



# POSITION STATEMENT

## Standardized Nomenclature for Electronic Fetal Monitoring

Evaluation of the fetal heart rate provides essential information for fetal risk assessment during labor and birth. The American College of Nurse Midwives acknowledges that there are multiple methods for fetal heart rate surveillance in labor, including intermittent fetal heart rate auscultation, and supports the development and use of standard nomenclature for the communication of all critical clinical assessment values. Effective and seamless communication among health care providers is a key patient safety goal, and the adoption of standardized nomenclature for the communication of critical clinical data supports this objective.

In the case of electronic fetal heart rate monitoring (EFM), definitions were established in 1997 by a multidisciplinary panel convened under the auspices of the National Institute of Child Health and Human Development (NICHD). The nomenclature became known and is commonly referred to as the NICHD nomenclature. The NICHD nomenclature provides clinicians with a clear set of objective definitions for EFM terminology (see appendix). Standardization of EFM nomenclature has been recognized by experts and professional organizations as crucial to communication and collaboration between all members of the healthcare profession.

In an effort to promote meaningful collaborative practice within the team framework of perinatal care and to build a culture of safety for mothers and infants, ACNM supports and encourages use of the NICHD nomenclature as the standard when using electronic fetal monitoring. Furthermore, ACNM supports and encourages multidisciplinary, evidence-based education and competency assessment in fetal heart rate evaluation for all perinatal healthcare team members.

### References

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Appendix

***NICHD Terminology for Fetal Heart Rate Characteristics***

<b>Term</b>	<b>Definition</b>
Baseline Rate	Mean FHR rounded to increments of 5 bpm during a 10 minute segment excluding periodic or episodic changes, periods of marked variability and, segments of baseline that differ by > 25 bpm. Duration must be $\geq$ 2 minutes.
Bradycardia	Baseline rate of < 110 bpm for $\geq$ 10 minutes
Tachycardia	Baseline rate of > 160 bpm for $\geq$ 10 minutes
Variability	Fluctuations in the baseline FHR of 2 cycles/min or greater. Visually quantitated as the amplitude of the peak-to-trough in beats per minute
- Absent variability	Amplitude from peak to trough undetectable.
- Minimal variability	Amplitude from peak to trough > undetectable and $\leq$ 5 bpm.
- Moderate variability	Amplitude from peak to trough 6-25 bpm.
- Marked variability	Amplitude from peak to trough > 25 bpm.
Acceleration	Visually apparent abrupt increase (onset to peak is < 30 sec.) of FHR above baseline. Peak is $\geq$ 15 bpm. Duration is $\geq$ 15 bpm and < 2 min. In gestations < 32 weeks, Peak of 10 bpm and duration of 10 sec. is acceleration.
Prolonged acceleration	Acceleration > 2 min and < 10 min duration.
Early deceleration	Visually apparent gradual decrease (onset to nadir is $\geq$ 30 sec.) of FHR below baseline. Return to baseline associated with a uterine contraction. Nadir of deceleration occurs at the same time as the peak of the contraction Generally, the onset, nadir, and recovery of the deceleration occur at the same time as the onset, peak and recovery of the contraction.
Late deceleration	Visually apparent gradual decrease (onset to nadir is $\geq$ 30 sec.) of FHR below baseline. Return to baseline associated with a uterine contraction. Nadir of deceleration occurs after the peak of the contraction. Generally, the onset, nadir and recovery of the deceleration occur after same time as the onset, peak, and recovery of the contraction
Variable deceleration	Visually apparent abrupt decrease (onset to nadir is < 30 sec.) in FHR below baseline. Decrease is $\geq$ 15 bpm. Duration is $\geq$ 15 sec. and < 2 min.
Prolonged deceleration	Visually apparent abrupt decrease (onset to nadir is < 30 sec.) in FHR below baseline. Decrease is $\geq$ 15 bpm. Duration is $\geq$ 2 min. but < 10 min.

bpm = beats per minute

From: National Institute of Child Health and Human Development Research Planning Workshop. Electronic fetal heart rate monitoring; Research guidelines for interpretation. Am J Obstet Gynecol 17:1385-90; JOGNN 1997;26:635-640