

■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

For directions to the hospital go to www.perinatalconsortium.org and select the link to Blanchard Valley Hospital or call 419-423-4500. The Marathon Auditorium is in the Donnell Patient Pavilion at Blanchard Valley Hospital, Findlay, Ohio. You may park in the front of the Pavilion on Main Street or the other side of the Pavilion off Chapel Drive and enter the main doors. The conference room is just off the main lobby.

■REGISTRATION:

The fee is \$25 for employees of Consortium member hospitals and \$75 for all others if postmarked on or before **March 21, 2011** and \$30 for employees of Consortium member hospitals and \$80 for all others if postmarked after **March 21, 2011**. 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 Health System (OH-069/4-1-12) 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

Monday, April 4, 2011

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

Offered by:

Region III+ Perinatal Education Consortium

This program is an educational event co-provided by ProMedica Health System 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

Lori Gillen, RNC, BSN
Sue Johnson, RNC, BSN
Charlene Meyer, RNC
Laurie Steyer, RNC, BSN
Bridget McLaughlin, RNC
Becki Kleinow-Wagschal, RN
Karen Billmaier, RNC, Bed
Debbie Fritz, RNC, MSN

■FACULTY

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

Laurie Steyer, RNC, BSN
Staff Nurse, L&D
Mercy St. Vincent Medical Center, Toledo

■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

Basic Electronic Fetal Monitoring

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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:

Postmarked on or before **3/23/11**:

\$25 staff of member hospitals

\$75 all others

Postmarked after **3/23/11**:

\$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.

Mail or fax/phone registration to:

Regional Perinatal Education

The Toledo Hospital, Perinatal Office MH 3rd Fl

2142 N. Cove Blvd., Toledo, OH 43606

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

Online: www.perinatalconsortium.org