Beyond the Basics: The Art and Science of Tracing Interpretation

Session 2: March 29, 2017
Wisconsin Association for Perinatal Care (WAPC)

Web site: [www.perinatalweb.org](http://www.perinatalweb.org)

Phone: (608) 285-5858

Email: [wapc@perinatalweb.org](mailto:wapc@perinatalweb.org)

Fax: (608) 285-5004

Address: 211 S. Paterson St., Suite 250
Madison, WI 53703
Planners

- Sara Bronson, MSN, RN, CNL
- Julie Bulgrin, BSN, RNC-OB, C-EFM
- Eva Fassbinder Brummel, MPH
- Ann E. Conway, MS, MPA, RN
- Kathy Frigge, MS, RN, C-EFM
- Janice McIntosh, BSN, RNC-OB, C-EFM
- Jeanne Rosendale, MSN, RNC-Inpatient OB, C-EFM
- Chris Van Mullem, MS, RNC, C-EFM

No conflicts to disclose.
Julie Bulgrin, BSN, RNC-OB, C-EFM
Nurse Educator
Women’s and Children’s Services
Aurora Medical Center Grafton
Grafton, WI
Notice of disclosures

- Notice of requirements for successful completion
  - Registrants must attend full session and complete evaluation to receive contact hours
- Conflicts of Interest
  - None to report
- Financial Disclosures
  - None
- Sponsorship or commercial support
  - None
- Non-endorsement of products
  - The speaker does not endorse the use of any particular medications or products as part of this educational session
- Off-label use
  - The speaker may discuss the off-label use of misoprostol and terbutaline as they relate to labor and delivery.
Before we begin...

• Listen-only mode

• Questions – please ask, please answer!
  – Raise your hand
  – Type into the Question Pane
  – Out of time? Email wapc@perinatalweb.org

• Technical problems: Email Barb Wienholtz at wienholtz@perinatalweb.org or call at 608-285-5858, ext. 201
The content presented today is a case study. Components of this case were chosen based on their applicability to achieve learning objectives for this presentation. Do not assume the patient featured in the case was cared for by the instructor or at the facility at which the instructor is employed.

The discussion will focus on interpretation of the electronic fetal monitoring (EFM) tracings for the purpose of education. At times, the discussion may lead to the care decisions made based on EFM interpretation.

IF the instructor shares details regarding actual or potential care decisions, please note those decisions do not necessarily reflect the opinions of the instructor, a particular provider, the standard of care for any particular institution or facility, or of WAPC.
At the conclusion of the session, participants will be able to:

1. Systematically review the fetal monitoring data to identify the fetal heart rate pattern classification (category).

2. Discuss interventions/management of the fetal heart rate patterns based on their pathophysiology.
• Identify required actions correctly to manage women with abnormal fetal heart rate patterns.
The 2008 National Institute of Child Health and Human Development (NICHD) Report of Fetal Heart Rate Monitoring

- Defined standard fetal heart rate nomenclature
- Identified three categories for fetal heart rate interpretation
- Proposed future research
2008 NICHD Report

• Report endorsed by:


  – AWHONN-endorsed and incorporated in fetal monitoring curriculum

  – American College of Nurse Midwives

  – American Academy of Family Practice

"Management of Intrapartum Fetal Heart Rate Tracings"

- Reviewed:
  - Nomenclature
  - Fetal Heart Rate Interpretation (categories)

- Provided framework for evaluation and management of intrapartum patterns based on categories

- Assessment algorithm for fetal heart rate patterns

- Intrapartum resuscitative measures

- Management of uterine tachysystole

The following questions are used to evaluate every tracing, followed by specific questions:

1. What is the contraction pattern? (interval, duration, resting tone if appropriate)
2. What is the baseline fetal heart rate?
3. What is the baseline variability?
4. Are there any periodic changes present?
5. Are there any episodic changes present?
6. What are the probable causes of the changes present?
7. When was the last time there was either moderate variability or an acceleration?
• Interpretation
• Interventions/Communication
• Documentation in chart
• SBAR
  – Situation
  – Background
  – Assessment
  – Recommendation
Categories are used to define fetal heart rate monitoring during the intrapartum period.

True/False
Case History

- 34 year old primip
- 33 4/7 weeks gestation
- Abdominal pain and headache
- Uncomplicated pregnancy
1 hour after admission
• Do I have accelerations appropriate for gestational age?
Ask yourself...

- What are my next steps?
- How would I report this strip to the physician on call?
Tracing 5
2 hours after admission
3 hours after admission
Follow-up

- Pt. was discharged to emergency department for pain management
- Preeclampsia was ruled out
- 5 days after discharge, a fetal demise was noted
Case #2: History

- G2P1
- Presents to Labor and Delivery with decreased fetal movement
- Last seen for prenatal care two months ago
- Recently moved to area
- Reported due date makes pt. 31 3/7 based on US. Pt. does not have records to confirm due date
The primary method of fetal surveillance during pregnancy is:
a) Fetal kick counts  
b) Nonstress testing  
c) Ultrasounography
Admission
IV started
When documenting this tracing, you document:

a) Late decelerations
b) Variable decelerations
c) No decelerations, broken tracing
EFM removed for bedside US 30 minutes after admission
Results of bedside US

• Fetus noted to be 28 weeks
• Normal AFI
• Biophysical profile not obtained
A biophysical summative score of _____ or greater is considered a sign of fetal well being.

a) 5  
b) 6  
c) 8
1 hour after admission
2 hours after admission
When interpreting this tracing do you identify any accelerations?

a) Yes

b) No
Discharged home after 2 hours and 20 minutes of monitoring.
Criteria for NST for gestation less than 32 weeks is:

a) 2 15x15 accelerations in a 20 minute period
b) 2 10x10 accelerations in a 20 minute period
c) 2 15x15 accelerations in a 20 minute period if the fetus has met this criteria during a previous NST
d) b & c
Follow-up

- Patient discharged home to follow up within the week
- Discharge documentation stated fetal heart tones documented expected for gestational age of 28 weeks
- Follow up appointment 6 days later found fetal demise
• 35 year old
• G6 P1041
• 25 5/7
• Presents to Labor and Delivery for abdominal pain
Follow-up

- Physician at bedside
- Preterm labor ruled out
- To ED for further evaluation of abdominal pain
- Delivered at term, no complications


Questions?

Comments?
Remember

- Fax or email attendance list to WAPC
  - fax: 608-285-5004
  - email: wapc@perinatalweb.org
- Evaluation will be sent via email from WAPC. Please complete to receive Continuing Education Credit.
- Continuing Education Certificate will be sent via email upon completion of evaluation.
- Archived version
- Become a member of WAPC! Join online: https://www.perinatalweb.org/n-pay/membership.asp
- Don’t miss the next session: August 16, 2017
Thank-you