# Algorithm for the Management of Intrapartum Fetal Heart Rate Tracings

**CMQCC**
California Maternal
Quality Care Collaborative

## Category I

**Moderate variability w/o late or variable decels or tachycardia**

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**May observe**

## Category 2

**Marked variability or moderate variability w/ decels or w/ tachycardia ≥ 20 min**

**Minimal variability w/ or w/o decels or w/ or w/o tachycardia ≥ 20 min**

**Absent variability w/o decels and w/ or w/o tachycardia ≥ 20 min**

**Prolonged decel ≤ 60 BPM (or ≤ 80 BPM if remote from delivery)**

↓

**ABCD***

**Initiate maneuvers so patient begins transport to OR by 3 min with goal to accomplish delivery by 10 min should decel persist**

## Category 3

**Absent variability w/ decels ≥ 20 min or w/ bradycardia (baseline rate < 110 BPM) or sinusiodal pattern**

**Acoustic or scalp stimulation**

| **If no acceleration or return of moderate variability, then evaluate evolution of tracing** | **If acceleration or return of moderate variability, then ABCD*** |
|---|---|
| **If preceding tracing not associated with significant acidemia, then ABCD*** | **Repeat testing if minimal or absent variability persists for 20 min** |
| **If preceding tracing associated with significant acidemia, then proceed to urgent delivery** | **If minimal or absent variability persists for 60 min w/o accel or return of moderate variability to acoustic or scalp stim, then proceed to urgent delivery** |

**Tracings Associated with Significant Acidemia**

- Minimal or absent variability for ≥ 60 min with recurrent late or variable decels or w/o accels
- Cat III for ≥ 20 min w/o response to acoustic/ scalp stim
- Bradycardia ≤ 60 BPM

Page 1 of 2 * Refer to next page for details of ABCD

## CMQCC
### California Maternal
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**Appendix Q**
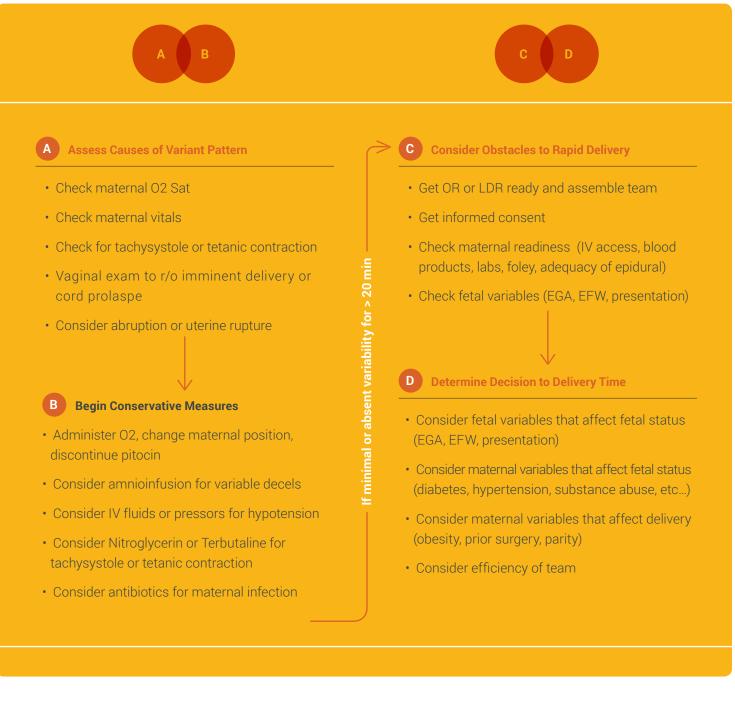# Algorithm for the Management of
# Intrapartum Fetal Heart Rate Tracings

A   B

C   D

**A**   Assess Causes of Variant Pattern

- Check maternal O2 Sat
- Check maternal vitals
- Check for tachysystole or tetanic contraction
- Vaginal exam to r/o imminent delivery or cord prolaspe
- Consider abruption or uterine rupture

**B**   Begin Conservative Measures

- Administer O2, change maternal position, discontinue pitocin
- Consider amnioinfusion for variable decels
- Consider IV fluids or pressors for hypotension
- Consider Nitroglycerin or Terbutaline for tachysystole or tetanic contraction
- Consider antibiotics for maternal infection

**If minimal or absent variability for > 20 min**

**C**   Consider Obstacles to Rapid Delivery

- Get OR or LDR ready and assemble team
- Get informed consent
- Check maternal readiness (IV access, blood products, labs, foley, adequacy of epidural)
- Check fetal variables (EGA, EFW, presentation)

**D**   Determine Decision to Delivery Time

- Consider fetal variables that affect fetal status (EGA, EFW, presentation)
- Consider maternal variables that affect fetal status (diabetes, hypertension, substance abuse, etc…)
- Consider maternal variables that affect delivery (obesity, prior surgery, parity)
- Consider efficiency of team

This document is intended to assist the provider in the management of variant intrapartum fetal heart rate tracings. It is not intended to cover all possible clinical situations. It should not be strictly adhered to when sound clinical judgment dictates otherwise.