



Fetal Health Surveillance Audit - Hospitals

BTHC
 BRHC
 PRHC

Date of Audit: _____

Auditor's Initials: _____

Indicator	Yes	N/A	NO
1. Were there antenatal risk factors identified and documented on the chart?			
2. Were IA and EFM used following the FHS guidelines?			
3. Were the indications for EFM documented?			
4. Active Labour: Documented FHR q 15-30 minutes?			
5. Second Stage: Documented FHR q 5 minutes?			
6. Uterine activity documented as per policy?			
7. Maternal HR documented as per policy?			
8. FHR classification documented with each FHR entry?			
9. If abnormal FHS classification, were there documented interventions and plan?			
10. FHS documented prior to analgesia or anesthesia including C/S? (narcotics, epidural, spinal)			
Total Number of Yes, N/A and No			

Total # of Yes or NA responses _____ = _____ X 100 = _____ % rate of meeting the indicator

Total # of charts audited X 10 indicators