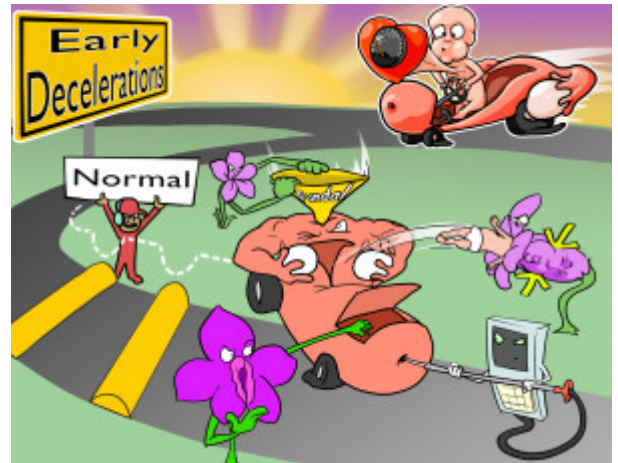


## Early Decelerations

Decelerations which are caused by a parasympathetic response during labor can be benign in nature (a normal pattern occurrence) or can be abnormal or nonreassuring. They are identified visually on a fetal monitor tracing by when they occur in the contraction cycle either the onset or at the end of a contraction and also by their shape. An early deceleration is identified as a gradual decrease (onset to lowest point is  $\geq$  30 seconds) in fetal heart rate with return to the baseline associated with a contraction.



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### Cause

#### Fetal Head Compression

##### [Fetus Head Compressed](#)

Fetal head compression is the most common cause of an early deceleration that occurs during labor as the fetal head advances in the birth canal.

### Occurs During

#### Uterine Contractions

##### [Uterus Flexing](#)

Often during the first stage of labor (cervix dilated 4 to 7cm), an early deceleration can occur while the uterus is contracting.

#### Placement of Internal Mode of Monitoring

##### [Placing Internal Monitor](#)

The process of inserting an internal fetal monitor probe can lead to fetal head compression.

#### Vaginal Examination

##### [Vagina-violets](#)

During a vaginal exam, the presenting part is palpated which can lead to transient fetal head compression.

#### Fundal Pressure

##### [Pressing Funnel](#)

Applying external pressure on the laboring mother's abdomen is one mechanism that causes fundal pressure and fetal head compression, which leads to an early deceleration.

### Considerations

#### Normal Pattern

##### [Normal Pattern](#)

An early deceleration is not associated with fetal hypoxemia, acidemia, or low Apgar scores. Consequently, there is no nursing intervention required other than continued monitoring.