

Changes to the IFS Guideline Fourth Edition

Please note the following changes in the *RANZCOG IFS Guideline Fourth Edition* (pink cover), relevant to this book, *Assessing Fetal Wellbeing: A Practical Guide (2016)*:

- **Risk factors:** An expanded list of antenatal and intrapartum risk factors where intrapartum cardiotocography is recommended. See the Guideline or OFSEP for further details.
- **Modified antenatal risk factor:** If fetal movements altered “unless there has been demonstrated wellbeing and a return to normal fetal movements”.
- **New antenatal risk factors:** oligohydramnios defined as MVP <2cm or AFI < 5cm; low cerebroplacental ratio and abnormal placental cord insertion such as velamentous, hyper/hypocoiled.
- **New recommendation:** Each institution should develop standardised clinical protocols for the response to abnormal intrapartum fetal heart rate patterns.
- **New recommendation:** Institutions should ensure that their staff have access to and are supported to use suitable educational resources, such as the FSEP and its suite of educational resources.
- **Change to recommendation:** Lactate vs pH - If fetal blood sampling is indicated, the use of either scalp lactate or pH measurement is reasonable. In some institutions, lactate will provide an easier and more affordable adjunct to electronic fetal monitoring.
- **Clearer definition:** Deceleration – A transient decrease of the FHR below the baseline, lasting at least 15 seconds (the requirement for dropping > 15bpm below the baseline rate, has been removed).
- **Clearer definition:** Prolonged decelerations - A fall in the baseline fetal heart rate for more than 90 seconds and up to 5 minutes (previously “... less than 5 minutes”).
- **Clearer definition:** Bradycardia - A fall in the baseline fetal heart rate for more than 5 minutes (previously “... more than 5 minutes and falling below 100bpm”).
- Good practice notes have been expanded and strengthened regarding interruptions to fetal heart rate monitoring for personal care, procedures, and transfers; particularly during transfer to the operating theatre and prior to delivery of the fetus, in the context of suspected fetal compromise.
- Enhanced guidance on the use of intrauterine pressure catheters for better assessment of uterine activity and the subsequent assessment of fetal wellbeing when uterine activity is not readily palpable.