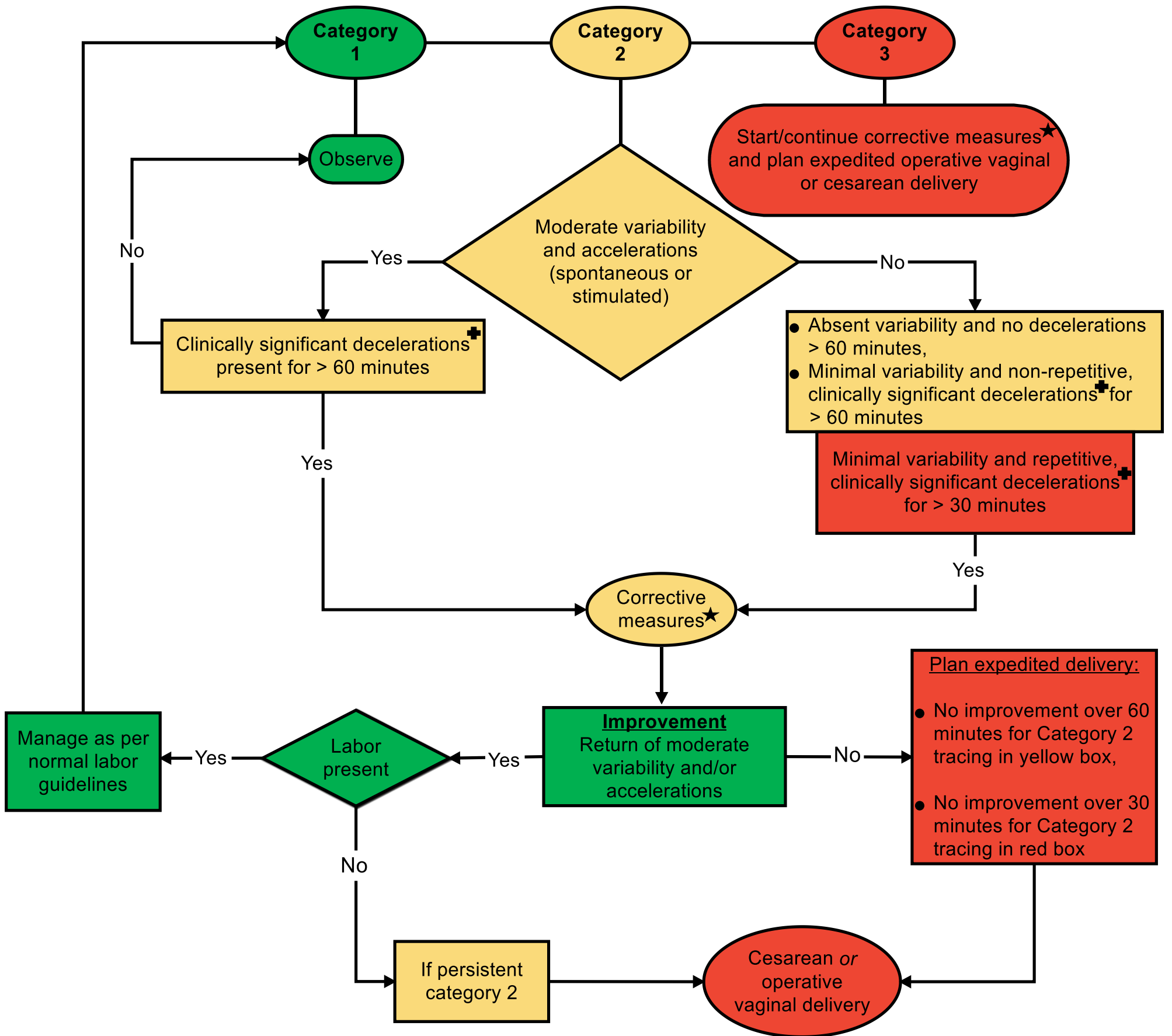


Management of Fetal Heart Rate Tracings



✚ Clinically significant decelerations include:
<ul style="list-style-type: none"> ● Prolonged decelerations ● Late decelerations ● Variable decelerations lasting 60 seconds <i>and</i> nadir to 60 beats per minute or descent at least 60 beats from baseline
For indeterminate, abnormal tracings:
<ul style="list-style-type: none"> ● Do not delay delivery if clinically appropriate ● If tracing remains category 2, then reassess every 30 minutes ● If fetal heart rate tracing improves to category 1, then observe and continue close observation ● If the tracing progresses to category 3, then make preparations for expedited delivery as per the top right side of the algorithm ● The algorithm does not apply to the very premature fetus

★ Corrective Measures
<ul style="list-style-type: none"> ● 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)