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Document Type:	Standard Operating Procedure
Page Number:	1
Department/Section:	Delivery Room
Document Title:	NON-STRESS TEST (NST)/ FETAL MONITORING

PURPOSE:

To evaluate the fetal status by means of the fetal heart rate and its responsiveness by using a fetal monitor or a cardiotocograph..

OBJECTIVE:

To define the procedures involved in performing Non-Stress Test or Fetal Monitoring.

RESPONSIBLE PERSON:

Attending Physicians, OB-Gyne Residents, Interns, Registered Nurses

GENERAL GUIDELINES:

- 1. The test should be done if the patient is in actual or suspected labor term or preterm (28 weeks AOG and above)
- 2. Test can be ordered by the attending physician or resident on duty as part of labor monitoring.
- 3. The test can be done as out-patient at the Triage Area or as inpatient in the wards, depending on the patient's case.

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EQUIPMENT NEEDED:

- Cardiotocograph (CTG)
- Ultrasound gel/ conduction gel
- Transducers (toco and cardio)
- Straps/ 2 belts
- Monitor paper
- · Tissue paper

PROCEDURE:

- 1. The nurse on duty should take the initial assessment and explain the procedure to the patient. Last meal taken should be noted.
- 2. Ensure patient privacy by providing a blanket. Maintain good lighting on the procedure room.
- 3. Place the patient comfortably on the bed in supine position. Patient may need to be placed in side lying position with a wedge under the back that would allow patient to lean back if necessary. Perform hand washing before the procedure.
- 4. The Nurse on duty or the intern should do Leopold's maneuver to locate the back of the fetus. Next, attach the straps or belts. One strap/belt is for the Toco transducer to be placed on the fundus, to check for uterine contractions and the other strap/belt is for fetal heart rate transducer to be placed over the location of the back of the fetus.
- Patient should be instructed to press the button for fetal movement marker every time the baby moves.
- The test is usually done for 20 minutes or as long as needed depending on the result of the monitoring.
- 7. The Nurse on duty or the intern should be present during the Non-Stress Test and should report immediately to the Resident on duty when there are abnormalities

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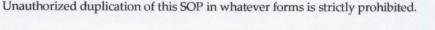
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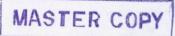
(e.g. Minimal Variability Fetal Heart rate Bradycardia, Persistent Tachycardia, Late Deceleration, Early Deceleration, Variable Deceleration)

- 8. The baby's heart rate should accelerate by 15 beats for at least 15 seconds twice in 20 minutes to be called a Reactive Non-Stress Test.
- 9. Thermal strips can be printed and should be attached to the chart for inpatients or should be given to the patient upon discharge if they are outpatient.
- 10. List the procedure and the number of strips printed in the charge form and they should be encoded in Bizbox accordingly. Out-patients should pay in the cashier and the receipt must be presented to the nurse on duty prior to discharge.
- 11. Interpretation of the result should be written by the resident on duty at the back of the printed strips. Resident on duty should inform the attending physician of the result.
- 12. The nurse on duty should clean the area/ equipment after the procedure.
- 13. Document the procedure correctly in the Labor room record.
- 14. Proper hand washing should be done before and after the procedure.

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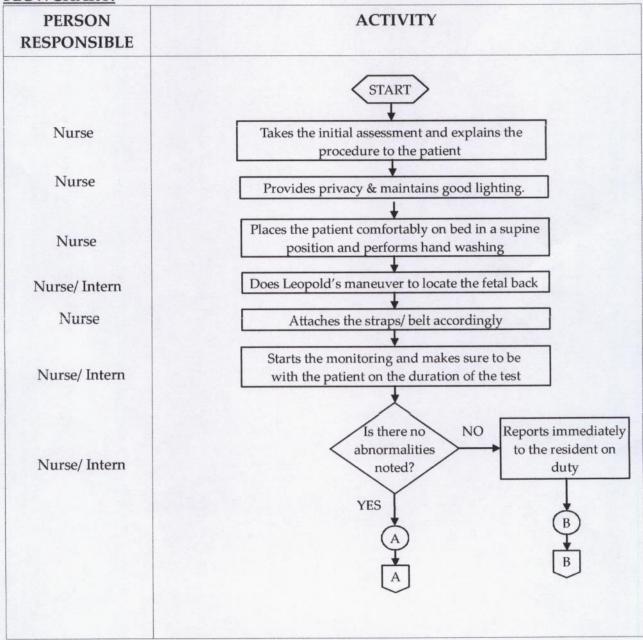






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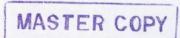
FLOWCHART:



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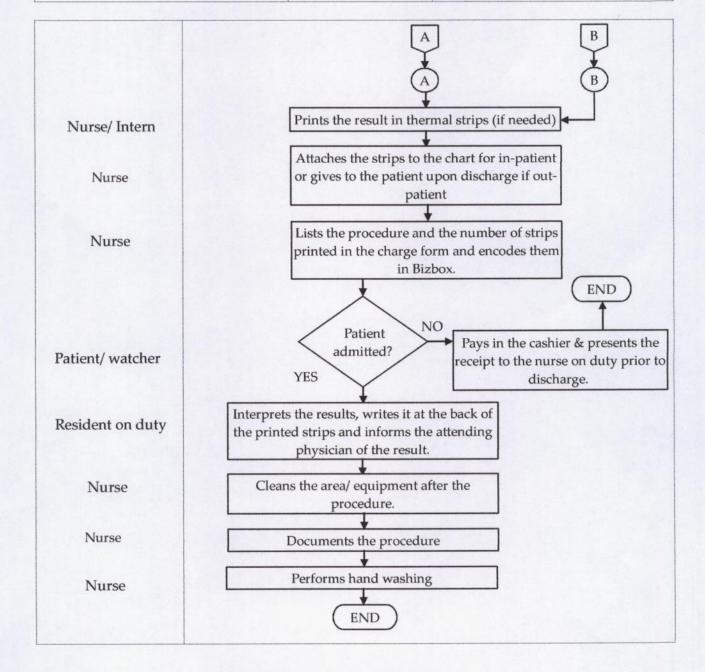
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REFERENCE:

Tilbrook, Vanessa. "Fetal Surveillance (Cardiotocography)." South Australia Health, SA Maternal, Neonatal & Gynaecology Community of Practice, 4 July 2020, www.sahealth.sa.gov.au/wps/wcm/connect/2d017b2a-a5af-45d3-ab0f-b44f45f850c2/Fetal+Surveillance+%28Cardiotocography%29_PPG_v1_1.pdf?
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