A message from the Alberta Perinatal Health Program on **Uterine Tachysystole**

Provincial Perinatal Quality Assurance Review identifies tachysystole as a factor in some cases of perinatal mortality.

**WHAT IT LOOKS LIKE**

**WHAT IT IS**

Tachysystole refers to > 5 contractions per 10-minute period averaged over 30 minutes. This is further sub-divided into two categories, one with and one without fetal heart rate changes. *SOCG (2013) Induction of Labour Clinical Practice Guideline.*

**WHAT TO DO**

Management Uterine Tachysystole

- **Spontaneous Labour**
  - Atypical or Abnormal Fetal Heart Tracing
    - Intrauterine resuscitative measures (see chart)
    - If no resolution, consider nitroglycerin and consider delivery
  - Normal Fetal Heart Tracing
    - No intervention required

- **Labour Induction or Augmentation**
  - Normal Fetal Heart Tracing
    - Decrease oxytocin
  - Atypical or Abnormal Fetal Heart Tracing
    - Decrease or discontinue oxytocin or cervical ripening agents
    - Intrauterine resuscitative measures (see chart)
    - If no resolution, consider nitroglycerin and consider delivery

*Uterine tachysystole flow chart adapted from the American College of Obstetricians and Gynecologists, Practice Bulletin, Number 116, November 2010.*