen.

- No.
- Yes.

Correct. O2 supplementation is of no benefit here.

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Yes. here.

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.

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

1. What is your current assessment?

Overall reassuring. **Correct.** The tracing remains overall reassuring but now with variable decelerations.

The same or possibly worse and nonreassuring.

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

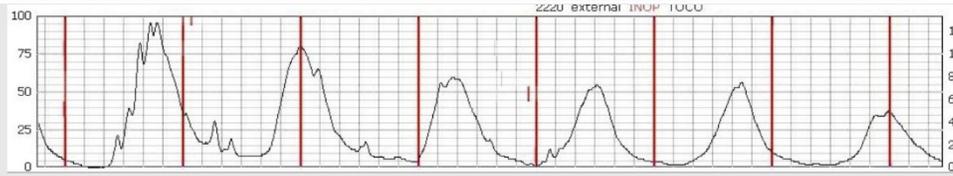
No further intervention required.

Examine cervix and anticipate vaginal delivery. **Correct.** If delivery does not occur soon and this pattern persists, then new interventions may be appropriate.

Deliver immediately by Cesarean delivery.

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Case Study 4



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.

Correct. There are no accelerations present.



Case 4 Interventions

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.

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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 tocolytic 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.

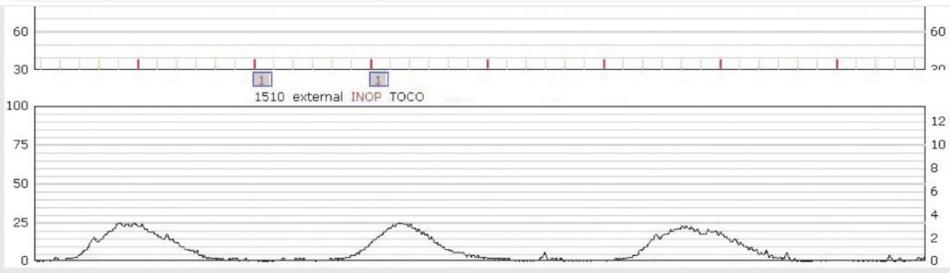
Correct. Fetal scalp stimulation should never be performed in the presence of tachycardia.

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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.

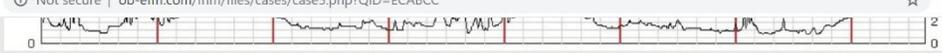
Correct. The tracing is now overall reassuring and labor should be allowed to progress.

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Case Study 5

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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?**

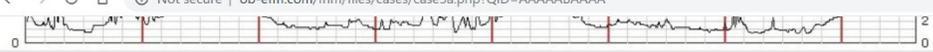
No.
 Yes.
 Yes, and the strip is reactive.

Correct. There are no accelerations present.
- 4. Are there decelerations present?**

None.
 Variable.

Correct. There is an occasional variable deceleration.

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Case 5 Interventions

Which of the following interventions are appropriate in this context?

- 1. Turn patient to left, lateral side.**

No.
 Yes.

Correct. If the tachycardia is due to maternal fever, then there is no evidence of uteroplacental insufficiency.
- 2. Change maternal position to various positions until fetal improvement.**

No.
 Yes.

Correct. This only useful with cord compression of which there is significant evidence.
- 3. Fluid bolus, lower maternal head.**

No.
 Yes.

Correct. Again, we are not treating hypoperfusion or uteroplacental insufficiency.
- 4. Vasopressor (e.g. Ephedrine).**

No.
 Yes.

Correct. There is no evidence of maternal hypotension.
- 5. Supplemental Oxygen.**

No.
 Yes.

Correct. O2 is likely of no benefit to the fetus in this case.

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No.
 Yes.

Correct. O2 is likely of no benefit to the fetus in this case.

6. Start antibiotic coverage for chorioamnionitis.

No.
 Yes.

Correct. Penicillin alone is not adequate for chorioamnionitis. She should also be given acetaminophen.

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 and frequent exams may cause or exacerbate infection.

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

No.
 Yes.

Correct. Intrauterine resuscitation and treatment of the fever should be attempted first.

10. Perform fetal scalp stimulation.

No.
 Yes.

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

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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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