

Category II A

- Minimal baseline variability
 - with accelerations
 - without accelerations lasting < 60 minutes
- Variable decelerations
 - abrupt decrease with abrupt return to baseline (< 2 minutes)
 - without slow return to baseline or overshoot
 - intermittent variable decelerations with minimal variability
- Intermittent late decelerations with minimal or moderate variability
- Prolonged deceleration
 - single prolonged deceleration within 12 hours
- Bradycardia
 - with moderate variability or with accelerations
- Tachycardia
 - with variability and no decelerations
- Benign sinusoidal pattern with narcotic use

Nurses Role – Category II A

- Recognize and document Category II A pattern
- Institute intrauterine resuscitation, as appropriate
- Document observations, actions and fetal/patient response
- Update physician as needed, communicate fetal/patient response
- Anticipate the potential to transition to Category II B/III pattern

Physicians Response – Category II A

- If notified, communicate plan of management to the nurse
- If notified, consider ancillary evaluation (e.g. Scalp/vibroacoustic stimulation, or fetal pulse oximetry).
- Anticipate the potential to transition to Category II B/III pattern

Category II B

- Minimal baseline variability
 - without accelerations lasting >60 minutes
- Variable decelerations
 - recurrent variable decelerations with minimal variability
- Recurrent late decelerations with minimal or moderate baseline variability
- Prolonged deceleration
 - more than one prolonged deceleration within 12 hours
- Bradycardia
 - with minimal variability or with accelerations
- Absent baseline variability not accompanied by recurrent decelerations
- Marked baseline variability

Nurses Role – Category II B

- Recognize and document Category II pattern
- Institute intrauterine resuscitation
- Notify physician, communicate status and interventions taken
- Request physician evaluation of fetal monitoring strip
- Document physician response
- Document observations, actions and fetal/patient response
- Update physician, communicate fetal/patient response
- Anticipate the potential to transition to Category III pattern

Physicians Response – Category II B

- Evaluate fetal monitoring strip
- Communicate plan of management to the nurse
- Consider ancillary evaluation (e.g. scalp/vibroacoustic stimulation or fetal pulse oximetry)
- Anticipate the potential to transition to Category III pattern



Banner Health®

Fetal Monitoring

NICHD with Banner Fetalese Interventions

Reviewed January 2013

Category I

Category II A

Category II B

Category III

Intrauterine Resuscitation

- Turn patient on side (change position with variable deceleration)
- Increase IV fluids
- Administer oxygen
- Discontinue contraction inducing agent
- Administer Terbutaline, if indicated (and physician order)

Category I

- Baseline Fetal Heart Rate between 110 and 160
 - Accelerations: present or absent
 - Moderate variability
 - Late or variable decelerations: absent
- Early decelerations: present or absent

Nurses Role – Category I

- Continue to observe patient
- Document observations
- Notify physician – “Routine” communication

Physicians Response – Category I

- Acknowledge and receive communicated status.

Category III

- Absent baseline FHR variability **and** any of the following:
 - Late decelerations – intermittent or recurring
 - Variable decelerations – intermittent or recurring
 - Bradycardia
 - Tachycardia
- Sinusoidal Pattern

Nurses Role – Category III

- Recognize and document Category III pattern
- Institute intrauterine resuscitation
- Document physician response
- Prepare for delivery
 - Activate team for emergency C-Section
 - Prepare patient for delivery
 - Call for available OB/General Surgeon
- Document observations, actions and fetal/patient response

Physicians Response – Category III

- Immediately respond to the onsite assessment/intervention requirement concerning the need for emergency delivery.