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The biophysical profile combines ultrasound with a non-specific test (PNE) and is designed to determine fetal health during the third trimester. This test is carried out if the question arises about the health of the fetus and the well-being of the fetus as a result of either examination, maternal or fetal symptoms, or pregnancy is considered a high risk. How do I perform PBF? There are two parts of PBF, no stress test (PNE) and ultrasound assessment. PNE involves placing a belt in the mother's abdomen to measure the heart rate of the fetus and another belt to measure contractions. Movement, pulse and reactivity from heart rhythm to movement are measured within 20-30 minutes. If the child does not move for a while during the test, it does not mean that there is a problem; The baby can sleep. The nurse can use a small buzzer to wake the baby up before the end of the test. Part of the ultrasound test, like any other obstetric ultrasound performed during pregnancy and performed by a qualified ultrasound technician, which is usually under the supervision of a perinatologist. Ultrasound can take up to an hour, and the technician will look for various traits that are important in measuring your child's health. The biophysical profile of the fetus is obtained by real-time ultrasound, usually with a 3.5 MHz transducer. The biophysical profile of the fetus is an ultrasound method based on the scoring system used in medicine to determine the well-being of the fetus during high-risk pregnancies. It is generally stated that the fetal reactivity test produces non-reactive results, although the obstetrician may request an assessment for other reasons. A biophysical profile is a combination of acute and chronic markers. Fetal heart reactivity, fetal movement, respiratory movements and fetal tone are described as sharp markers, while the volume of amniotic fluid, along with the characteristics of the placenta, is considered a chronic marker. The aim of the biophysical profile of the fetus is to detect fetuses with hypoxia and acidosis in a timely manner to identify the most appropriate perinatal behavior, avoiding intrauterine death and perinatal morbidity. The Biophysical Profile Criteria consists of the following five study parameters: the Amniotic Fluid Index (ILA) taken after week 25 of pregnancy. Normal values: 8-18 cm Large pocket (used up to 25 gestations) Normal values: 2-5 cm Fetal movement. (3 moves in 30 minutes) Muscle tone and fetal posture (1 extension and flexion movement) Example: Open and close your fist, hands Fetal breathing movements are another indicator of fetal well-being. In fact, the fetus is not breathing, in the sense that it does not exchange air, but the chest wall expands and moves as if it were breathing. (Constant movement of more than 30 seconds for 30 minutes) Definition of fetal cardiac activity or reactivity, also known as a fetal reactivity test, in which the acceleration of the fetal heart rate is compared with the passage of time with the movements of the fetus to see if they correlate. This criterion is visible in the fetal monitoring area. (2 accelerations in 20 minutes) When the fetal heart rate reactivity criterion is not taken into account, the biophysical profile score is about 8. MODIFIED BIOPHYSICAL PROFILE NST (stress-free) - EVA (Vibro-acoustic stimulation) - ILA (Amniotic Liquid Index) Interpretation Each parameter can have a maximum score of 0, 1 or 2. The ideal score would score 10 out of 10 possible points and be interpreted as the correct state of fetal well-being. A score of 6 or more is likely to be observed more closely by an expert for being at free risk of hypoxia. A score of less than 5 may indicate impending hypoxia and a serious chance of triggering delivery immediately. If you add up to 8 points or more, it is probably a stable pregnancy, suggesting that as biophysical variables are compromised, it gradually worsens the intrauterine conditions of the fetus. Cm. also genetic ultrasound links Alfirevic, Neilson JP (2000). Biophysical profile for assessing the fetus in high-risk pregnancies. Cochrane Syst Rev Database (2): CD000038. PMID 10796097. doi:10.1002/14651858.CD000038. HERNANDEZ, Carmen E. Correlation of biophysical profile and acid balance in patients with high obstetric risk. Reverend Obstet Guinekol Venez. (online). The Jan. 2007, vol.67, No. 1 (cited December 5, 2009), p.5-13. ISSN 0048-7732. BRITO HURTADO, Julio G., CADENA, Luis Fernando, DUCUE, Fernando et al. Hemodynamic profile compared to the biophysical profile as a fetal health test. Reverend Obstet Guinekol Venez. (online). Saint. 2001, vol.61, No. 4 (cited December 5, 2009), p.229-237. ISSN 0048-7732. b Parts, Kathleen; Timothy James Pagana (2001). Guide to Diagnostic and Laboratory Tests (5th edition). Elsevier Spain. page 674. ISBN 8481745561. Tesch, H. William; Mary Ellen Avery (2001). Avery's Collection of Neonatology (7th edition). Elsevier Spain. page 23. ISBN 8481745294. Gonzalez-Merlot, Jesus (2006). Obstetrics (5th edition). Elsevier Spain. 91, 268. ISBN 8445816101. MORAES, Vardeli Alves de. Profile fetal on premature rupture das membranas (available in Portuguese). Reverend Bras. Gynecomol. He's going to be out of the way. (online). 1999, 21 (4), page 241-241. ISSN 0100-7203. doi: 10.1590/S0100-72031999000400010. Accessed December 5, 2009. Data: No2918261 Received from the Biophysical Profile Test (BPP) determines the health of your child (fetus) during pregnancy. The BPP test may include resting cardiography with electronic monitoring of the fetal heart and fetal ultrasound. BPP measures your child's heart rate, muscle tone, movement and breathing, and the amount of amniotic fluid around the baby. BPPV is often done in the last trimester of pregnancy. If there is any possibility that your baby may have problems during pregnancy (high risk pregnancy), BPP can be done at weeks 32 to 34 or earlier. Some women at high risk of pregnancy may have a BPP test once or twice a week in the third trimester. A biophysical profile test (BPP) is done for: Learn about your child's health and observe it. Special ultrasound techniques are used to record movement, increase your heart rate with movement (resting cardiography), muscle tone, breathing rate, and the amount of amniotic fluid surrounding your child. If these five areas are within the normal range, your child is considered healthy. Check your child's health if you have: Hyperthyroidism. Bleeding problems. Lupus. Chronic kidney disease. Type 1 diabetes or gestational diabetes. High blood pressure (hypertension). Preeclampsia. Small amniotic fluid (oligohydramnios) or too much amniotic fluid (polyhydramnios). Multiple pregnancies (e.g. twins or triplets). Pregnancy, the likely date of delivery of which has already passed, i.e. is 40 to 42 weeks of pregnancy. You may have to have a full bladder for the test. If so, you will be asked to drink water or other liquids before the test and avoid urinating before or during the test. Generally, women in the third trimester should not have a full bladder. If you smoke, you will be asked to quit smoking 2 hours before an external cardiotox test, as smoking reduces your child's activity. Talk to your doctor about any problems you have about the need for the test, its risks, how it will run, or the meaning of the results. To help you understand the importance of this test, fill in the medical test information form. Most of the time, your obstetrician performs a biophysical profile (BPP) But it can do an ultrasound assistant or radiologist. The STD can take place in the doctor's office, hospital or clinic. Cardiography of rest with electronic monitoring of the fetal heart and ultrasound of the fetus is done within the framework of the biophysical profile. Rest cardiography helps to check your child's health by studying the heart rate of a moving child. Some doctors may use a modified biophysical profile that combines resting cardiography and measuring amniotic fluid. External cardiography records your child's pulse while your child is moving, and at all not. This is usually done just before the ultrasound of the fetus. External cardiography is performed with two flat devices (sensors) that fit the abdomen with elastic straps. The sensor uses reflected sound waves (ultrasound) to track your child's heart rate; others measure the duration of their reductions. Sensors are connected to a machine that records information. Your child's heartbeat can be heard as a beep or printed on a board. If your baby moves or you have a narrowing, you may be narrowed to press a button on the machine. Your child's heart rate is recorded and compared to a record of movement or contractions. This test usually lasts about 30 minutes. Often you don't need to take off your clothes for ultrasound; You can lift the blouse and lower the waist of the skirt or pants. If you wear a dress, you will be given a cloth or paper protector to cover during the test. Your bladder may need to be full. You may be asked to drink 4 to 6 glasses of liquid (usually juice or water) about an hour before the test. The presence of a full bladder helps to transmit sound waves and displaces the intestines from the uterine area. This makes the ultrasonic image sharper. You won't be able to urinate until the test is finished. However, tell an ultrasound technician if the bladder is so full that you feel pain. If the ultrasound is done during the later stage of pregnancy, you may not need to have a full bladder. A growing fetus will displace the intestines. You should lie on your back on a soft exam table. If you lack air or feel stunned while lying on your back, you can lift your upper body or help it stand on your side. They'll spread the gel on his stomach. They will press a small hand tool, called a transducer, against the gel on the skin and move it several times through the stomach. You can look at the monitor to see the image During the test. When the test is finished, the skin gel will be cleaned. You can urinate as soon as you finish the test. Transabdominal ultrasound lasts from 30 to 60 minutes. Ultrasonic assistants are trained to take pictures of your fetus, but they can't tell you if it looks normal or not. Your doctor will share this information with you after ultrasound images are reviewed by a radiologist or perinatologist. Lying on your back (or side) during the test can be uncomfortable. During fetal ultrasound, you may have a feeling of pressure in the bladder. The gel can feel cold as soon as it is applied to the abdomen. You will feel a slight pressure caused by the precursor as it slides down the abdomen. There is very little chance that a mother or child will have problems because of a biophysical profile (BPP). However, you may feel anxious if ultrasound shows a problem with your pregnancy or baby. Rest cardiography can falsely show that there is fetal suffering when the baby is indeed healthy. The Biophysical Profile (BPP) measures your baby's (fetal health) during pregnancy. As a result, five measurements were taken during the 30-minute observation period. Each measure has a score of two points if normal and 0 points if not normal. Some STDs do not include all measurements. When all five measures are taken, an eight or 10 point score means your baby is healthy. A score of 6 or 8 points means that you may have to be tested again within 12 or 24 hours. A score of four or more may mean that your baby has problems. Additional testing will be recommended. The test may be unavailable or the results may not be helpful for a variety of reasons, including: Your child is in a position that makes ultrasound difficult. Not being able to stand still throughout the procedure, which can cause your child's image to be obscure. Overweight, which can make it difficult to properly place an external control device. Infection of you or your child. Low (hypoglycemia) or high (hyperglycemia) blood sugar. When taking medications such as magnesium sulfate. Steroid administration matures the baby's lungs. Alcohol or illegal drugs such as cocaine. Rarely feces (chair) or air in the intestines or rectum interferes with the ultrasound of the fetus. To think, the biophysical profile includes cardiography of rest with electronic monitoring of the fetal heart and ultrasound of the fetus. Electronic Cardiac Monitoring of Fetal Ultrasound Of a Fetus If Results Don't it may be advisable to do more tests such as cardiography with contractions. To find out more, see cardiography with abbreviations. If there is a possibility that you or your baby may have problems during pregnancy, you may have a biophysical profile test once or twice a week during the last 12 weeks of pregnancy. Your chances of problems may be higher if you have: You can make a biophysical profile after an injury such as a car accident or fall. Your doctor may recommend more BPP tests for the rest of your pregnancy. Similar information Pregnancy Fetal Ultrasound Electronic Heart Monitoring of the Fetus by the American College of Obstetricians and Gynecologists (1999, confirmed 2009). Fetal prenatal surveillance. ACOG's practical bulletin No 9. 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