Interpretation of FHR traces/cardiocographs

1.12.2 The recommended definitions and classifications of the FHR trace/cardiocograph produced during EFM are shown in tables 5 and 6.

Table 5 Definition of normal, suspicious and pathological FHR traces

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>An FHR trace in which all four features are classified as reassuring</td>
</tr>
<tr>
<td>Suspicious</td>
<td>An FHR trace with one feature classified as non-reassuring and the remaining features classified as reassuring</td>
</tr>
<tr>
<td>Pathological</td>
<td>An FHR trace with two or more features classified as non-reassuring or one or more classified as abnormal</td>
</tr>
</tbody>
</table>

Table 6 Classification of FHR trace features

<table>
<thead>
<tr>
<th>Feature</th>
<th>Baseline (bpm)</th>
<th>Variability (bpm)</th>
<th>Decelerations</th>
<th>Accelerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reassuring</td>
<td>110–160</td>
<td>≥ 5</td>
<td>None</td>
<td>Present</td>
</tr>
<tr>
<td>Non-reassuring</td>
<td>100–109</td>
<td>&lt; 5 for 40–90 minutes</td>
<td>Typical variable decelerations with over 50% of contractions, occurring for over 90 minutes</td>
<td>The absence of accelerations with otherwise normal trace is of uncertain significance</td>
</tr>
<tr>
<td></td>
<td>161–180</td>
<td></td>
<td>Single prolonged deceleration for up to 3 minutes</td>
<td></td>
</tr>
<tr>
<td>Abnormal</td>
<td>&lt; 100</td>
<td>&lt; 5 for 90 minutes</td>
<td>Either atypical variable decelerations with over 50% of contractions or late decelerations, both for over 30 minutes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt; 180</td>
<td></td>
<td>Single prolonged deceleration for more than 3 minutes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sinusoidal pattern ≥ 10 minutes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Further information about classifying FHR traces is given below.

- If repeated accelerations are present with reduced variability, the FHR trace should be regarded as reassuring.
- True early uniform decelerations are rare and benign, and therefore they are not significant.
- Most decelerations in labour are variable.
- If a bradycardia occurs in the baby for more than 3 minutes, urgent medical aid should be sought and preparations should be made to urgently expedite the birth of the baby, classified as a category 1 birth. This could include moving the woman to theatre if the fetal heart has not recovered by 9 minutes. If the fetal heart recovers within 9 minutes the decision to deliver should be reconsidered in conjunction with the woman if reasonable.
- A tachycardia in the baby of 160–180 bpm, where accelerations are present and no other adverse features appear, should not be regarded as suspicious. However, an increase in the baseline heart rate, even within the normal range, with other non-reassuring or abnormal features should increase concern.