



Turning around the beat: a rare case of fetal atrial flutter during labor

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Case Report

A 33-year-old second gravida, with no remarkable medical or pregnancy history, was admitted to the delivery ward at 40 weeks for spontaneous labor.

The entry CTG: baseline of 155 bpm, no variability, no accelerations nor deceleration and regular contractions.

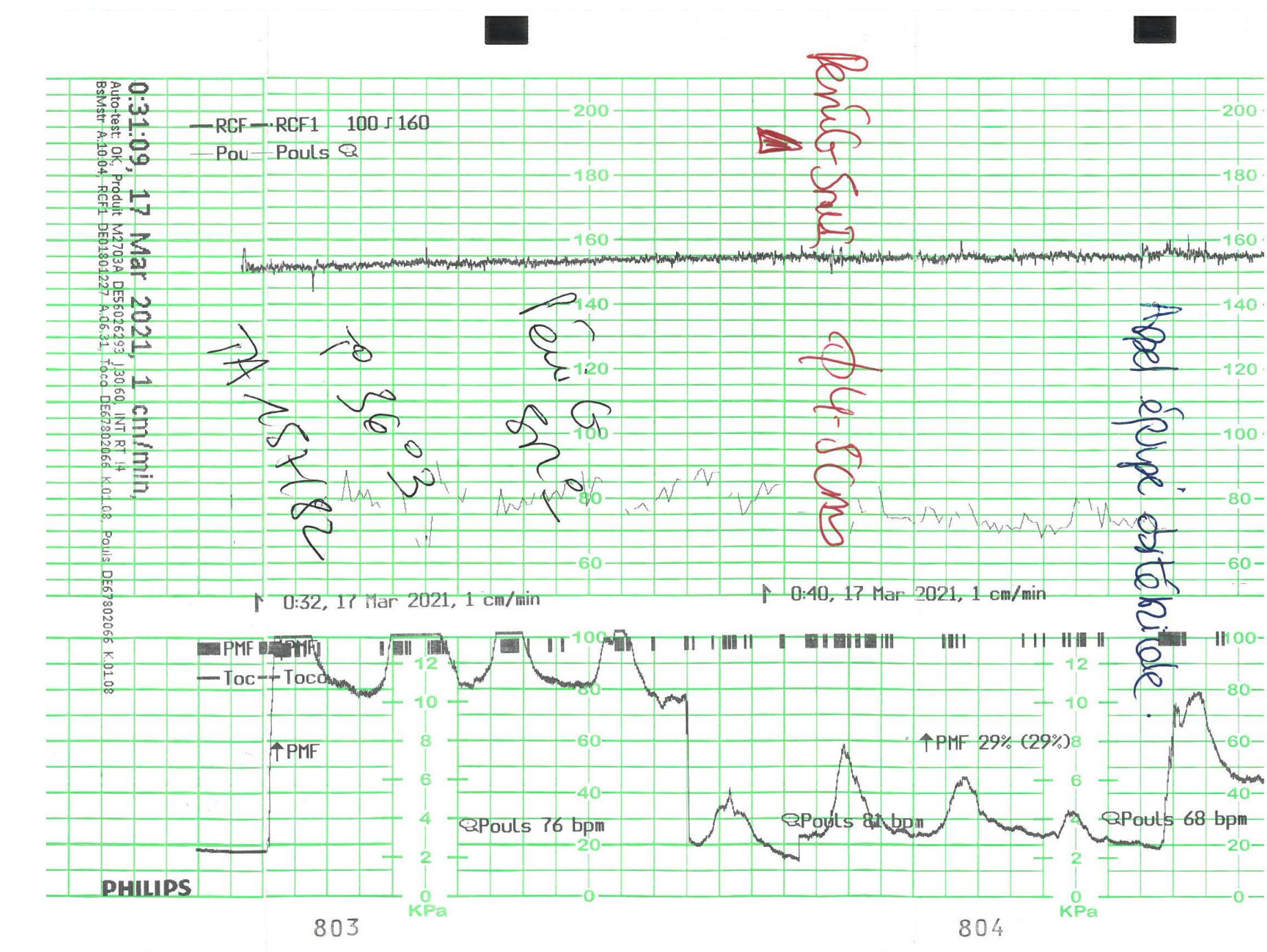


Fig.1. Entry CTG

A second line examination by fetal scalp blood sampling is performed.

The fetal pH returns normal(7,34), the total of 3 repetitions performed returns normal.



Fig:2. CTG before, during and after the 3rd fetal blood sampling

The persistence of the same CTG anomalies at complete dilation lead to an instrumental delivery, allowing the birth of a 3500g female. 10/10 Apgar score. Arterial pH: 7.18 (venous pH=7.34 and lactates 4,2).

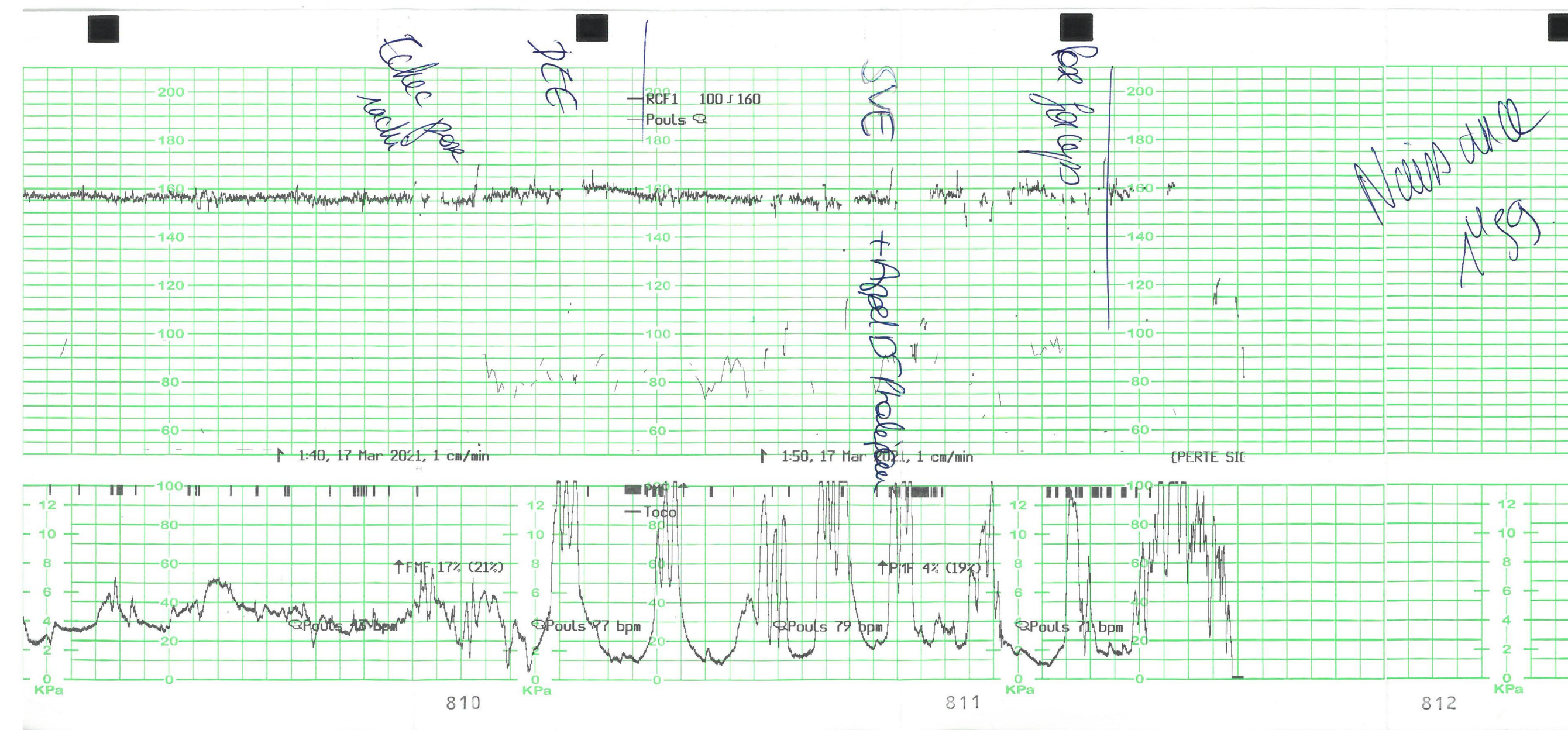


Fig. 3 – CTG at complete dilatation

After more than two hours from birth, the newborn presents tachycardia at 170 bpm. Neonatal infection is ruled out.Echocardiography is performed, revealing a severe atrial flutter, further confirmed by ECG.

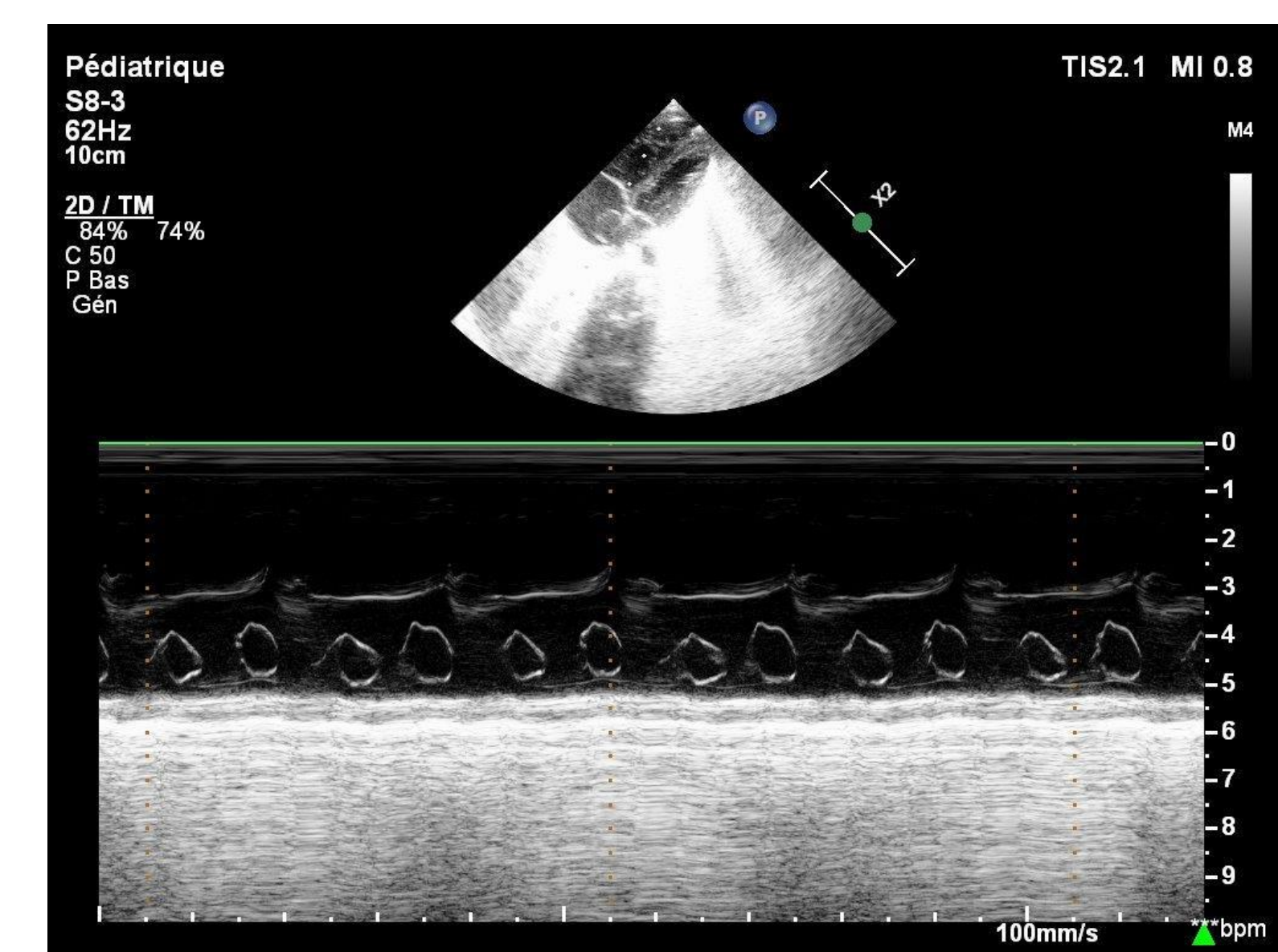


Fig. 4 – Fetal Heart Ultrasound

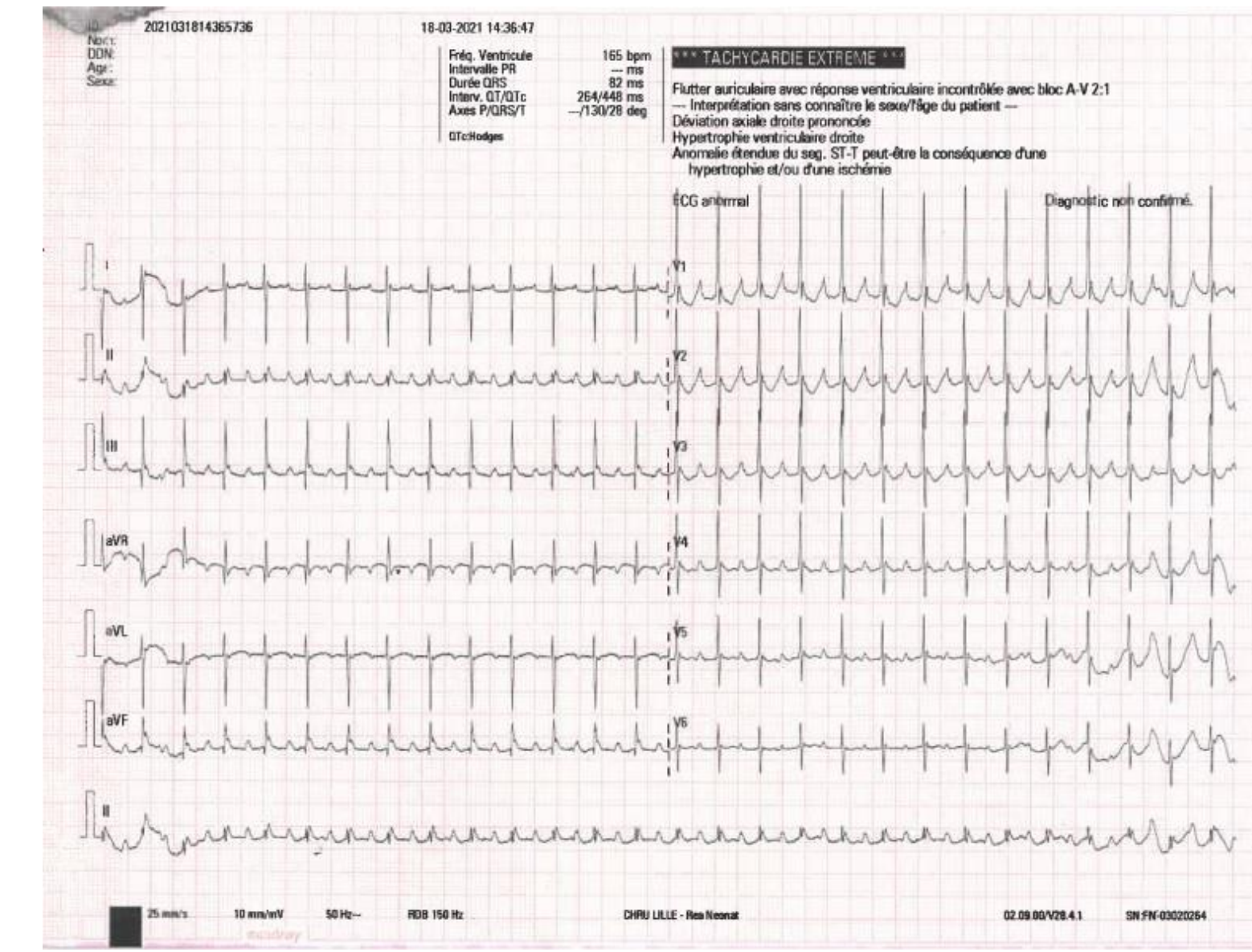


Fig. 5 – Fetal ECG

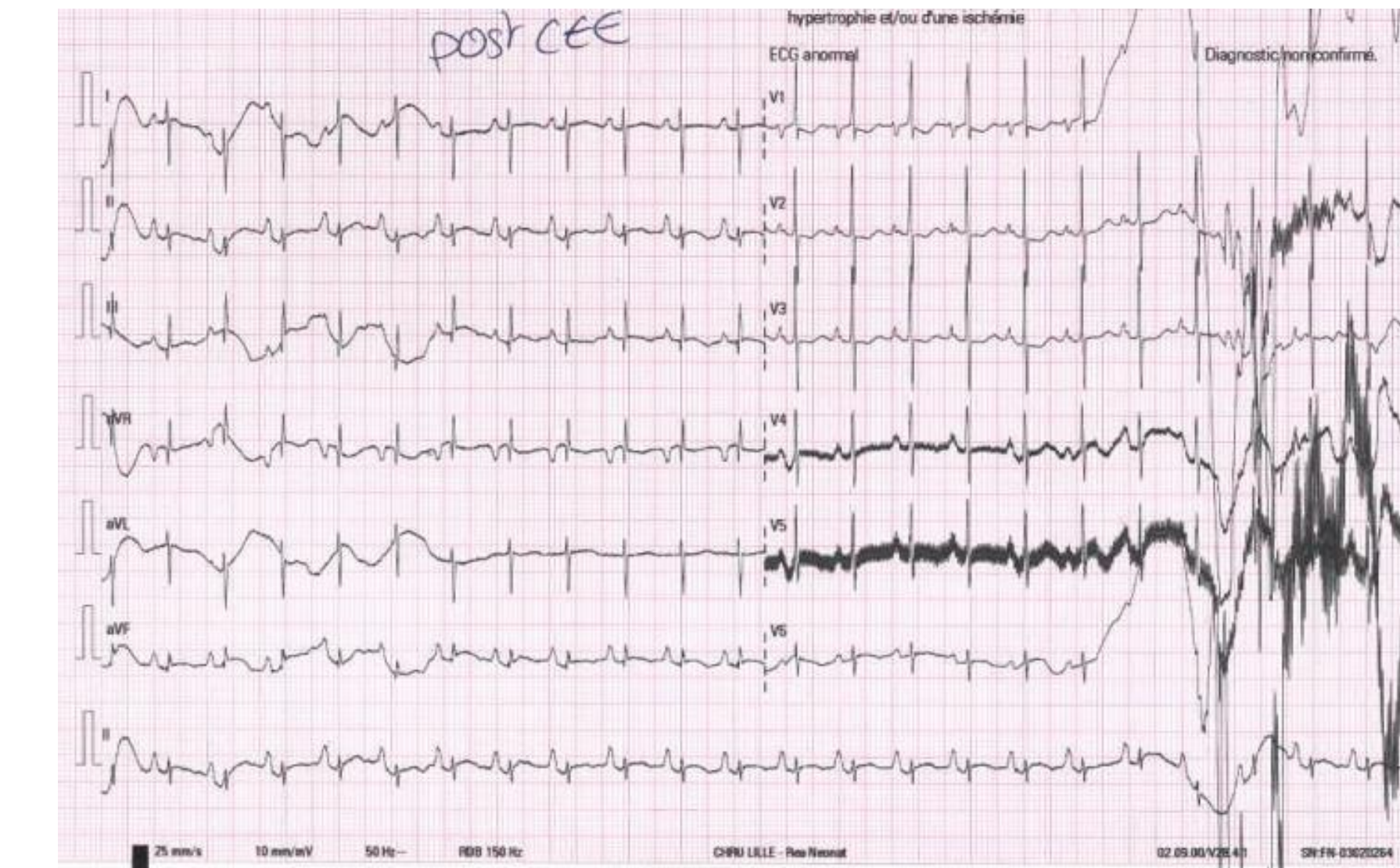


Fig. 6- Fetal atrial flutter before conversion.

Fig. 7 – Fetal rhythm after conversion

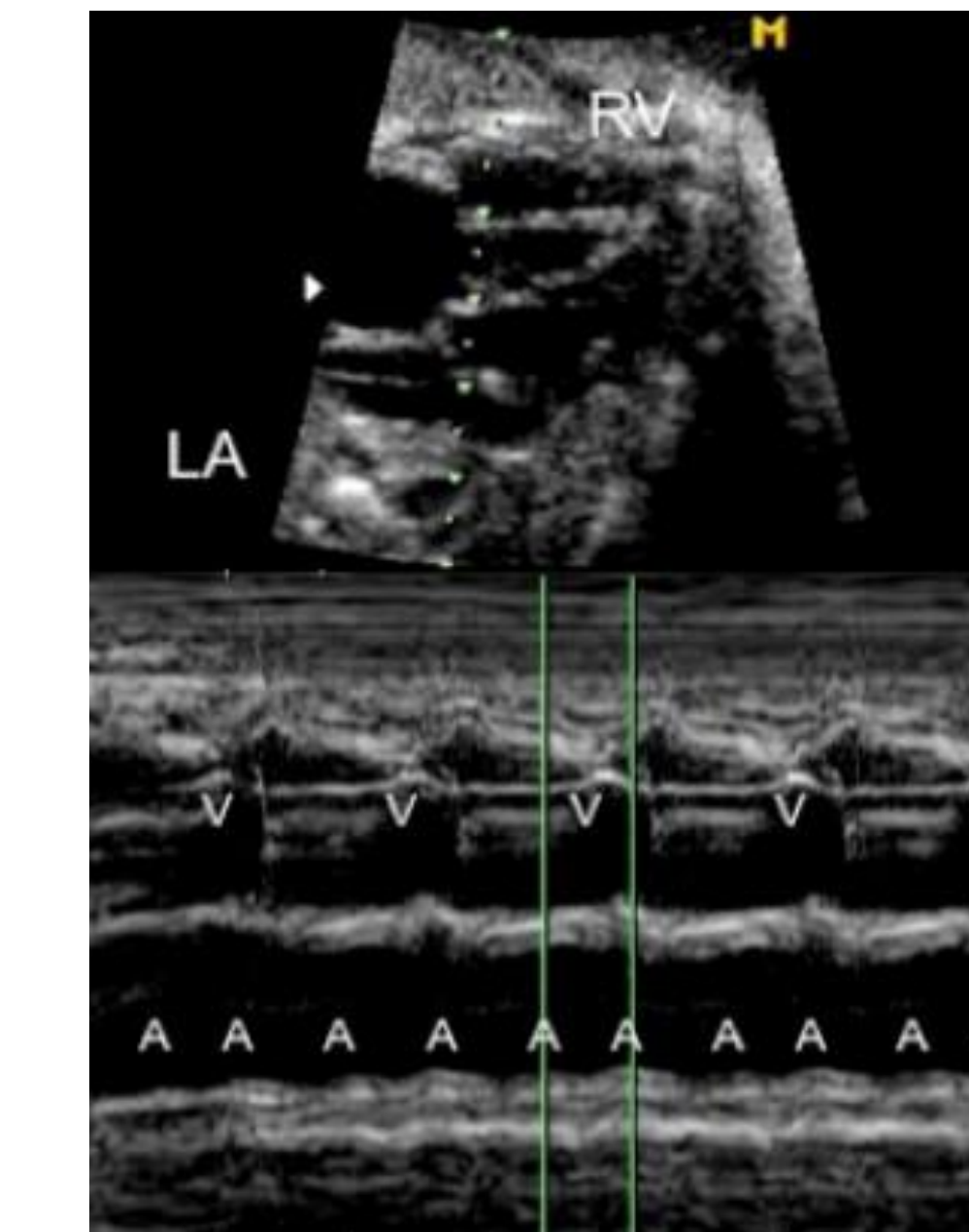
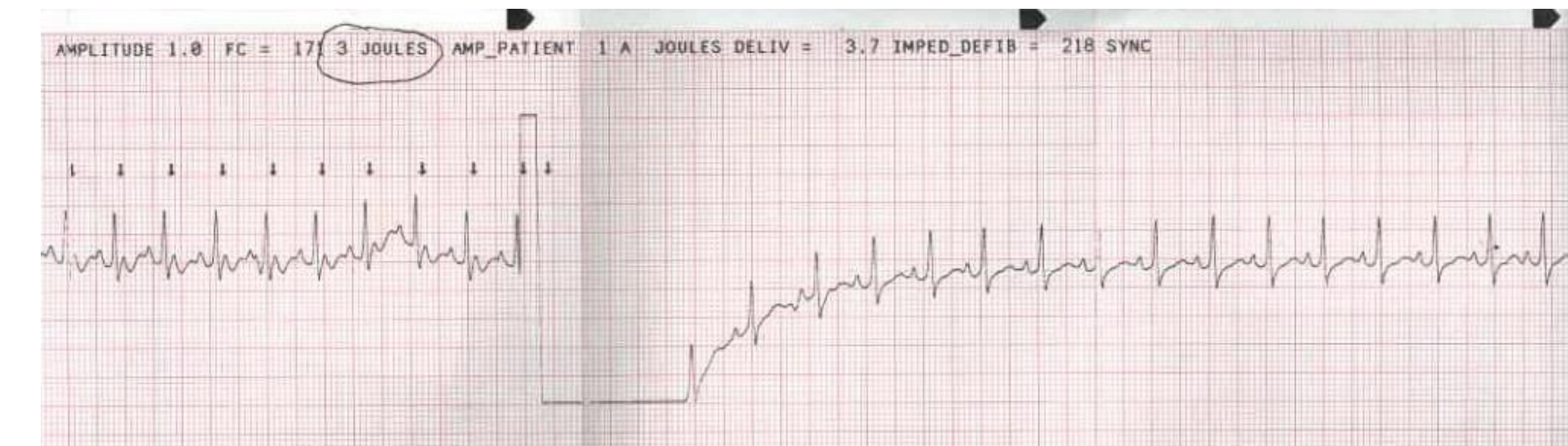


Fig. 8 – Fetal cardiac ultrasound in M Mode

Conclusion:

- Raising awareness among obstetric teams on the subtleties engendered by fetal arrhythmias, atrial flutters in particular, in order to improve diagnosis as well as allow early management.
- Also, a review of the current recommendations on fetal heart surveillance during labor is encouraged, as the inclusion of second-line practices such as fetal cardiac ultrasound in M or Doppler mode would significantly improve our practice when confronted with fetal arrhythmias.