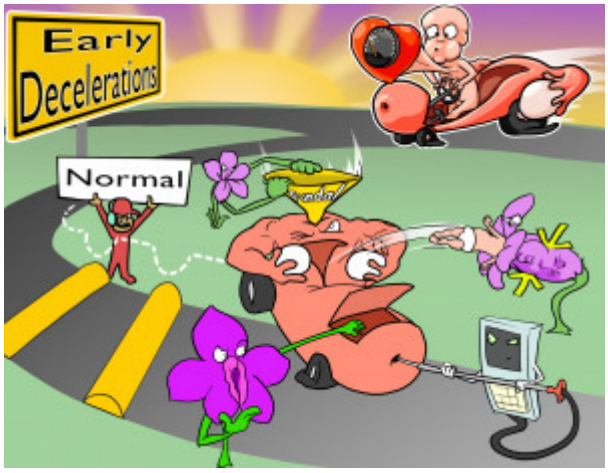
Early Decelerations

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 ≥ 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.

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