Algorithm for Management of Category 2 EFM
(not meant for use with Category 1 or 3 tracings) Based on: Clark. Category II FHRT. Am J Obstet Gynecol 2013.

Moderate Variability
OR
Accelerations

Significant decelerations with ≥50% of contractions for 1 hour not resolved with conservative measures/interventions

Significant decelerations with ≥50% of contractions for 30 minutes not resolved with conservative measures/interventions

Latent
Active Phase
Second

Normal Labor Progress
Observe
Cesarean

Normal Progress
Cesarean or Operative Vaginal Delivery
Observe

Observe for 1 hour
Persistent Pattern
Cesarean or Operative Vaginal Delivery
Manage per algorithm
INTERVENTIONS:
In utero resuscitation — general measures to improve utero-placental perfusion and maternal/fetal oxygenation
- Reposition the patient
- Administer oxygen
- Administer an intravenous (IV) fluid bolus
- Reduce uterotonic drugs (Oxytocin) by half if Tachysystole and Category I
- Discontinue uterotonic drugs (Oxytocin) if Tachysystole and Category II
- Consider administration a tocolytic drug such as terbutaline.
- For patients who were recently given epidural drugs for labor pain and have a change in maternal vitals, consider administration of an alpha-adrenergic agonist (e.g., phenylephrine, ephedrine) to reduce sympathetic blockade
- Reapply the algorithm every 30 minutes

TACHYSYSTOLE:
Tachysystole is defined as more than 5 contractions in 10 minutes, averaged over a 30-minute window of time.

If Cat 1 with Tachysystole:
- Reposition
- Empty bladder
- Fluid bolus
- If no change in 10 minutes, then 1/2 the oxytocin/uterotonic
- Then in another 10 minutes, no change turn off oxytocin/uterotonic.
- Notify provider

If Cat 2 with Tachysystole:
- Reposition
- Empty bladder
- Fluid bolus
- Oxygen
- Turn off oxytocin/Uterotonic
- Notify provider

To restart Oxytocin:
- Restart at 1/2 of oxytocin dose if: off <30 minutes
- Restart at Full dose of oxytocin if: off >30 minutes off restart where you stopped at.

ALGORITHM CLARIFICATION AND LIMITATIONS IN SUMMARY
- Variability is based on predominate pattern over a 30-minute span of time
- Marked = Moderate in the algorithm
- Algorithm is NOT intended for severely premature infants
- Algorithm can and should be overridden if a provider believes it is in the infant’s best interest to expedite delivery
- Algorithm does not replace clinical judgment
- Once a Category II is established, the algorithm should be re-assessed every 30 minutes

Significant Decelerations:
- Variable >60 second and >60 nadir below baseline
- Any type of Late Deceleration
- Any prolonged deceleration – Should exit the algorithm until resolved
- If the tracing becomes Category 1 or 3 at any time, exit the algorithm.

Category I Tracings have ALL of the following:
- Baseline rate 110-160 bpm
- Accelerations present or absent
- Moderate variability
- No late decelerations
- No variable decelerations
- No prolonged decelerations
- Early decelerations may be present

Category II Tracings include EVERYTHING ELSE!
- Baseline Rate:
  - Bradycardia not accompanied by absent variability
  - Tachycardia
- Baseline FHR variability
  - Minimal baseline variability
  - Absent baseline variability not accompanied by recurrent decelerations
  - Marked baseline variability
- Accelerations
  - Absence of induced accelerations after fetal stimulation
- Periodic or episodic decelerations
  - Recurrent variable decelerations with minimal or moderate baseline variability
  - Prolonged decelerations ≥ 2 minutes but < 10 minutes
  - Recurrent late decelerations with moderate baseline variability
  - Variable decelerations with other characteristics, such as slow return to baseline or other atypical features

Category III Tracings have at least ONE of the following:
- Absent variability with:
  - Recurrent late decelerations
  - Recurrent variable decelerations
  - Bradycardia for at least 10 minutes
- Sinusoidal pattern for at least 20 minutes