Appendix Q
Algorithm for the Management of Intrapartum Fetal Heart Rate Tracings

Category I
Moderate variability w/o late or variable decels or tachycardia
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
ABCD*

Category 3
Absent variability w/ decels ≥ 20 min or w/ bradycardia (baseline rate < 110 BPM) or sinusoidal pattern
Prolonged decel ≤ 60 BPM (or ≤ 80 BPM if remote from delivery)
Initiate maneuvers so patient begins transport to OR by 3 min with goal to accomplish delivery by 10 min should decel persist

Acoustic or scalp stimulation

If no acceleration or return of moderate variability, then evaluate evolution of tracing
If preceding tracing not associated with significant acidemia, then ABCD*
If preceding tracing associated with significant acidemia, then proceed to urgent delivery

If acceleration or return of moderate variability, then ABCD*
Repeat testing if minimal or absent variability persists for 20 min
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

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Adapted with Permission from the Women and Children’s Department of Kaiser Permanente Roseville Medical Center
**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 prolapse
- Consider abruption or uterine rupture

**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

**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)

**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