



NTSV CASE REVIEW WORKSHEET: ABNORMAL/INDETERMINATE FETAL HEART TONES

Champions can use the worksheet below to evaluate practices, determine opportunities, and recognize excellent care. Edit as needed for your site.



Support for OBI is provided by Blue Cross and Blue Shield of Michigan and Blue Care Network as part of the BCBSM Value Partnerships program.

OBI NTSV Case Review Worksheet - Abnormal/Indeterminate Fetal Heart Tones

Delivery Date: _____ OBI ID# _____ MRN#: _____

Documented use of a Category II FHR Management? Yes No

Measures utilized (select all):

- | | | |
|---|-------------|----------------|
| <input type="checkbox"/> Huddle | Time: _____ | Time: _____ |
| <input type="checkbox"/> Position Change | Time: _____ | Time: _____ |
| <input type="checkbox"/> Decrease/stop oxytocin | Time: _____ | DC Time: _____ |
| <input type="checkbox"/> IV fluid bolus | Time: _____ | |
| <input type="checkbox"/> Amnioinfusion | Time: _____ | |
| <input type="checkbox"/> Tocolytic | Time: _____ | |
| <input type="checkbox"/> Other _____ | Time: _____ | |

Additional Clinical Considerations:

Shared decision-making with the birthing individual before the decision for cesarean Yes No

Additional clinical risk factors present (e.g., FGR, Oligo, Chorio, Postterm, Pre-E w/SF, Abruptio) Yes No

Potential opportunity to safely continue labor (e.g., Category II tracing improved or resolved with resuscitative measures; tracing had reassuring features) Yes No

Additional Risk Factors: Yes No

Algorithm followed with fidelity? Yes No

Evolution of tracing over time:

Opportunities identified through case review:

Things that went well:

Exploratory Questions:

Final Committee Determination:

Exemplary

Appropriate

Exploratory

Did Not Meet Criteria