

Name_____

Date_____

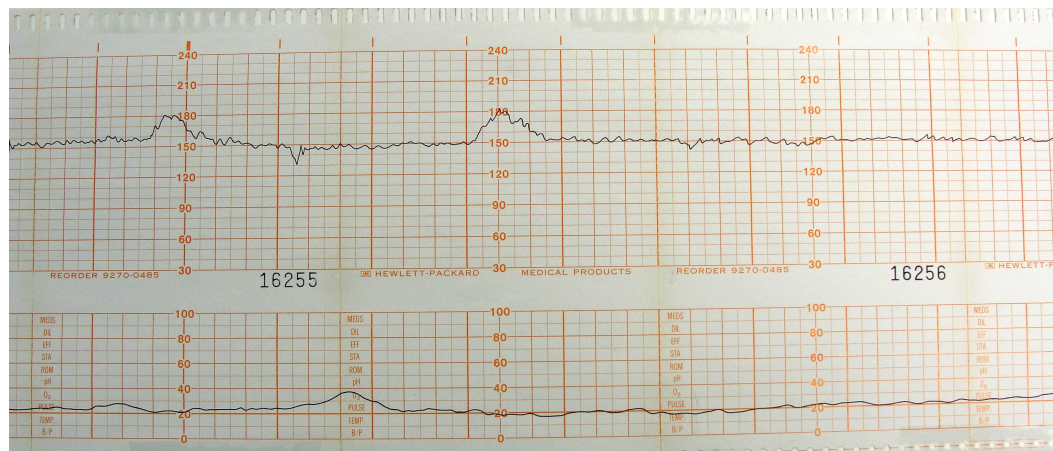
Electronic Fetal Monitoring

Status Check

1. J.W. is a 25 year old primigravida at 40 1/7 weeks gestational age, with an uncomplicated pregnan. Two hours ago, she was contracting every 4 minutes, her cervix was 3 cm dilated, completely effaced, and the fetal head was presenting at 0 Station. The nurse advises you that the patient thinks she's just broken her water bag. As you enter her room to examine her, you notice the fetal monitor is showing a recent onset of variable decelerations with each contraction, dropping from 140 BPM to 90 BPM, and lasting twenty seconds, with moderate variability. **Which of the following is the first thing you should do?**
 - a. Sterile vaginal exam
 - b. Turn patient to her left side
 - c. Give oxygen
 - d. Give IV fluids
 - e. Give a tocolytic
2. I.T. is a 17 year old woman at 38 0/7 weeks, undergoing induction of labor for severe pre-eclampsia. At 6 cm dilatation, she developed late decelerations, which were resolved with position change, oxygen at 2 L/min by nasal cannula, IV fluids, and stopping her oxytocin. After restoring the tracing to a Category I, the oxytocin was restarted at 1 mIU/min, but repetitive late decelerations returned, with minimal variability. She is still 6 cm dilated. **Which of the following will most likely lead to the best outcome?**
 - a. Tocolytics
 - b. Forceps
 - c. Cesarean Section
 - d. Stop the oxytocin, try again later
 - e. Increase oxygen delivery rate to 8 L/min

Write your interpretation of these three EFM Tracings

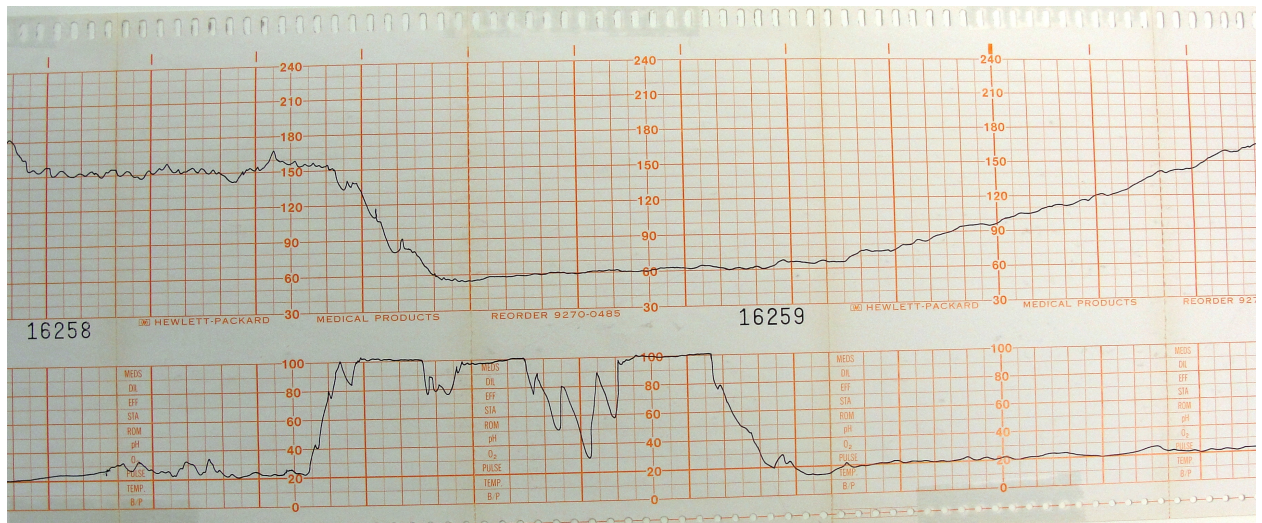
3.



Name _____

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4.



5.

