

FHR Case Presentation #2 Fetal Tachycardia

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Nursing

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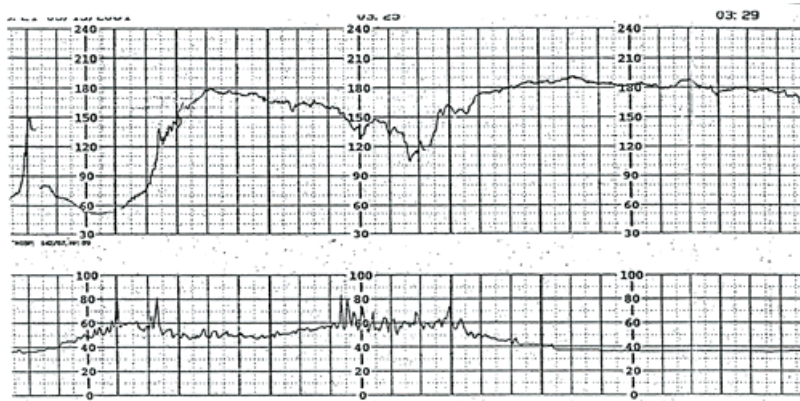
Examination

1. A normal fetal heart rate baseline ranges between ____ bpm.
 - a. 100 and 150
 - b. 100 and 160
 - c. 110 and 150
 - d. 110 and 160
 - e. 120 and 150
2. A sustained fetal heart rate between 160 to 180 bpm, according to most authorities is considered to be
 - a. normal
 - b. a mild tachycardia
 - c. a mild bradycardia
 - d. a severe tachycardia
 - e. a severe bradycardia
3. All of the following are possible etiologies for fetal tachycardia EXCEPT
 - a. fetal hypoxia
 - b. maternal fever
 - c. maternal hypothyroidism
 - d. normal variant
 - e. fetal anemia
4. By definition, an "acceleration" (in a pregnancy at or beyond 32 weeks gestation)
 - a. is the presence of normal or average variability
 - b. is an increase in the heart rate that peaks at least 15 beats per minute above the baseline and lasts for at least 15 seconds from the time the heart rate leaves the baseline to when it returns to the baseline
 - c. depends on whether or not there are decelerations on the tracing
 - d. is an increase in the heart rate that peaks at least 15 beats per minute above the baseline and remains up or higher for at least 15 seconds before it returns to the baseline
 - e. is an increase in the heart rate that peaks at least 10 beats per minute above the baseline and lasts for at least 10 seconds from the time the heart rate leaves the baseline to when it returns to the baseline
5. The most common cause for fetal tachycardia is
 - a. maternal fever
 - b. fetal anemia
 - c. fetal sepsis
 - d. maternal hyperthyroidism
 - e. maternal drug usage
6. Regarding maternal fever, all of the following are potential causes EXCEPT
 - a. pyelonephritis
 - b. cholecystitis
 - c. bacterial pneumonia

- d. appendicitis
 - e. cystitis
7. The most common cause for fever in a laboring patient is
- a. pyelonephritis
 - b. viral infection
 - c. appendicitis
 - d. bacterial pneumonia
 - e. chorioamnionitis
8. The incidence of chorioamnionitis, based on two large series is
- a. 1%
 - b. 3%
 - c. 7%
 - d. 10%
 - e. 13%
9. All of the following drugs have been associated with fetal tachycardia EXCEPT
- a. meperidine
 - b. terbutaline
 - c. amphetamine
 - d. scopolamine
 - e. caffeine
10. When fetal tachycardia is caused by maternal hyperthyroidism, the actual etiology is believed to be related to _____ that crosses the placenta.
- a. T-4
 - b. T-3
 - c. Free T-4
 - d. thyroid-stimulating antibody
 - e. thyroglobulin
11. A sustained fetal heart rate above 200 bpm is most likely due to
- a. fetal sepsis
 - b. fetal anemia
 - c. fetal tachyarrhythmia
 - d. maternal hyperthyroidism
 - e. maternal drug usage
12. The most common fetal tachyarrhythmia is
- a. atrial flutter
 - b. supraventricular tachycardia
 - c. ventricular tachycardia
 - d. atrial fibrillation
 - e. atrioventricular block
13. A fetal tachycardia caused by hypoxia should
- a. have accelerations
 - b. have a wandering baseline
 - c. have absent variability
 - d. be preceded by repetitive decelerations

e. be seen when a mother is febrile

14.



The most likely cause for the fetal tachycardia seen in the strip above is

- a. normal variant
 - b. maternal hyperthyroidism
 - c. fetal hypoxia
 - d. maternal fever
 - e. maternal drug usage
15. If fetal tachycardia is caused by fetal anemia from a fetal-maternal hemorrhage, the best test to verify this would be
- a. Kleihauer-Betke test
 - b. parvovirus B-19 test
 - c. CMV titer
 - d. hematocrit
 - e. urine drug screen
16. Most cases of fetal sepsis are due to
- a. an ascending infection
 - b. Group B Streptococcus
 - c. urinary tract infections
 - d. Listeria
 - e. E. Coli
17. The cause for fetal tachycardia that is a diagnosis of exclusion is
- a. fetal hypoxia
 - b. maternal fever
 - c. maternal hypothyroidism
 - d. normal variant
 - e. fetal anemia

18.



In strip #1 above, the variability for the most part is

- a. absent
 - b. minimal
 - c. moderate or normal
 - d. marked
 - e. reactive
19. From a clinical point of view, most cases of fetal tachycardia will develop during the
- a. second trimester
 - b. antenatal period
 - c. third trimester
 - d. puerperium
 - e. course of labor
20. The four causes of fetal tachycardia that involve laboratory testing that can be performed on the neonate to help delineate the etiology include all of the following EXCEPT
- a. fetal hypoxia
 - b. maternal drug usage
 - c. fetal infection
 - d. fetal anemia
 - e. maternal fever

