NSW Health

Facility:

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____/_____/_____	M.O.
ADDRESS	
LOCATION / WARD	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

INTRAPARTUM ELECTRONIC FETAL MONITORING (EFM) TOOL

SMR110561

Indication for EFM: | Gestation:

Date of EFM: _____/_____/_____ | EFM review period: _____:_____ to _____:_____ | Maternal heart rate:

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 intrapartum risk increased or fetal reserve decreased since the previous assessment? If yes, consider how this may be impacting fetal wellbeing

Is altered calling criteria in place? ☐ Yes ☐ No | Does the altered calling criteria require reviewing at this time? ☐ Yes ☐ No ☐ N/A

Contractions	Baseline	Rate (bpm)	Baseline Variability	bpm	Accelerations	Decelerations
	☐ < 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 > 10%		☐ Absence of cycling in last 60 minutes		☐ Absent Note: the absence of accelerations in active labour is 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

Clinical Escalation Response

☐ **Normal** Continue to monitor	☐ **Be Alert** Continue to monitor Consider escalation	☐ **Abnormal** **Clinical Review within 30 minutes** 2 or more YELLOW ZONE features = **a Rapid Response** Time of call: _____:_____	☐ **Abnormal** **Call a Rapid Response** Time of call: _____:_____

Ask: Could there be fetal hypoxia?

Name: | Signature: | Date: _____/_____/_____ | Time: _____:_____

Name: | Signature: | Date: _____/_____/_____ | Time: _____:_____

Second clinician review completed and agrees with Clinical Escalation Response ☐ Yes ☐ No - Clinical Review required

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INTRAPARTUM ELECTRONIC FETAL MONITORING (EFM) TOOL

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