

Fetal Heart Tracings

Integrating the

Healthcare Enterprise

Profile Proposal

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| Proposed Profile | *Fetal Heart Tracings Proposal* |
| Proposed Editor | Tone Southerland |
| Date | *October 6, 2008* |
| Version | *<current version # of proposal – start at 0.1, 0.2, etc>* |
| Domain | *Patient Care Coordination* |

| The Problem | *<Summarize the integration problem. What doesn’t work, or what needs to work.>* |
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| 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. More recently, real-time ultrasonography and Doppler velocimetry have also been 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).  Non-stress tests may be performed in physician offices or in hospitals. Availability of the graphical display in locations other than where performed allows clinicians to evaluate changes in fetal status. Annotation of the fetal heart graphs is important for medico-legal documentation of care. | |

| Key Use Case | *<Describe a short use case scenario from the user perspective. The use case should demonstrate the integration/workflow problem. Feel free to add a second use case scenario demonstrating how it “should” work. Try to indicate the people/systems, the tasks they are doing, the information they need, and hopefully where the information should come from.>* |
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| 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.  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. | |

| Standards & Systems | *<List existing systems that are/could be involved in the problem/solution. If known, list standards which might be relevant to the solution>* |
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| CCD ASTM/ HL7 Continuity of Care Document  CDAR2 HL7 CDA Release 2.0  ACOG 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 | |
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| Discussion | *<If possible, indicate why IHE would be a good venue to solve the problem and what you think IHE should do to solve it.>* |
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| Several antepartum fetal surveillance techniques (tests) are in use. These include fetal movement assessment, nonstress test (NST), contraction stress test (CST), Bio-physical Profile (BPP), modified BPP, and umbilical artery Doppler velocimetry. | |

<This [Brief] Profile Proposal must not exceed 2 pages in length>