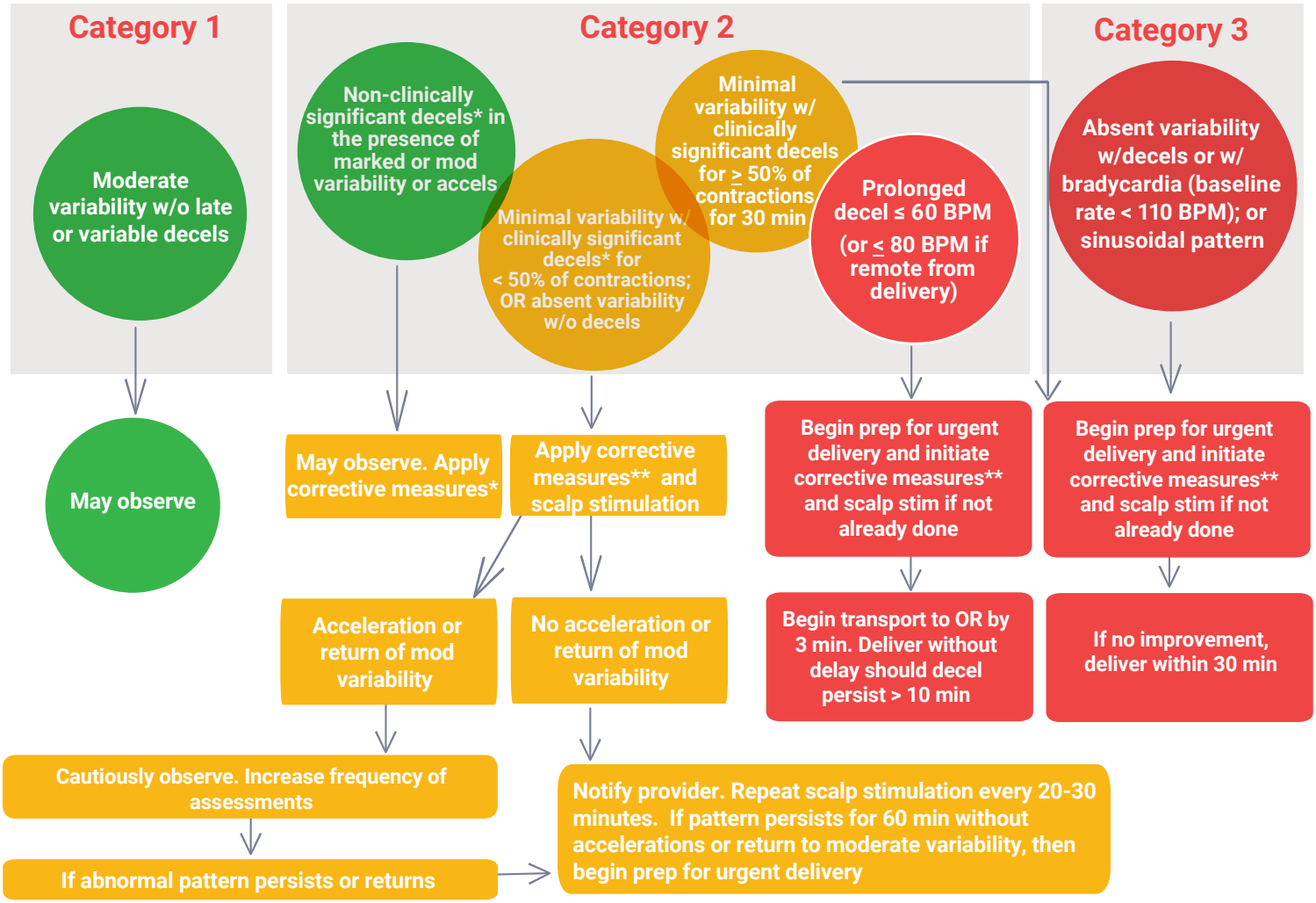
Appendix Q

Example Algorithm for the Management of Intrapartum Fetal Heart Rate Tracings

CMQCC
California Maternal Quality Care Collaborative



***Clinically significant decelerations include:**

- Variable decels lasting > 60 sec with a nadir > 60 BPM below baseline
- Variable decels > 60 sec with a nadir < 60 BPM regardless of baseline
- Late decels of any depth
- Any prolonged decel as defined by NICHD

(Clark et al.*Am J Obstet Gynecol.* 2013;209(2):89-97)

****Corrective measures include:**

- Oxygen administration
- Maternal position change
- Fluid bolus
- Reduction or discontinuation of pitocin
- Administration of terbutaline for tetanic contraction or tachysystole
- Administration of pressors, if hypotension present
- Amnioinfusion for deep, repetitive variable decelerations

(Miller LA, Miller DA.*J Perinat Neonatal Nurs.* 2013;27(2):126-133.)

This is an example of one possible algorithm to assist the nurse and provider in the management of intrapartum fetal heart rate patterns. It does not cover all possible clinical situations. The algorithm assumes that the abnormal fetal heart rate pattern has been recently recognized, and that the preceding tracing is not already associated with the potential for significant acidemia. The algorithm also assumes the presence of active labor with normal labor progress. If the preceding tracing is already associated with the potential for significant acidemia, or if vaginal delivery is unlikely before significant acidemia occurs (e.g. as with a protraction disorder of the active phase or if the patient is still in the latent phase of labor), then sound clinical judgment dictates that the algorithm should be abandoned and delivery should be expedited.