

Safety First: Standardized, Multidisciplinary EFM Interpretation & Management (continued)

3. A nursing student asks you the clinical significance of variable decelerations. The most accurate answer is:
- A. Variable decelerations reflect fetal asphyxia during cord compression
 - B. Variable decelerations reflect fetal hypoxia during cord compression
 - C. Variable decelerations reflect fetal acidemia during cord compression
 - D. Variable decelerations reflect interruption of the oxygen pathway during cord compression
4. Common conservative measures that can be used to reduce the frequency of variable decelerations include:
- A. Maternal position change
 - B. Amnioinfusion
 - C. Scalp stimulation
 - D. A & B
5. If a fetal heart rate tracing is in Category II, it is safe to continue observation without any intervention until the tracing becomes Category III.
- True False

The Three P's are Not "Push, Put, Please": Understanding Uterine Activity in Labor

You are the laborist at St. Elsewhere's and have several patients in labor, including two midwifery service patients. There are several inductions and augmentations of labor, in various stages and phases.

1. If the patient does not feel the contractions, it is safe to increase oxytocin regardless of the labor pattern.
- True False
2. The maximum dose of oxytocin set by ACOG is:
- A. 20mu
 - B. 30mu
 - C. 40mu
 - D. None of the above. ACOG does not have a maximum dose.