

Supraventricular Tachycardia

- Account for the majority of fetal tachycardias
- M-mode or Spectral Doppler appearance:
Fetal atrial rate > 180 BPM, with 1:1 conduction rate with ventricles
- Causes:
 - Multiple, sustained PACs
 - Structural CHD (1%-5% of cases)
 - Ebstein Anomaly most frequently associated structural heart defect
- Treatment:
 - Close Observation if arrhythmia is intermittent and not associated with signs of CHF (i.e. hydrops)
 - Antiarrhythmic drug therapy if arrhythmia is sustained
 - Delivery if fetus is close to term

