Beyond the Basics: The Art and Science of Tracing Interpretation

Session 1:
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Notice of requirements for successful completion
  – Registrants must attend full session and complete evaluation to receive contact hours

Conflicts of Interest
  – None to report

Financial Disclosures
  – None

Sponsorship or commercial support
  – None

Non-endorsement of products
  – The speaker does not endorse the use of any particular medications or products as part of this educational session

Off-label use
  – The speaker may discuss the off-label use of misoprostol and terbutaline as they relate to labor and delivery.
Before we begin...

• Listen-only mode

• Questions – please ask, please answer!
  – Raise your hand
  – Type into the Question Pane
  – Out of time? Email wapc@perinatalweb.org

• Technical problems: Email Barb Wienholtz at wienholtz@perinatalweb.org or call at 608-285-5858, ext. 201
Before we begin...

The content presented today is a case study. Components of this case were chosen based on their applicability to achieve learning objectives for this presentation. Do not assume the patient featured in the case was cared for by the instructor or at the facility at which the instructor is employed.

The discussion will focus on interpretation of the electronic fetal monitoring (EFM) tracings for the purpose of education. At times, the discussion may lead to the care decisions made based on EFM interpretation.

IF the instructor shares details regarding actual or potential care decisions, please note those decisions do not necessarily reflect the opinions of the instructor, a particular provider, the standard of care for any particular institution or facility, or of WAPC.
Objectives

At the conclusion of the session, participants will be able to:

1. Systematically review the fetal monitoring data to identify the fetal heart rate pattern classification (category).
2. Discuss interventions/management of the fetal heart rate patterns based on their pathophysiology.
• Identify required actions correctly to manage patients with abnormal fetal heart rate patterns.
The 2008 National Institute of Child Health and Human Development (NICHD) Report of Fetal Heart Rate Monitoring

- Defined standard fetal heart rate nomenclature
- Identified three categories for fetal heart rate interpretation
- Proposed future research
• *Report endorsed by:*


  – AWHONN-endorsed and incorporated in fetal monitoring curriculum

  – American College of Nurse Midwives

  – American Academy of Family Practice

"Management of Intrapartum Fetal Heart Rate Tracings"

- Reviewed:
  - Nomenclature
  - Fetal Heart Rate Interpretation (categories)

- Provided framework for evaluation and management of intrapartum patterns based on categories

- Assessment algorithm for fetal heart rate patterns

- Intrapartum resuscitative measures

- Management of uterine tachysystole

The following questions are used to evaluate every tracing, followed by specific questions:

1. What is the contraction pattern? (interval, duration, resting tone if appropriate)
2. What is the baseline fetal heart rate?
3. What is the baseline variability?
4. Are there any periodic changes present?
5. Are there any episodic changes present?
6. What are the probable causes of the changes present?
7. When was the last time there was either moderate variability or an acceleration?
• Interpretation
• Interventions/Communication
• Documentation in chart
 Intervention/Communication

• SBAR
  – Situation
  – Background
  – Assessment
  – Recommendation
Case #1
Case history

- 18 yr old G1P0
- 32 3/7
- Presented to triage with abdominal pain
- Elevated BP
When assessing for proteinuria, what is the most accurate method?

- Protein/creatinine ratio
- Urine dipstick
- Urinalysis
- 24 hour urine
True/False:
• Proteinuria is required for a diagnosis of preeclampsia
In the **absence** of proteinuria, what symptoms need to be present for a diagnosis of preeclampsia?

a) Thrombocytopenia  
b) Renal insufficiency  
c) Impaired liver function  
d) Pulmonary Edema  
e) Cerebral or visual symptoms  
f) A, B, and C  
g) Any of the above
Case history

• Presented again to triage 2 days later with abdominal pain
• 32 5/7
• BP’s elevated
• Pt left hospital against medical advice
True or False:

- Pregnancy is an exception to the principle that a patient deemed able to make her own decisions, has the right to refuse care, even if the treatment is needed to maintain life.
Case history

- 1 day later 32 6/7 weeks
- Seen in clinic
- Elevated BP’s
- Admitted to Labor and Delivery for monitoring, with possible transfer to antepartum unit
The following is true for severe hypertension:

a) BP greater than 160/110 mm Hg
b) Systolic BP greater than 160 mm Hg or Diastolic BP greater that 110 mm Hg and persistent for 15 minutes
c) Treatment needs to occur within 30-60 minutes of confirmed severe hypertension
d) Early recognition and treatment reduces maternal risk of stroke
e) All of the above
f) All except “a”
Intern
Here

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13:00
True/False:

- Chest X-ray should be avoided during pregnancy due to radiation exposure to mom and fetus.
Case #2
Poll question #7

True/False:

• External Cephalic Version should be attempted at or after 37 0/7 weeks.
• 30 year old
• G1P0 female
• 37w1d gestation
• Pregnancy significant for breech
• Presents for version
Poll question #8

All of the following need to be completed before the start of a external cephalic version except:

a) Informed Consent
b) Assessment of fetal well being by NST or BPP
c) Epidural anesthesia
d) Ultrasound to confirm presentation
True/False
Evidence supports the use of parental tocolysis to improve the success of external cephalic version.
Plan to monitor 2hrs then d/c home
Poll question #10

Complications of a external cephalic version include all except:

a) Preterm labor
b) Ruptured uterus
c) Placental abruption
d) Preeclampsia
e) Rupture of membranes
2 hours after version

Order to monitor for another hour
Yellow C/S called
Outcome

- Girl
- APGAR 8/9
- Brief blow by oxygen 30% for 30 sec for POx 74% at 4min
- 5# 14oz
- ABG 7.23
- VBG 7.3
- Blood sugars for SGA
- Infant to NICU for low Blood sugar
- D/C at 5 days old


Discussion

Questions?

Comments?
Remember

• Fax or email attendance list to WAPC
  – fax: 608-285-5004
  – email: wapc@perinatalweb.org
• Evaluation will be sent via email from WAPC. Please complete to receive Continuing Education Credit.
• Continuing Education Certificate will be sent via email upon completion of evaluation.
• Archived version
• Become a member of WAPC! Join online: https://www.perinatalweb.org/npay/membership.asp
• Don’t miss the next session: July 25, 2018
• Reminder: If you attended the 2018 WAPC Annual Conference – Complete your evaluation by May 30, 2018.
Thank-you