Term	Definition SAVVYLEGALRN CHEAT SHEET
Baseline Rate	Approximate mean FHR rounded to increments of 5 bpm during a 10-minute window. Requires ≥2 minutes of identifiable baseline (not necessarily contiguous). If indeterminate, reference the prior 10-minute segment. **Excludes accelerations, decelerations, and periods of marked variability.*
Normal Baseline	Between 110–160 bpm
Bradycardia	Baseline rate <110 bpm
Tachycardia	Baseline rate >160 bpm
Baseline Variability	Fluctuations in the baseline FHR that are irregular in amplitude and frequency, visually quantified as the amplitude of peak-to-trough fluctuations in bpm over a 10-minute window **Excludes accelerations and decelerations.*
Absent Variability	Amplitude range undetectable
Minimal Variability	Amplitude range >0 and ≤5 bpm
Moderate Variability	Amplitude range 6–25 bpm
Marked Variability	Amplitude range >25 bpm
Sinusoidal Pattern	Visually apparent, smooth, sine-wave-like undulating pattern in FHR baseline with a cycle frequency of 3–5 per minute . *Duration criteria:* persists for ≥20 minutes.
Acceleration	**Must Have after 32 weeks*:** ✓ Visually apparent abrupt increase in FHR. Abrupt is defined as onset-to-peak <30 sec *Height criteria:* Peak must be ≥15 bpm above baseline. **AND** ✓ *Duration criteria:* last ≥15 seconds but <2 minutes (≥32 weeks). *Before 32 weeks: ≥10 bpm above baseline for ≥10 seconds duration.
Prolonged Acceleration	Acceleration lasting ≥2 minutes but <10 minutes. ≥10 minutes constitutes a baseline change.

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Early Deceleration	**Must Have:** ✓ Visually apparent, usually symmetrical, gradual decrease and return of FHR associated with a uterine contraction. Gradual onset-to-nadir defined as ≥30 seconds. **AND** ✓ Onset occurs with the contraction's onset, nadir occurs at the peak of the contraction, and recovery with the end of the contraction. *There is no depth criteria*
Variable Deceleration	**Must Have:** ✓ Visually apparent abrupt decrease in FHR. Abrupt is defined as onset-to-nadir <30 seconds. **AND** ✓ *Depth Criteria:* Decrease is ≥15 bpm below the baseline **AND** ✓ Lasting ≥15 seconds but <2 minutes * May occur with or without contractions. * Shape, timing, depth, and duration vary.
Late Deceleration	**Must Have:** ✓ Visually apparent, usually symmetrical, gradual decrease and return of FHR associated with a uterine contraction. Gradual onset-to-nadir defined as ≥30 seconds. **AND** ✓ Onset is after the contraction begins, nadir occurs after the peak, and recovery occurs after the contraction ends. *There is no depth criteria*
Prolonged Deceleration	**Must Have:** ✓ Visually apparent decrease in FHR *Depth criteria*: ≥15 bpm below the baseline **AND** ✓ Lasting ≥2 minutes but <10 minutes. ≥10 minutes constitutes a baseline change
Recurrent Decelerations	Decelerations occurring with ≥50% of uterine contractions in any 20-minute window.
Intermittent Decelerations	Decelerations occurring with <50% of uterine contractions in any 20-minute window.

Uterine Activity	Evaluated by the number of contractions in a 10-minute window, averaged over 30 minutes.
Normal Uterine Activity	≤5 contractions in a 10-minute window, averaged over 30 minutes.
Tachysystole	>5 contractions in a 10-minute window, averaged over 30 minutes. May occur with or without FHR changes and with spontaneous or stimulated labor.

Category I (Normal) Strongly predictive of a normal acid base status at the time of observation	**Must Have:** ✓ Baseline 110–160 bpm **AND** ✓ Moderate variability **AND** ✓ No late or variable decelerations *Accelerations and early decelerations can be present or absent
Category II (Indeterminate)	All tracings not categorized as Category I or III.
Category III (Abnormal) Strongly predictive of an abnormal acid base status at the time of observation	**Must Have:** ✓ Absent baseline variability **AND** ✓ Recurrent late decelerations, recurrent variable decelerations, or bradycardia; **OR** ✓ Sinusoidal pattern

 Terminology derived from: Macones GA, Hankins GD, Spong CY, Hauth J, Moore T. The 2008 National Institute of Child Health and Human Development Workshop Report on Electronic Fetal Monitoring.