

■DESCRIPTION

This conference is designed to provide instruction concerning the use of electronic fetal monitoring. It will include basic how-to information related to interpreting monitor tracings, along with the nursing responsibilities applicable to fetal monitoring.

The course will be directed toward nurses working in labor and delivery, however, all are welcome.

It is recommended that participants read some material on basic fetal monitoring before attending this course.

■QUESTIONS:

Regional Perinatal Education
Debbie Fritz, RNC, MSN, coordinator
debbie.fritz@promedica.org

■LOCATION

The conference will be held in the Marathon Auditorium at Blanchard Valley Hospital. For directions go to www.perinatalconsortium.org and select the hospital, go to www.bvhealthsystem.org, or call 419-423-4500. Enter the main lobby and ask for directions to the auditorium.

■REGISTRATION:

The fee is \$25 for employees of Consortium member hospitals and \$75 for all others if registered or postmarked on or before **March 26, 2012** and \$30 for employees of Consortium member hospitals and \$80 for all others if registered or postmarked after **March 26, 2012**. This includes morning and afternoon refreshments, continuing education credit, and conference materials. Lunch is on your own.

Refunds are available if notification at least 48 hours prior to the conference is provided. Leave a voice mail message anytime and your call will be confirmed the following day. Substitutes are accepted anytime.

■CREDITS:

ProMedica (OH-069/4-1-15) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Basic Fetal Monitoring

Thursday, April 12, 2012

**Marathon Auditorium
Blanchard Valley Hospital
1900 E. Main Street
Findlay, OH 45840**

Offered by:

Region III+ Perinatal Education Consortium

*This program is an educational event co-provided
by ProMedica and the
Region III+ Perinatal Education Consortium.*



www.perinatalconsortium.org

The Perinatal Region III+ Education Consortium is a collaborative effort of perinatal professionals at member hospitals in Region III+. The mission of the Consortium is to enhance the quality and quantity of basic orientation and continuing education resources available to the perinatal staff of member hospitals.

■PLANNING COMMITTEE

Sue Johnson, RNC, MSN
Charlene Meyer, RNC
Laurie Steyer, RNC, BSN
Bridget McLaughlin, RNC
Becki Kleinow-Wagschal, RN
Karen Billmaier, RNC, BEd
Beth Bortz, RNC, BSN
June Richard, RN

■FACULTY

Charlene Meyer, RNC
OB Staff Nurse
Blanchard Valley Hospital, Findlay, OH

June Richard, RNC
OB Staff Nurse
ProMedica Defiance Regional Hospital

■AGENDA

7:30 am Registration
Conference breakfast

8:00 am Welcome

8:05 am Application of Internal and External EFM

Objective: Describe the methods of applying external and internal fetal monitors.

8:45 am Baseline Rate and Variability

Objective: Identify various baseline rates and variability.

9:45 am Break

10:10 am Periodic/Episodic Changes

Objective: Identify periodic and episodic changes.

11:45 am Lunch (on your own)

12:45 pm Contraction Patterns and Induction of Labor

Objective: Identify normal and abnormal contraction patterns for labor.

1:20 pm Antepartum Testing

Objective: Review NST/CST procedures and interpret tracings.

1:50 pm Pattern Recognition

Objective: Utilize terminology and interpret EFM patterns.

2:20 pm Break

2:40 pm EFM Strip Case Reviews

Objective: Interpret EFM tracings.

3:20 pm Documentation and Legal Aspects

Objective: Define documentation and legal considerations related to EFM.

4:20 pm Evaluation

4:30 pm Adjourn

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Help us plan ... REGISTER EARLY

Name: _____ Title: _____
(please print)

Position: _____

Employer (if applicable): _____

Mailing address: _____

City, State, Zip: _____

Is this: Business or Home?

Business Phone: _____

Home Phone: _____

E-mail _____

Registration Fee:

Registered/Postmarked on or before **3/26/12**:

\$25 staff of member hospitals

\$75 all others

Registered/Postmarked after **3/26/12**:

\$30 staff of member hospitals

\$80 all others

Consortium Points ____ Approved by _____

Check enclosed
(payable to The Toledo Hospital)

Master Card Visa

Card Number: _____

Exp. Date: _____ Amount: _____

Authorizing Signature: _____

Be sure to call first if registering late.

Fax/Phone with credit card info:

Fax: 419-479-6981 Phone: 419-291-4646

E-mail: debbie.fritz@promedica.org

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