

Case 1



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

1. What is the heart rate of the ECG?

120
 125
 100
 135
 140

Correct: Therefore, the heart rate is the average that was recorded in the above five bpm.

2. Describe the variability.

Absent
 Minimal
 Moderate
 Marked

Correct: Minimal variability should be very noticeable in the clinical context, though it may be observed in both supine and standing.

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 significant late decelerations which are evident in this strip.

5. Are restrictions present?

None
 Occasional
 Frequent
 Hyperventilation

Correct: Though subtle, her restriction are every 2-3 minutes.

6. Is the ECG reassuring?

Yes. It is reassuring and reactive.
 It is overall reassuring, but not reactive.
 This tracing is unreassuring and requires intervention.

Correct: This tracing requires immediate intervention.

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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 reduces compression on the IVC increasing cardiac output and therefore overall perfusion.

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

No
 Yes

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

3. Push/tilt the lower maternal head.

No
 Yes

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

4. Transporter (e.g. Fetalhead).

No
 Yes

Correct: There is no evidence of maternal hypotension.

5. Supplemental Oxygen.

No
 Yes

Correct: Though controversial, it may be of benefit in the late in this case.

6. Nitroglycerine infusion.

No
 Yes

Correct: Nitroglycerine infusion will not benefit the fetus and may harm the mother.

7. Give bicarb (e.g. Fetalhead).

No
 Yes

Correct: These are rarely shown when this is still given and there is no evidence of hypotension.

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: Immediate 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.

Submit Answers



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

1. What is your current assessment?

- Improved from before and now overall measuring
- The same or possibly worse and persistently unresponsive

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 interventions required.
- Continue the interventions already being undertaken.
- Advise immediately by cardiac delivery.

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

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Case 2

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

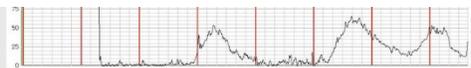
<p>1. What is the baseline of the FHR?</p> <p><input type="radio"/> 120</p> <p><input type="radio"/> 125</p> <p><input type="radio"/> 130</p> <p><input checked="" type="radio"/> 135</p> <p><input type="radio"/> 140</p>	<p>Correct. Remember, the baseline is the average heart rate rounded to the nearest five bpm.</p>
<p>2. Describe the variability.</p> <p><input type="radio"/> Absent.</p> <p><input type="radio"/> Minimal.</p> <p><input checked="" type="radio"/> Moderate.</p> <p><input type="radio"/> Marked.</p>	<p>Correct. Moderate variability best represents a well-oxygenated fetus in spite of the constant deceleration.</p>
<p>3. Are there accelerations present?</p> <p><input checked="" type="radio"/> No.</p> <p><input type="radio"/> Yes.</p> <p><input type="radio"/> Yes, and the strip is reactive.</p>	<p>Correct. There are no accelerations present.</p>
<p>4. Are there decelerations present?</p> <p><input type="radio"/> None.</p> <p><input checked="" type="radio"/> Variable.</p> <p><input type="radio"/> Early.</p> <p><input type="radio"/> Late.</p> <p><input type="radio"/> Prolonged.</p>	<p>Correct. There are recurrent variable decs to ~70 bpm with each contraction.</p>
<p>5. Are contractions present?</p> <p><input type="radio"/> None.</p> <p><input type="radio"/> Occasional.</p> <p><input checked="" type="radio"/> Regular.</p> <p><input type="radio"/> Hyperstimulation.</p>	<p>Correct. Her contractions are every 3 minutes.</p>
<p>6. Is this FHR reassuring?</p> <p><input type="radio"/> Yes. It is reassuring and reactive.</p> <p><input type="radio"/> It is overall reassuring, but not reactive.</p> <p><input checked="" type="radio"/> This tracing is nonreassuring and requires intervention.</p>	<p>Correct. This tracing requires immediate intervention.</p>

Case 2 Interventions

Which of the following interventions are appropriate in this context?

<p>1. Turn patient to left, lateral side.</p> <p><input checked="" type="radio"/> No.</p> <p><input type="radio"/> Yes.</p>	<p>Correct. The correct approach is to rotate through various positions until cord compression is relieved. This may be left, lateral, but not necessarily.</p>
<p>2. Change maternal position to various positions until fetal improvement.</p> <p><input type="radio"/> No.</p> <p><input checked="" type="radio"/> Yes.</p>	<p>Correct. This is useful with cord compression of which the variable decs may represent.</p>
<p>3. Fluid bolus, lower maternal head.</p> <p><input checked="" type="radio"/> No.</p> <p><input type="radio"/> Yes.</p>	<p>Correct. These efforts may help improve maternal cardiac output and therefore uterine perfusion, though this could precipitate pulmonary edema and should be used cautiously.</p>
<p>4. Vasopressor (e.g. Ephedrine).</p> <p><input checked="" type="radio"/> No.</p> <p><input type="radio"/> Yes.</p>	<p>Correct. There is no evidence of maternal hypotension.</p>
<p>5. Supplemental Oxygen.</p> <p><input type="radio"/> No.</p> <p><input checked="" type="radio"/> Yes.</p>	<p>Correct. Though controversial, O₂ may be of benefit to the fetus in this case.</p>
<p>6. Start amnioinfusion.</p> <p><input type="radio"/> No.</p> <p><input checked="" type="radio"/> Yes.</p>	<p>Correct. An amnioinfusion is indicated for recurrent severe variable decelerations.</p>
<p>7. Give tocolytic (e.g. Terbutaline).</p> <p><input checked="" type="radio"/> No.</p> <p><input type="radio"/> Yes.</p>	<p>Correct. There are early times when this will prove beneficial and there is no evidence of hypotension.</p>
<p>8. Perform vaginal exam.</p> <p><input type="radio"/> No.</p> <p><input checked="" type="radio"/> Yes.</p>	<p>Correct. An exam may reveal the presence of a prolapsed cord and will allow the physician to know whether operative delivery is possible.</p>
<p>9. Perform expeditious (emergent) delivery (operative vaginal delivery or Cesarean delivery).</p> <p><input checked="" type="radio"/> No.</p> <p><input type="radio"/> Yes.</p>	<p>Correct. Intracranial resuscitation should be attempted first.</p>
<p>10. Perform fetal scalp stimulation.</p> <p><input checked="" type="radio"/> No.</p> <p><input type="radio"/> Yes.</p>	<p>Correct. Fetal scalp stimulation should never be performed in the presence of recurrent variable decelerations.</p>

Submit Answers



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

<p>1. What is your current assessment?</p> <p><input type="radio"/> Improved from before and now overall reassuring.</p> <p><input checked="" type="radio"/> The same or possibly worse and persistently nonreassuring.</p>	<p>Correct. In spite of the previous interventions, this tracing is as bad and possibly worse than before.</p>
<p>2. Which of the following is appropriate at this time.</p> <p><input type="radio"/> No further intervention required.</p> <p><input checked="" type="radio"/> Immediately try new interventions for this change in the tracing.</p> <p><input type="radio"/> Deliver immediately by Cesarean delivery.</p>	<p>Correct. After attempting intracranial resuscitation and failing for this new pattern, urgent delivery is indicated.</p>

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Case 3

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

1. What is the baseline of the FHR?
 - 120
 - 123
 - 130
 - 135
 - 140

Correct. Remember, the baseline is the average heart rate recorded 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
 - Prolonged

Correct. There are repetitive early decelerations which are not worrisome in and of themselves.
5. Are contractions present?
 - None
 - Occasional
 - Regular
 - Hyperstimulation

Correct. Her contractions are every 2 minutes.
6. Is this FHR reassuring?
 - Yes. It is reassuring and reactive.
 - It is overall reassuring, but not reactive.
 - This tracing is nonreassuring and requires intervention.

Correct. This tracing overall is reassuring.

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Case 3 Interventions

Which of the following interventions are appropriate for 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 works with uterine compression of which there is no evidence.
3. Hold baby, 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. The supplementation is of no benefit here.
6. Stop Magnesium sulfate.
 - No
 - Yes

Correct. Such medication is indicated only to treat uterine tachycardia.
7. Give bicarb (e.g. Toradol).
 - No
 - Yes

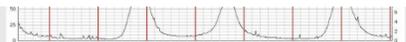
Correct. There are early signs when this will prove helpful and there is no evidence of uterine tachycardia.
8. Perform vaginal exam.
 - No
 - Yes

Correct. Though not contraindicated, this is not likely to be beneficial.
9. Perform expeditive (emergent) delivery (operative vaginal delivery or Cesarean delivery).
 - No
 - Yes

Correct. There is no evidence of fetal distress requiring emergent delivery.
10. Perform fetal scalp stimulation.
 - No
 - Yes

Correct. There is no indication to perform scalp stimulation here.

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

1. What is your next assessment?
 - Repeat assessment
 - The nurse or possibly nurse and assessing

Correct. The tracing needs repeat monitoring for now with variable observations.
2. Which of the following is appropriate at this time?
 - No further interventions required.
 - Expedite events and encourage vaginal delivery.
 - Deliver immediately by Cesarean delivery.

Correct. If delivery does not occur soon and the patient persists, then some interventions may be appropriate.

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Case 4

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

1. What is the baseline of the EET?

100
 180
 160
 140
 170

Correct. Remember, the baseline is the average level you recorded in the second five days.

2. Describe the variability.

Absent
 Minimal
 Moderate
 Marked

Correct.

3. Are there acceleration present?

No
 Yes
 Yes, and the trig is reactive

Correct. There are no acceleration present.

4. Are there deceleration present?

None
 Variable
 Early
 Late
 Prolonged

Correct. There are variable deceleration present.

5. Are contraction present?

None
 Occasional
 Regular
 Hypertension

Correct. Yes, there are more than 3 contractions in 10 minutes, which defines hypertension.

6. Is this ETT meaningful?

Yes, it is meaningful and reactive.
 It is overall meaningful, but not reactive.
 This tracing is non-meaningful and requires intervention.

Correct. This tracing requires immediate intervention.

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Case 4 Interventions

Which of the following interventions are appropriate in this context?

1. Turn patient to left, lateral side.

No
 Yes

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

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

No
 Yes

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

3. Fluid bolus, lower maternal head.

No
 Yes

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

4. Vasopressor (e.g. Ephedrine).

No
 Yes

Correct. There is no evidence of maternal hypotension.

5. Supplemental Oxygen.

No
 Yes

Correct. Through supplemental, O₂ may be of benefit to the fetus in this case.

6. Start amniotomies.

No
 Yes

Correct. Amniotomy is indicated only for the treatment of excess variables.

7. Give bicarb (e.g. Trisulfin).

No
 Yes

Correct. If the carbonic diasease is not an evidence of fetal distress, then giving bicarb may lessen the resolution of the hypertension.

8. Perform vaginal exam.

No
 Yes

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

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

No
 Yes

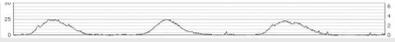
Correct. Immediate resuscitation should be attempted first.

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 case is possibly severe and potentially deteriorating

Correct. The tracing has improved with resolution of the hypertension.

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

No further interventions required.
 Consider 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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Based On: 1 Book by Grand, Moore Page

Case 5

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

1. What is the baseline of the TST?
- 165
- 170
- 175
- 180
- 185
- Correct. Remember, the baseline is the average heart rate recorded in the warm-up laps.
2. Describe the variability.
- Absent
- Minimal
- Moderate
- Marked
- Correct. The variability is moderate.
3. Are there accelerations present?
- No
- Yes
- Yes, and the step is reactive
- Correct. There are no accelerations present.
4. Are there decelerations present?
- None
- Variable
- Early
- Late
- Prolonged
- Correct. There is an occasional variable deceleration.
5. Are contractions present?
- None
- Occasional
- Regular
- Hypercontractile
- Correct. The contractions are every 3 seconds.
6. Is the TST reassuring?
- Yes. It is reassuring and routine.
- It is overall reassuring, but not routine.
- This tracing is concerning and requires intervention.
- Correct. This tracing requires immediate intervention.

Case 5 Interventions

Think of the following interventions as appropriate in this context?

1. Turn patient to R-L lateral side.
- No
- Yes
- Correct. If the subject is in R-L lateral position, this does not indicate an indication of myocardial insufficiency.
2. Change maternal position to various positions until fetal improvement.
- No
- Yes
- Correct. This may result with and without improvement of which there is significant evidence.
3. Head down, knees maternal level.
- No
- Yes
- Correct. Again, we are not seeing hypotensive or myocardial insufficiency.
4. Tocolysis (e.g. Fentanyl).
- No
- Yes
- Correct. There is no evidence of maternal hypotension.
5. Supplemental Oxygen.
- No
- Yes
- Correct. It is likely to be helpful in the fetus in this case.
6. Next antihypertensive coverage for chorionicarthritis.
- No
- Yes
- Correct. Hypertension is not a concern for chorionicarthritis, the child should be given antihypertensives.
7. Give fluids (e.g. Toradol).
- No
- Yes
- Correct. There are rarely times when this will give benefit and there is no evidence of hypotension.
8. Perform vaginal exam.
- No
- Yes
- Correct. Though not contraindicated, this is not likely to be beneficial and requires more time to be performed.
9. Perform oxytocin (Contraction Augmenter) delivery (epidural vaginal delivery or Cesarean delivery).
- No
- Yes
- Correct. Interventions for induction and increase of the force should be attempted first.
10. Perform fetal scalp stimulation.
- No
- Yes
- Correct. Fetal scalp stimulation should never be performed in the presence of hypotension.

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 concerning
- Correct. In spite of the previous interventions, this tracing is not 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 interventions and failing, urgent delivery is indicated.

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