

What are the new guidelines for the interpretation of fetal heart rate monitoring?

Refinements of the definitions, classifications, and interpretations of fetal heart rate tracings were issued in new guidelines released by ACOG. The objective of the guidelines is to reduce the inconsistent use of common terminology and the wide variability that sometimes occurs in FHR interpretations. ACOG's Practice Bulletin #106, published in July 2009, suggests a three-tier classification system for FHR tracings. Category 1 FHR tracings are considered normal and no specific action is required. Category 2 tracings are considered indeterminate. This category requires evaluation and surveillance and possibly other tests to ensure fetal well-being. Category 3 tracings are considered abnormal and require prompt evaluation. Examples of Category 3 tracings are those with absent baseline variability along with recurrent variable decelerations, late decelerations or bradycardia or tracings with a sinusoidal pattern.

Initial evaluation and treatment of Category 2 or 3 tracings may include the following:

- Discontinuation of any labor stimulating agent
- Cervical examination to determine umbilical cord prolapse, rapid cervical dilation, or descent of the fetal head
- Changing maternal position to left or right lateral recumbent position, reducing compression of the vena cava and improving uteroplacental blood flow
- Monitoring maternal blood pressure level for evidence of hypotension, especially in those with

regional anesthesia (if present, treatment with volume expansion or with ephedrine or both, or phenylephrine may be warranted)

- Assessment of patient for uterine tachysystole by evaluating uterine contraction frequency and duration

Supplemental oxygen, tocolytic therapy and amnioinfusions (for variable decelerations) have also been used. If a Category 3 tracing does not return to normal, then delivery is indicated.

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