

Classification of Antepartum Non-Stress Test

Table 7.7

Parameter	Normal NST	Atypical NST	Abnormal NST
Baseline	110–160 bpm	100–110 bpm >160 bpm <30 min Rising baseline	Bradycardia <100 bpm Tachycardia >160 bpm for >30 min Erratic baseline
Variability	6–25 bpm (moderate) ≤5 (absent or minimal) for <40 min	≤5 bpm (absent or minimal) for 40–80 min	≤5 bpm for ≥80 min ≥25 bpm >10 min Sinusoidal
Decelerations	None or occasional variable <30 sec	Variable decelerations, 30–60 sec duration	Variable decelerations >60 sec duration Episodic gradual deceleration (SOGC, 2020)* *episodic gradual decelerations are defined in the 2020 Intrapartum FHS CPG (Dore & Ehman, 2020). In the event an episodic gradual deceleration occurs during a non-stress test, the health-care provider needs to ensure the toco is recording uterine activity or lack there-of appropriately.
Accelerations (Term fetus)	≥2 accelerations with an acme of ≥15 bpm occurring over at least 15 sec in <40 min of testing	≤2 accelerations in 40–80 min	≤2 accelerations in >80 min
Accelerations Pre-term Fetus (<32 weeks)	≥2 accelerations with an acme of ≥10 bpm occurring over at least 10 sec in <40 min of testing	≤2 accelerations in 40–80 min	≤2 accelerations in >80 min
Action and Response	FURTHER ASSESSMENT OPTIONAL , based on total clinical picture	FURTHER ASSESSMENT REQUIRED	URGENT ACTION REQUIRED An overall assessment of the situation and further investigation with U/S or BPP is required. Some situations will require delivery

Adapted from “No. 197a-Fetal Health Surveillance: Antepartum Consensus Guideline,” by SOGC, 2018, Journal of Obstetrics & Gynecologists of Canada, 40(4), Table 5, p.e261 (<https://doi.org/10.1016/j.jogc.2018.02.007>).