**STATION 3- FETAL BRADYCARDIA (INSTRUCTOR)**

In this station the students are given a partograph showing fetal bradycardia as the patient is augmented on oxytocin.

The students are meant to read the partograph from the time of admission as the preceptor guides theme through the various steps.

They are expected to make a diagnosis of NRFS, fetal bradycardia to 80s with maternal HR of 100 that starts soon after augmentation with oxytocin and institute appropriate management

**Jane Njoroge 24 year old primigravida,**

**Status at admission at 10.00 hours**

Fetal heart rate: 130 beats per minute

Amniotic fluid: Intact

Moulding: Nil

Cervical dilatation: 4 cm

Head descent: 5/5

Contractions: 2 in 10 lasting 20 seconds

No medications were given:

Maternal pulse: 90

Maternal blood pressure: 110/70

Maternal temperature: 36.6

Maternal urine volume: Nil

**Status at 14.00 hours**

Fetal heart rate: 140 beats per minute

Amniotic fluid: ARM, clear liquor

Moulding: Nil

Cervical dilatation: 6 cm

Head descent: 4/5

Contractions: 2 in 10 lasting 20 seconds

No medications were given:

Maternal pulse: 90

Maternal blood pressure: 110/70

Maternal temperature: 36.6

Maternal urine volume: Nil

Oxytocin started 2 hours after ARM, due to inadequate contractions.

**Status at 16.30 hours**

Fetal heart rate: 80 beats per minute

Amniotic fluid: clear

Moulding: Nil

Cervical dilatation: 9 cm

Head descent: 5/5

Contractions: 4 in 10 lasting 50 seconds

Maternal pulse: 100

Maternal blood pressure: 100/70

Maternal temperature: 36.6

Maternal urine volume: Nil

**KEY POINTS**

1. **ABILITY TO READ THE PARTOGRAPH IN ITS ENTIRETY**
2. **ABILITY TO UNDERSTAND THE PROGRESS OF LABOUR LOOKING AT ALL PARAMETERS**
3. **ABILITY TO PICK THE ABNORMAL FETAL PARAMETERS**
4. **ABILITY TO DIAGNOSE NRFS**
5. **HIGHLIGHT MANAGEMENT: STOP OXYTOCIN, POSITION, NORMAL SALINE, CTG, PLAN DELIVERY IF IN SECOND STAGE ASSISTED DELIVERY, CS IF PERSISTENT AND/OR RECURRENT**

**STATION 3**

**Use the case scenario given to chart a partograph and manage the patient**

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