Management of Fetal Heart Rate Tracings Category Category Category Start/continue corrective measures Observe and plan expedited operative vaginal or cesarean delivery Moderate variability and accelerations No Yes ·No· (spontaneous or stimulated) Absent variability and no decelerations Clinically significant decelerations > 60 minutes, present for > 60 minutes Minimal variability and non-repetitive, clinically significant decelerations for > 60 minutes Minimal variability and repetitive, Yes clinically significant decelerations for > 30 minutes Yes Corrective measures<mark>★</mark> Plan expedited delivery: No improvement over 60 <u>Improvement</u> minutes for Category 2 Manage as per Return of moderate Labor Notracing in yellow box, -Yes normal labor Yes variability and/or present guidelines accelerations No improvement over 30 minutes for Category 2 tracing in red box No Cesarean or If persistent operative category 2 vaginal delivery **★**Corrective Measures Clinically significant decelerations include: Examine patient (cord prolapse or rapid labor) **Prolonged decelerations** Late decelerations and perform fetal stimulation (scalp, Variable decelerations lasting 60 seconds and nadir to 60 beats vibroacoustic, gently move maternal abdomen) per minute or descent at least 60 beats from baseline **Correct maternal hypotension (lateral** positioning, 500 - 1,000 mL bolus isotonic fluid, vasopressor agents), For indeterminate, abnormal tracings: Improve oxygenation via non-rebreathing face Do not delay delivery if clinically appropriate mask, If tracing remains category 2, then reassess every 30 minutes Amnioinfusion for significant, repetitive variable If fetal heart rate tracing improves to category 1, then observe and decelerations, continue close observation Decrease or discontinue oxytocin, If the tracing progresses to category 3, then make preparations for Correct uterine tachysystole (terbutaline or expedited delivery as per the top right side of the algorithm nitroglycerin) The algorithm does not apply to the very premature fetus