Appendix 2 – Features of Hyproxia Classification Chart

Hypoxia	Features	Management
No Hypoxia	• **Baseline appropriate for G.A.** • **Normal variability and cycling** • **No repetitive decelerations**	• **Consider whether the CTG needs to continue.** • **If continuing the CTG perform routine hourly review. (see CTG Assessment Tool below)**
Evidence of Hypoxia		
Chronic Hypoxia	• Higher baseline than expected for G.A. • Reduced variability and/ or absence of cycling • Absence of accelerations • Shallow decelerations • Consider the clinical indicators: reduced fetal movements, thick meconium, bleeding, • evidence of chorioamnionitis, postmaturity, IUGR	• Avoid further stress • Expedite birth, if birth is not imminent (consider the whole clinical picture)
Gradually Evolving Hypoxia	**Compensated** • Rise in the baseline (with normal variability and stable baseline) preceded by decelerations and loss of accelerations	• Likely to respond to conservative interventions (see below) • Regular review every 30-60 minutes to assess for signs of further hypoxic change, and that the intervention resulted in an improvement. • Other causes such as reduced placental reserve MUST be considered and addressed accordingly.
	Decompensated • Rise in the baseline (with abnormal variability and unstable baseline) preceded by decelerations and loss of accelerations	• Needs urgent intervention to reverse the hypoxic insult (remove prostaglandin pessary, stop oxytocin infusion, tocolysis) • Birth should be expedited, if no signs of improvement are seen
Subacute Hypoxia	• More time spent during decelerations than at the baseline • May be associated with saltatory pattern(increased variability)	**First Stage** • Remove prostaglandins/stop oxytocin infusion • If no improvement, needs urgent tocolysis • If still no evidence of improvement within 10-15 minutes, review situation and expedite birth **Second Stage** • Stop maternal active pushing during contractions until improvement is noted. • If no improvement is noted, consider tocolysis if birth is not imminent or expedite birth by birth with forceps or ventouse
Acute Hypoxia	**Prolonged Deceleration (> 3 minutes)**	**Preceded by reduced variability and lack of cycling or reduced variability within the first 3 minutes** **IMMEDIATE DELIVERY IS THE SAFEST OPTION** **Preceded by normal variability and cycling and normal variability during the first 3 minutes of the deceleration (see 3-minute rule above)** **Exclude the 3 accidents (i.e. cord prolapse, placental abruption, uterine rupture - if an accident is suspected prepare for immediate birth)** • **Correct reversible causes** • **If no improvement by 9 minutes or any of the accidents diagnosed, immediate birth by the safest and quickest route**

Unable to Ascertain fetal wellbeing Poor signal quality, uncertain baseline, possible recording of the maternal heart rate)	• Escalate to senior team • Consider additional Techniques, if appropriate eg.) scalp stimulation, ultrasound scan Consider the application of FSE to improve signal quality