

## SUGGESTED MANAGEMENT WHEN DR CRITERIA NOT MET

This table provides guidance on suggested actions when DR criteria are not met. This list is not exhaustive. Clinical judgement including full holistic review should be used when formulating a plan with women and birthing people.

Code	Reason criteria not met	Suggested action
1	<b>Basal Heart Rate outside normal range (110-160bpm)</b>	<ul style="list-style-type: none"> <li>• Discuss with senior obstetrician (ST3 or above), further assessment of fetal wellbeing or delivery depending on clinical picture.</li> <li>• Inform senior midwife/co-ordinator.</li> </ul>
2	<b>Large decelerations</b>	<ul style="list-style-type: none"> <li>• If the trace is otherwise normal and has one or two isolated decelerations, repeat the trace in 2-4 hours.</li> <li>• For recurrent decelerations inform senior obstetrician (ST3 or above).</li> <li>• Inform senior midwife/co-ordinator.</li> <li>• Consider delivery.</li> </ul>
3	<b>No episodes of high variation</b>	<ul style="list-style-type: none"> <li>• If STV is normal and there are accelerations, CTG can be discontinued and repeated within 4 hours.</li> <li>• Absence of an episode of high variation is strongly linked to development of metabolic acidaemia. This should be acted upon in the same way as a reduced STV.</li> </ul>
4	<b>No movements and fewer than 3 accelerations</b>	<ul style="list-style-type: none"> <li>• Requires obstetric review.</li> <li>• Inform senior midwife/co-ordinator.</li> <li>• Repeat CTG within 4 hours.</li> </ul>
5	<b>Baseline fitting is uncertain</b>	<ul style="list-style-type: none"> <li>• If all else is fine and the baseline falls within normal parameters then this can be ignored.</li> <li><b>or</b></li> <li>• If concerned repeat within 4 hours.</li> </ul>
6	<b>STV is less than 3</b>	<ul style="list-style-type: none"> <li>• Inform senior obstetrician (ST3 or above).</li> <li>• Inform senior midwife/co-ordinator.</li> <li>• Consider delivery.</li> </ul>
7	<b>Possible error at the end of record</b>	<ul style="list-style-type: none"> <li>• Continue CTG.</li> <li>• Repeat CTG within 4 hours.</li> </ul>
8	<b>Deceleration at the end of the record</b>	<ul style="list-style-type: none"> <li>• Inform senior obstetrician (ST3 or above).</li> <li>• Inform senior midwife/co-ordinator.</li> <li>• Consider delivery or appropriate action based on clinical picture.</li> <li>• Continue or repeat CTG as required.</li> </ul>
9	<b>High-frequency sinusoidal rhythm</b>	<ul style="list-style-type: none"> <li>• Discuss with senior obstetrician (ST3 or above)</li> <li>• Inform senior midwife/co-ordinator.</li> <li>• Consider immediate delivery.</li> </ul>

		<ul style="list-style-type: none"> <li>• Inform Neonatal Team</li> <li>• Maternal blood for Kleihauer to test for degree of feto-maternal haemorrhage and consider risk of fetal anaemia.</li> </ul>
<b>10</b>	<b>Suspected sinusoidal rhythm</b>	<ul style="list-style-type: none"> <li>• Discuss with senior obstetrician (ST3 or above)</li> <li>• Inform senior midwife/co-ordinator.</li> <li>• Differentiate from pseudo sinusoidal rhythm, if sinusoidal, manage as per sinusoidal.</li> <li>• Pseudosinusoidal FHR patterns closely resemble a sinusoidal pattern, but are usually transient, resolve spontaneously and are associated with a good fetal outcome.</li> </ul>
<b>11</b>	<b>Long term variations in high episodes below acceptable levels</b>	<ul style="list-style-type: none"> <li>• Discuss management plan with senior obstetrician (ST3 or above).</li> <li>• Inform senior midwife/co-ordinator.</li> <li>• Repeat CTG in 4 hours.</li> <li>• Absence of an episode of high variation is strongly linked to development of metabolic acidaemia. This should be acted upon in the same way as a reduced STV.</li> </ul>
<b>12</b>	<b>No accelerations</b>	<ul style="list-style-type: none"> <li>• Review by senior obstetrician (ST3 or above).</li> <li>• Inform senior midwife/co-ordinator.</li> <li>• Continue CTG or repeat within 4 hours.</li> </ul>