INTRAPARTUM EFM ALGORITHM

Always consider the full clinical picture								
Antenatal risk factors	Refer to antenatal records/management plan and review risk factors							
Factors affecting fetal reserve	Oxytocin	Infection	Hypertension	Second stage	Epidural	Abnormal labour progress	Vaginal bleeding	Other
	FGR	Pyrexia	Preeclampsia	Uterine scar	Meconium	Preterm labour	Diabetes	
Has the intrapartum risk increased or fetal reserve decreased since the previous assessment? If yes, consider how this may be impacting fetal wellbeing								

Review whether any altered calling criteria is in place and when this requires review				
Contractions	**Baseline Rate (bpm)**	**Baseline Variability (bpm)**	**Reactivity**	**Decelerations** Repetitive when associated with > 50% contractions
	< 100 for > 10 minutes	≤ 5 for > 50 minutes > 25 for > 30 minutes Sinusoidal > 30 minutes		Repetitive late Repetitive complicated variable* Prolonged > 3 minutes
Abnormal contractions ≥ 6:10 minutes Contractions lasting ≥ 2 minutes or < 60 seconds resting tone	100 - 109 > 160 Rising baseline rate > 10%	Absence of cycling in last 60 minutes	Absent *Note: the absence of accelerations in active labour are unlikely to be associated with fetal compromise*	Repetitive variable Single lasting > 90 seconds and ≤ 3 minutes Early or occasional variable
Contractions ≤ 5:10 minutes with ≥ 60 seconds resting tone	110 - 160	6 - 25 Cycling present in last 60 minutes	Present	Nil

***Variable decelerations should be classified as COMPLICATED if they occur with one or more of the following:**

- Rising baseline rate
- Reducing baseline variability
- Large amplitude (falls to 60 bpm, or by 60 bpm) and/or long duration (> 60 seconds)
- Presence of smooth post-deceleration overshoots (temporary smooth increase in FHR above baseline)
- Fetal tachycardia
- Slow return to baseline FHR after end of contraction

Clinical Escalation Response (as per local fetal CERS)		Ask: Could there be fetal hypoxia?
NORMAL	Continue monitoring as required	**Low probability**
BE ALERT	Consider escalation to midwife in charge, initiate appropriate clinical action e.g. position change	**Low probability**
ABNORMAL 2 or more YELLOW ZONE features = **a Rapid Response**	Inform midwife in charge **Clinical Review** by a medical officer within 30 minutes Identify any reversible causes e.g. position change, give IV fluids if appropriate Where abnormal uterine activity: cease or reduce IV oxytocin infusion, consider use of tocolytics Continue to monitor and conduct an A-G assessment	Consider: **Gradually Evolving Hypoxia**
ABNORMAL	Call a **Rapid Response** Notify a medical officer for immediate review Identify any reversible causes e.g. position change, give IV fluids if appropriate Cease IV oxytocin infusion, consider use of tocolytics Consider further assessment of wellbeing or expediting birth by most appropriate means where significant abnormality persists	Consider: **Gradually Evolving Hypoxia** **Sub-Acute Hypoxia** **Acute Hypoxia**

A second clinician is required to ensure that every CTG trace is interpreted, co-signed and escalated appropriately
If the two clinicians are not in agreement with the assessment, then escalation for a Clinical Review is required as a minimum

This resource is to be used in conjunction with the NSW Health Fetal Heart Rate Monitoring Guideline.