

Category II FHR Tracing management requires ongoing assessments, interventions, provider communication, and patient support and education. General Guidelines are outlined below:

Team Huddles: Bedside RN Charge RN Provider Patient Support Person	Team Huddles are recommended to occur when: ❖ Category II with significant decelerations* not resolved with interventions after 30 minutes ❖ If not resolved, huddle again at 30-60 minutes with Charge RN & request Physician to bedside ❖ Keep the patient & support person informed of plan of care ❖ Inform patient when to expect the next Huddle
*Significant Decelerations Defined:	❖ Prolonged Decelerations ❖ Late decelerations of any depth ❖ Variable decelerations lasting > 60 sec with nadir > 60 BPM below baseline ❖ Variable decelerations > 60 sec with nadir < 60 BPM, regardless of baseline
Clinical Assessment Includes:	❖ Vital signs ❖ Recent Cervical exam ❖ Stage of labor/labor progress ❖ Contractions (frequency, intensity, duration) ❖ Recent medications? (e.g., epidural, morphine) ❖ Consider fetal scalp stimulation (*never during resuscitation) ❖ If tracing remains inadequate after troubleshooting → Evaluate for internal monitoring (FSE/IUPC) ❖ Incorporate risk factors that may increase the rate at which acidosis occurs: IUGR, Pre-Eclampsia, abnormal dopplers, Preterm
Clinical Interventions:	❖ Maternal position change ❖ Correct maternal hypotension (500-1000ml bolus, consider vasopressor agents) ❖ Decrease or discontinue oxytocin ❖ Notify Provider ❖ Consider Amnioinfusion ❖ Correct uterine tachysystole (change position, fluid bolus, decrease/stop Pitocin, consider terbutaline administration) ❖ For 2nd stage of labor, change pushing techniques (push every other contraction, open glottis pushing)
Additional Key Points:	AWHONN's FHM program continues to classify marked variability as an indeterminate finding. Moderate variability and/or accelerations remain reliable indicators of the absence of metabolic acidemia at the time they are observed.

*Adapted from [Clark et.al. 2013](#), [Shields et al. 2018](#), [AWHONN Fetal Heart Monitoring 2024](#)

