Management of Fetal Heart Rate Tracings

**Category 1**
- Observe
- Clinically significant decelerations present for > 60 minutes
- Manage as per normal labor guidelines

**Category 2**
- Moderate variability and accelerations (spontaneous or stimulated)
- Return of moderate variability and/or accelerations
- Improvement
- Yes: Labor present
- No: If persistent category 2
- Yes: Corrective measures
- No: Cesarean or operative vaginal delivery

**Category 3**
- Start/continue corrective measures and plan expedited operative vaginal or cesarean delivery
- Absent variability and no decelerations > 60 minutes
- Minimal variability and non-repetitive, clinically significant decelerations for > 60 minutes
- Minimal variability and repetitive, clinically significant decelerations for > 30 minutes
- Plan expedited delivery:
  - No improvement over 60 minutes for Category 2 tracing in yellow box,
  - No improvement over 30 minutes for Category 2 tracing in red box

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**Clinically significant decelerations include:**
- Prolonged decelerations
- Late decelerations
- Variable decelerations lasting 60 seconds and nadir to 60 beats per minute or descent at least 60 beats from baseline

**Corrective Measures**
- Examine patient (cord prolapse or rapid labor) and perform fetal stimulation (scalp, vibroacoustic, gently move maternal abdomen)
- Correct maternal hypotension (lateral positioning, 500-1,000 mL bolus isotonic fluid, vasopressor agents)
- Improve oxygenation via non-rebreathing face mask,
- Amnioinfusion for significant, repetitive variable decelerations,
- Decrease or discontinue oxytocin,
- Correct uterine tachysystole (terbutaline or nitroglycerin)

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Adapted from Clark, Am J Obstet Gynecol 2013; Spong, Obstet Gynecol 2012; and Smith et al, CMQCC Toolkit 2016