Intrapartum INTERMITTENT AUSCULTATION (IA) Classification Table

(Adapted from SOGC, 2020)

Parameters	Normal	Abnormal
Uterine Activity	• Normal	• Tachysystole
Baseline	• 110-160 bpm	• Less than 110 bpm • Greater than 160 bpm • Rate changing over time*
Rhythm	• Regular	• Irregular
Accelerations	• May be present**	• Not applicable – absence of accelerations does not indicate abnormal
Decelerations	• Not heard	• Audible or counted
Actions	Always: • Focus on communication and teamwork including the birthing person and family • Evaluate FHS considering the overall clinical picture • Actions often occur simultaneously	
	• Continue to monitor by IA and provide supportive care • Promote comfort and fetal oxygenation	• Change patient position and repeat IA OR immediately initiate EFM • If deceleration persists after next contraction, initiate EFM if not already initiated to confirm FHR pattern • If EFM is initiated for abnormal IA, IA can be resumed if the tracing is normal for 20 minutes and no maternal-fetal risk factors are identified based on review of the overall clinical picture • If uncertain whether you heard a deceleration or if EFM is unavailable, reposition the person and listen after the next contraction. If decelerations are confirmed by IA, EFM is recommended in order to confirm the fetal heart rate pattern • Intervene to improve blood flow and oxygenation • Notify primary health-care provider

Notes:

* Increasing or decreasing FHR baseline over time: FHR baseline increases over time are concerning (e.g., initial FHR baseline is 130 bpm, 2 hours later the baseline is reassessed as 150 bpm, and then 1 hour after that the baseline is 160 bpm).

** Additional information: Fetal movement is a sign of fetal well-being and may be accompanied by accelerations. However, the absence of accelerations does not mean abnormal classification. If fetal movement is felt or seen, it should be documented and considered as part of the total clinical picture.

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Intrapartum ELECTRONIC FETAL MONITORING (EFM) Classification Table

(Adapted from SOGC, 2020)

Parameters	Normal	Atypical	Abnormal
Uterine Activity	• Normal • Tachysystole may be present with normal, atypical, or abnormal FHR characteristics		
Baseline	• 110-160 bpm	• 100-110 bpm • Greater than 160 for 30-80 minutes • Rising baseline • Arrhythmia (irregular rhythm)	• Less than 100 bpm • Greater than 160 bpm for more than 80 minutes • Erratic baseline
Variability (amplitude in bpm)	• Moderate (6-25 bpm) • Minimal or absent (less than or equal to 5 bpm) for less than 40 minutes	• Minimal or absent (less than or equal to 5 bpm) for 40-80 minutes	• Minimal or absent (less than or equal to 5 bpm) for more than 80 minutes • Marked (greater than 25 bpm) for more than 10 minutes • Sinusoidal
Accelerations	• Spontaneous acceleration(s) (but not required to classify the tracing as normal) • Acceleration with scalp stimulation	• Absence of acceleration with scalp stimulation	• Usually absent • Accelerations, if present, do not change the classification of the tracing based on other characteristics
Decelerations	• None • Non-repetitive uncomplicated variable decelerations • Early decelerations	• Repetitive uncomplicated variable decelerations • Non-repetitive complicated variable decelerations • Intermittent late decelerations • Single prolonged deceleration lasting more than 2 minutes but less than 3 minutes	• Repetitive complicated variable decelerations • Recurrent late decelerations • Single prolonged deceleration lasting more than 3 minutes but less than 10 minutes
Clinical interpretation within the total clinical picture	• No evidence of fetal compromise	• Physiologic response reflecting activation of compensatory mechanisms	• Possible fetal compromise
Terminology	• Non-repetitive: 1 or maximum of 2 in a row • Repetitive: greater than or equal to 3 in a row • Intermittent: Decelerations occur with less than 50% of uterine contractions in any 20-minute window • Recurrent: Decelerations occur with greater than or equal to 50% of uterine contractions in any 20-minute window		

Response to Classified EFM Tracings

(Adapted from SOGC, 2020)

Response	Normal	Atypical	Abnormal
Actions	Always: • Focus on communication and teamwork including the birthing person and family • Evaluate FHS considering the overall clinical picture • Actions often occur simultaneously		
	• Continue with monitor method, as indicated, and provide supportive care • EFM may be interrupted for up to 30 minutes. If maternal-fetal condition is stable and if oxytocin rate is stable	VIGILANCE • Vigilant assessment required, especially when combined features are present • Determine significance/cause and correct reversible cause • Initiate intrauterine resuscitation • Determine duration of effect and reserve tolerance of fetus • Consider fetal evaluation (scalp stimulation and/or fetal scalp blood sampling, ultrasound) • Consider transfer/delivery if tracing persists or deteriorates	ACTION REQUIRED • Determine significance/cause and correct reversible cause • Initiate intrauterine resuscitation • Determine duration of effect and reverse tolerance of fetus • Fetal scalp blood sampling if available • Notify pediatric and anaesthesia services • Expediate delivery (operative vaginal or cesarean delivery) unless delivery is imminent or there is evidence of normal fetal scalp blood sample)