NSTs for Postdates Pregnancy

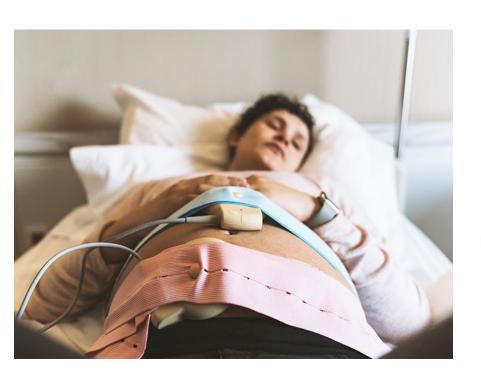
HIVE Presentation June 2022



Expectant ManagementPostdates Monitoring Options

Non-Stress Tests (NST)

- Can be performed in-office or in-hospital, possible at-home with a portable machine
- Uses an EFM machine
- Need: Machine, Transducers, straps, paper, pulse oximeter,* probe for marking movement*
- o Duration: 20 mins, may repeat for 20 mins if needed. Beyond that, consider intervention
- For postdates, consider results "valid" for ~48h
- Start postdates monitoring at ~41wks, NST every 48h
- Great tool for PROM assessments and reduced fetal movement assessments
- Proper interpretation of results is key





Videos NST Education

- https://www.youtube.com/watch?v=TZH5VV1MJQc
- https://www.youtube.com/watch?v=e8VniFCOsVI

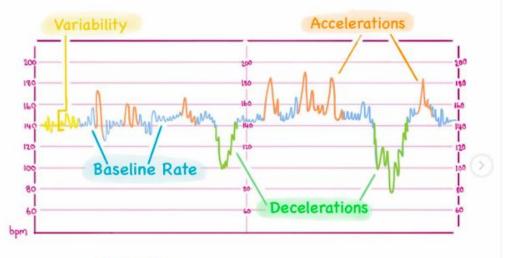
Table 5. Antepartum classification: non-stress test

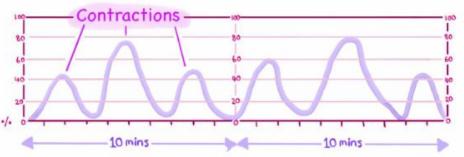
Parameter	Normal NST (Previously "Reactive")	Atypical NST (Previously "Non-Reactive")	Abnormal NST (Previously "Non-Reactive")
Baseline	110–160 bpm	 100–110 bpm > 160 bpm < 30 min. Rising baseline 	 Bradycardia < 100 bpm Tachycardia > 160 for > 30 min. Erratic baseline
Variability	6-25 bpm (moderate) ≤5 (absent or minimal) for < 40 min.	≤ 5 (absent or minimal) for 40–80 min.	 ≤ 5 for ≥ 80 min. ≥ 25 bpm > 10 min. Sinusoidal
Decelerations	None or occasional variable < 30 sec.	Variable decelerations 30–60 sec. duration	Variable decelerations > 60 sec. duration Late deceleration(s)
Accelerations Term Fetus	≥ 2 accelerations with acme of ≥ 15 bpm, lasting 15 sec. < 40 min. of testing	≤ 2 accelerations with acme of ≥ 15 bpm, lasting 15 sec. in 40–80 min.	 ≤ 2 accelerations with acme of ≥ 15 bpm, lasing 15 sec. in > 80 min.
Preterm Fetus (< 32 weeks)	≥ 2 accelerations with acme of ≥ 10 bpm, lasting 10 sec. < 40 min. of testing	≤ 2 accelerations of ≥ 10 bpm, lasting 10 sec. in 40-80 min.	\leq 2 accelerations of \geq 10 bpm, lasting 10 sec. in $>$ 80 min.
ACTION	FURTHER ASSESSMENT OPTIONAL, based on total clinical picture	FURTHER ASSESSMENT REQUIRED	URGENT ACTION REQUIRED An overall assessment of the situation and further investigation with U/S or BPP is required. Some situations will require delivery



Cardiotocography







Systematic Review:

#1 (always): what's going on with **contractions**?

#2: What is our **baseline**?

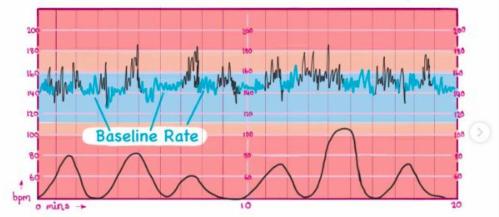
#3: Am I seeing sufficient accelerations?

#4: Am I seeing any **decelerations**?

#5: What is the big picture assessment?

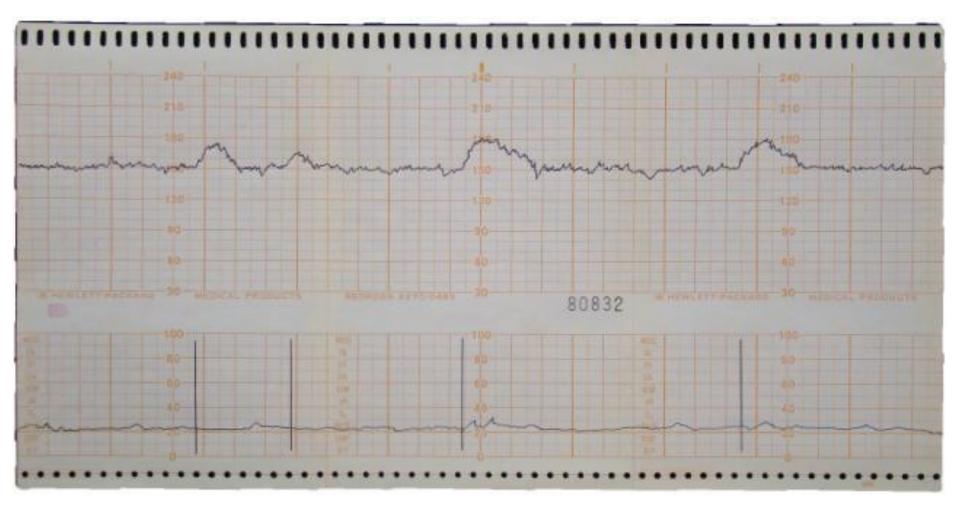
Cardiotocography

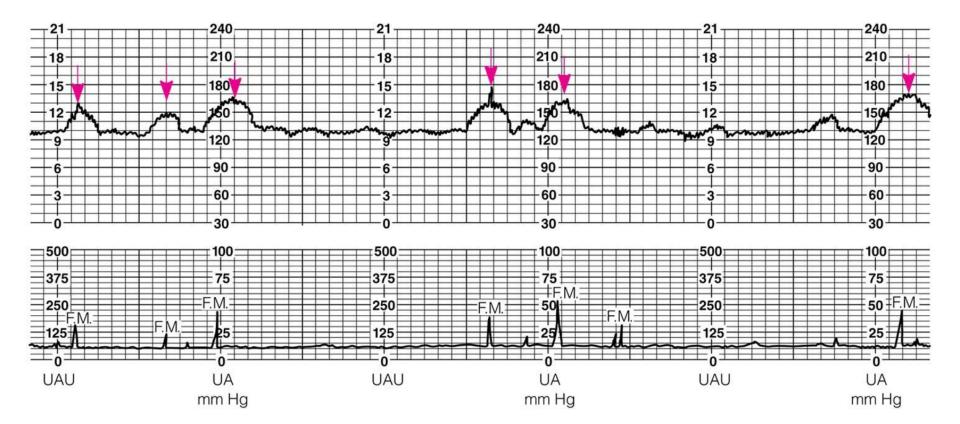




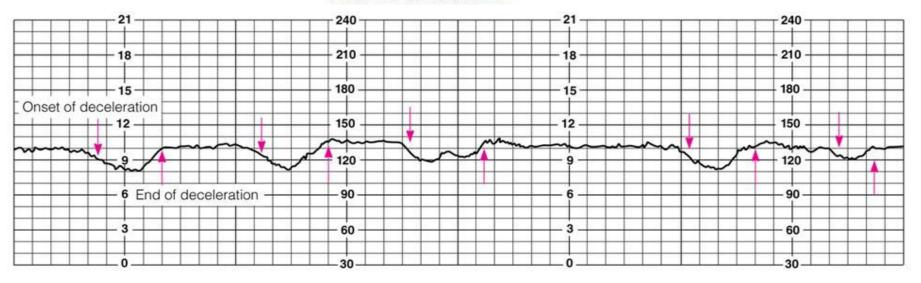


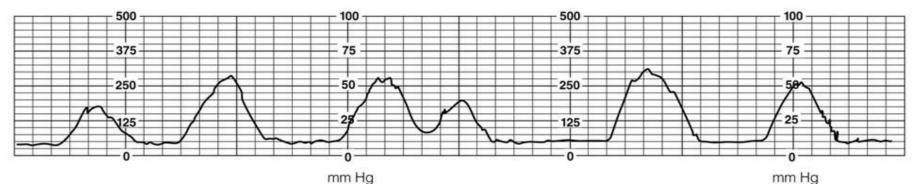






Late Decelerations





Troubleshooting

- No accelerations or only 1 in 20 minutes:
 - Continue for another 20 minutes
 - Change positions
 - Give water/juice/stimulant
 - If no improvement, get higher assessment
- Decels, abnormal baseline
 - Get higher assessment

Where can I get more education?

- Fundamentals of Fetal Health Surveillance Course
 - https://ubccpd.ca/learn/learning-activities/course?eventtemplat e=22
- Fundamentals of Fetal Health surveillance book
- Mosby's Pocket Guide to Fetal Monitoring

Where Can I Buy One of those machines?

McKesson: https://mms.mckesson.com/product/1018201/Edan-USA-F6

Cascade: https://cascadehealth.com/huntleigh-bd4000xs-antepartum-fetal-monitor

Cascade: https://cascadehealth.com/wallach-fetal2emr

EBay:

https://www.ebay.com/sch/i.html? from=R40& trksid=p2380057.m570.l1313& nkw=el ectronic+fetal+monitor& sacat=0