==1. Proposed Profile: Fetal Heart Tracings Proposal ==

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===Summary===

< The goal of antepartum fetal surveillance is to prevent fetal death. Antepartum fetal surveillance techniques based on assessment of fetal heart rate patterns have been in clinical use for almost three decades. Real-time ultrasonography and Doppler velocimetry are also used to evaluate fetal well-being. Antepartum fetal surveillance techniques are now routinely used to assess the risk of fetal compromise in pregnancies complicated by preexisting maternal conditions (eg, type 1 diabetes mellitus) as well as those in which complications have developed (eg, intrauterine growth restriction).br />

<The wave form tracings/images should be available for exchange between care providers and hospitals in order to provide quality care.br/>

==2. The Problem==

<Non-stress tests may be performed in physician offices or in hospitals. Availability of the graphical display in locations other than where the test was performed allows clinicians to evaluate changes in fetal status. Annotation of the fetal heart graphs is important for medico-legal documentation of care. br/>

==3. Key Use Case==

<Case 1. The primary obstetrician (or office nurse) performs an office-based non-stress test for decreased fetal movement at 29 weeks gestation. Upon finding an abnormality (absent accelerations), sends the patient to the perinatologist and/or the hospital. Interpretation by the consulting perinatologist of the suspicious non-stress test requires seeing the graphic (waveform) generated in the office, along with any notations of acoustical stimulation, position changes, etc. Subsequent testing by biophysical profile is normal, and the patient is returned to the office for scheduling of her routine care. br/>

<Case 2. A patient with twin gestation is seen in Labor and Delivery, where a non-stress test is performed for fetal assessment at 34 weeks. The NST is read by the obstetrician in the office (remotely), and the interpretation (normal, reactive) is recorded. br/>

==4. Standards & Systems==

\*CCD ASTM/HL7 Continuity of Care Document

\*CDAR2 HL7 CDA Release 2.0

\*ACOG AR American College of Obstetricians and Gynecologists

Practice Bulletin #9

\*LOINC Logical Observation Identifiers, Names and Codes

\*SNOMED Systemized Nomenclature for Medicine

\*DSG Document Digital Signature

\*NAV Notification of Document Availability

==5. Technical Approach==

===Existing actors===

<There are two actors in the Fetal Heart Tracings profile, the Content Creator and the Content Consumer. Content is created by a Content Creator and is to be consumed by a Content Consumer. br/>

===Impact on existing integration profiles===

<The Fetal Heart Tracings Profile contains critical information to be shared as part of a Medical summary created during pregnancy care. The Fetal Heart Tracings Profile is a content profile that is intended to eventually sit within a larger folder structure that contains documents related to Antepartum care which will be defined in future years called the Antepartum Record. br/>

===New integration profiles needed===

===Breakdown of tasks that need to be accomplished===

==6. Support & Resources==

==7. Risks==

==8. Open Issues==

==9. Tech Cmte Evaluation==