

FHM Program 2025 Updates Town Hall

Town Hall Webinar
December 4, 2024



AWHONN

PROMOTING THE HEALTH OF
WOMEN AND NEWBORNS

Housekeeping Notes

- All attendees are on mute.
- We will leave time at the end of the presentation for questions. Please submit questions via the Q&A application throughout the presentation.
- All AWHONN webinar attendees are expected to abide by the [Virtual Code of Conduct](#).
- If you have technical difficulties, please try to log in using a different browser.
- We will be recording this presentation and will make the recording available on the AWHONN website.
- There are no nursing contact hours available with this presentation.



Questions

Questions we are unable to address during this webinar may be submitted to: FHM@awhonn.org



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FETAL HEART
MONITORING
PROGRAM



Presenter & AWHONN Staff Leader



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Director of Fetal Heart Monitoring Programs



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PROGRAM



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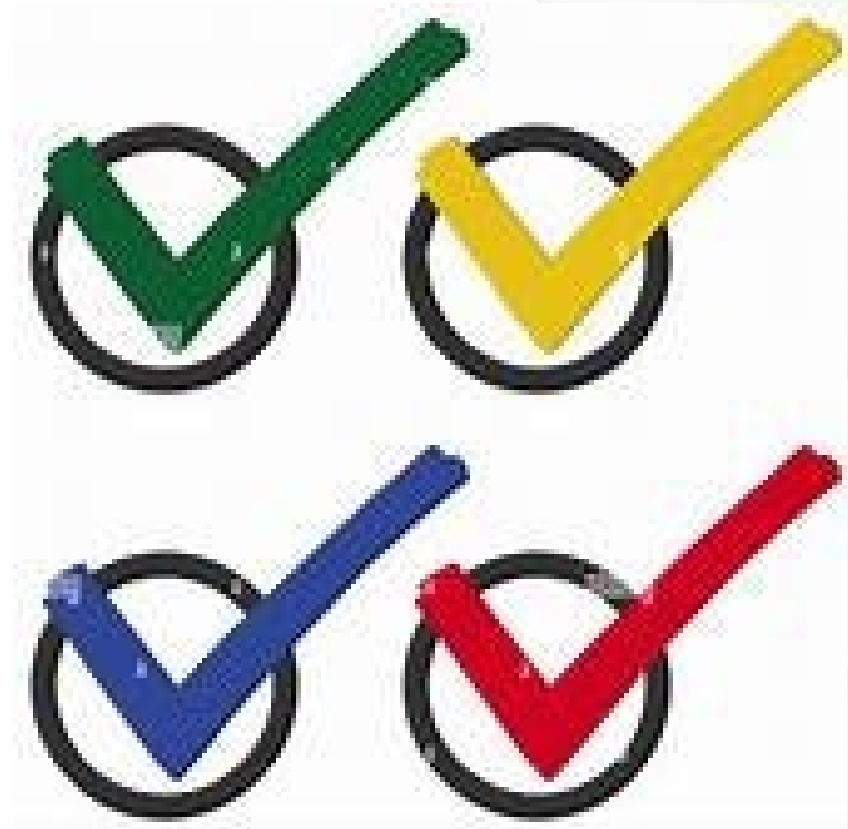
PROMOTING THE HEALTH OF
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FETAL HEART
MONITORING
PROGRAM



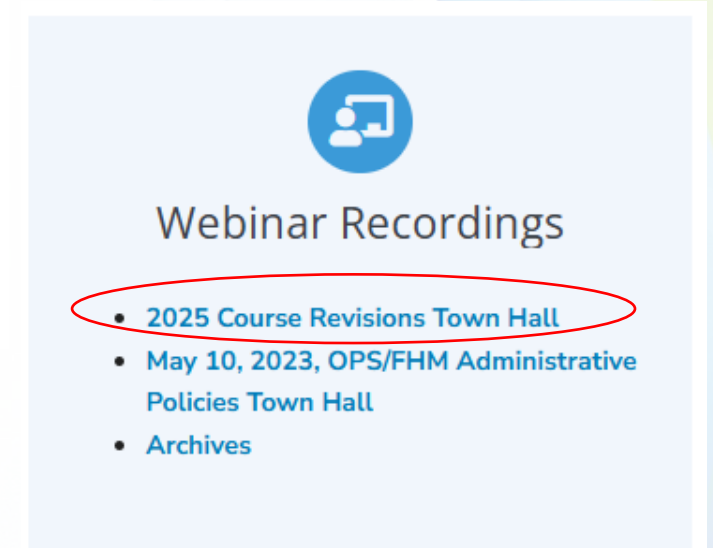
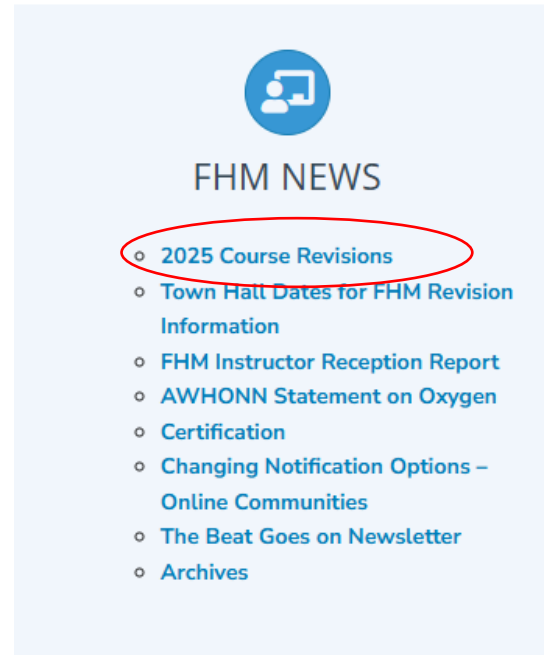
Town Hall Agenda

- Sneak Peek at course revisions
 - IFM
 - AFM
 - IIW
- Administrative
 - IFM
 - AFM
 - IIW



Review the previous Town Hall

- Town Hall from July 30
- The FAQ and Revision Information Sheet are posted on the Instructor Page > FHM News > 2025 Course Revisions.
- The webinar recording is under Webinar Recordings > 2025 Course Revisions Town Hall



Sneak Peek



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Intermediate Fetal Monitoring (IFM) Clinical Content

Online Prerequisite:

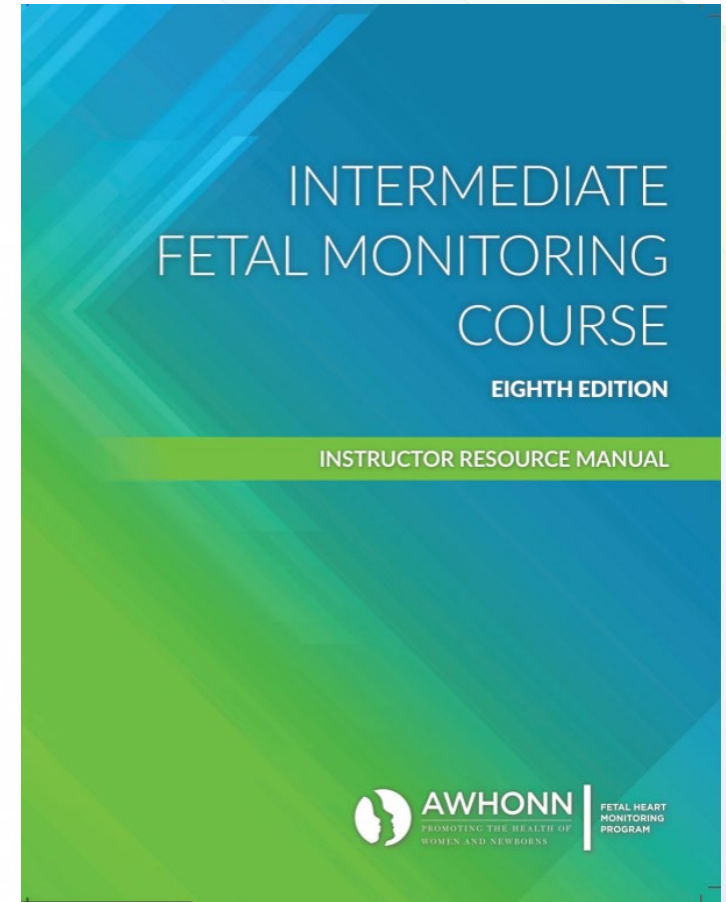
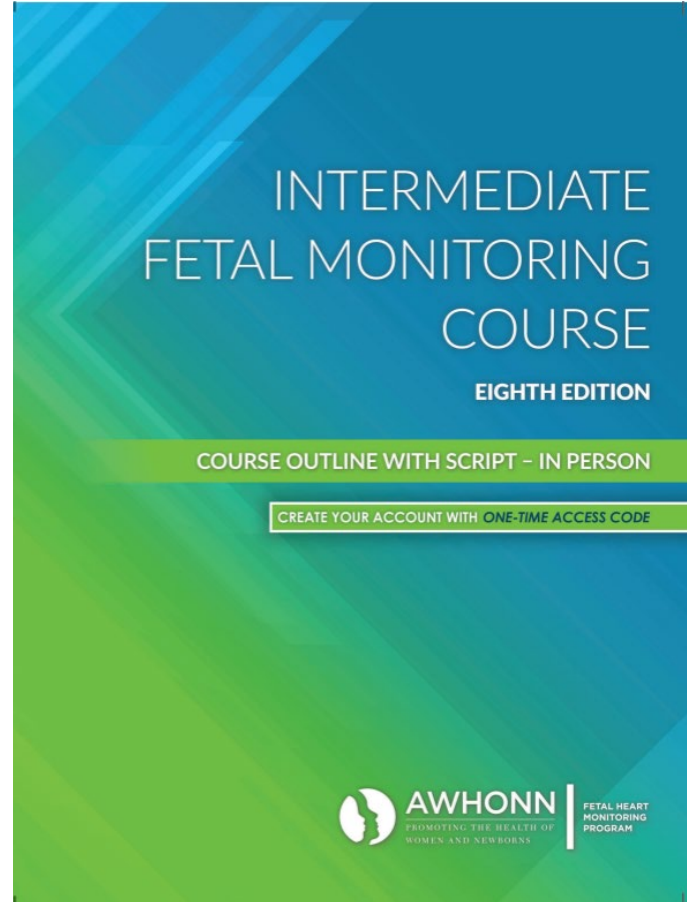
- Section 1: Data Collection
- Section 2: Influences on FHR Patterns
- Section 3: Interpretation
- Section 4: Leopold Maneuvers video
- Section 5: Techniques
- Section 6: Intermittent Auscultation
- Section 7: IUPC / FSE video

Instructor-led in-person (1 day)

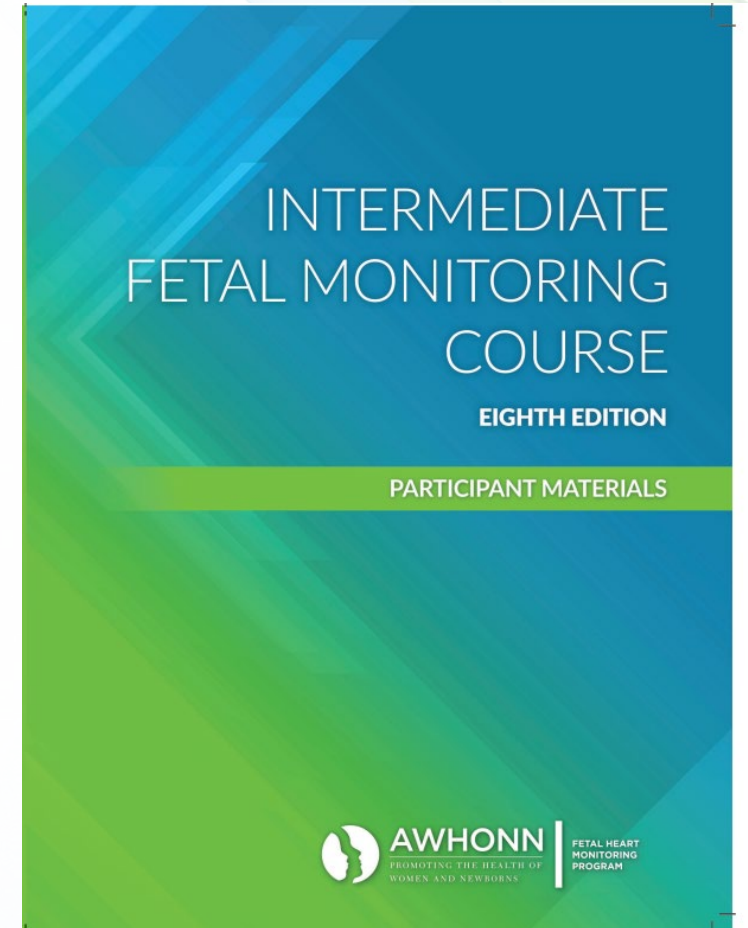
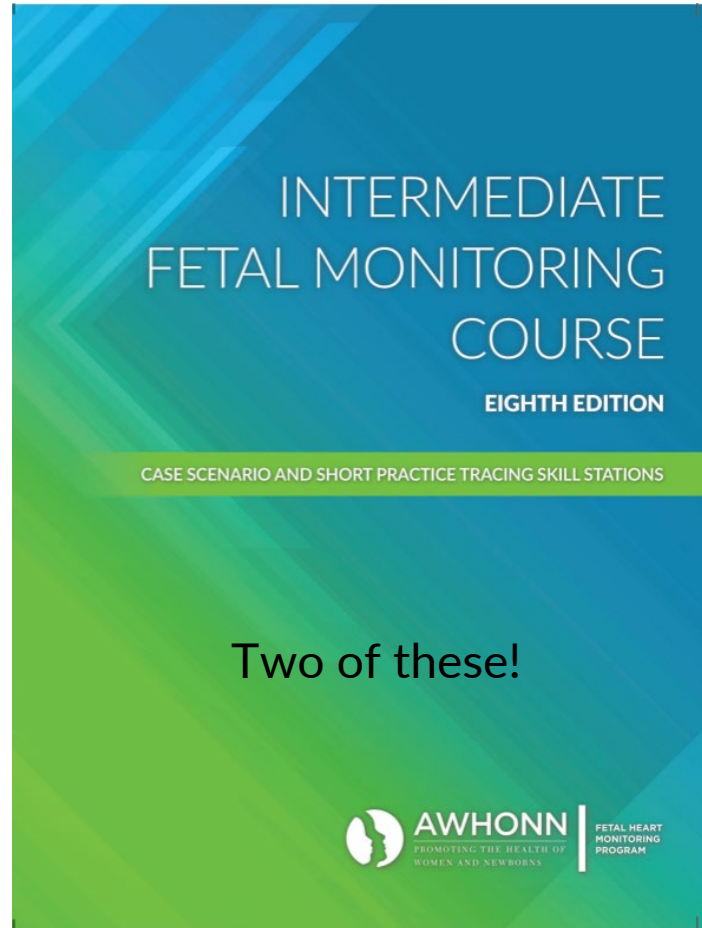
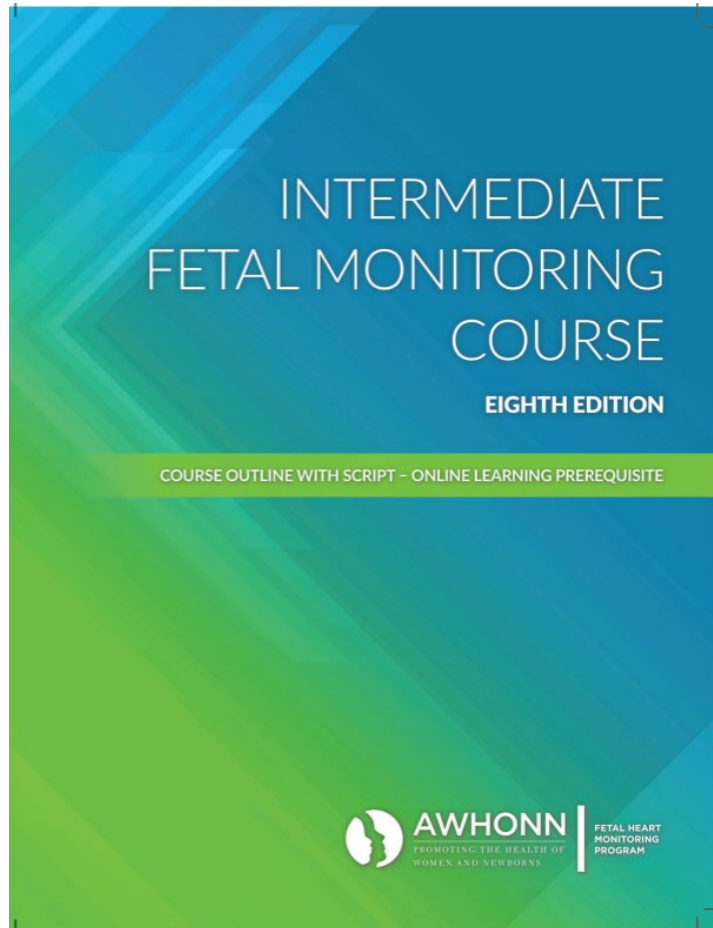
- Interpretation
- Interventions
- Evaluation and Synthesis
- Skill Stations:
 - 3 Case Scenarios
 - 9 Short Practice Tracings
 - Leopold Maneuvers
 - FSE/IUPC insertion



Covers for IFM Notebook Inserts



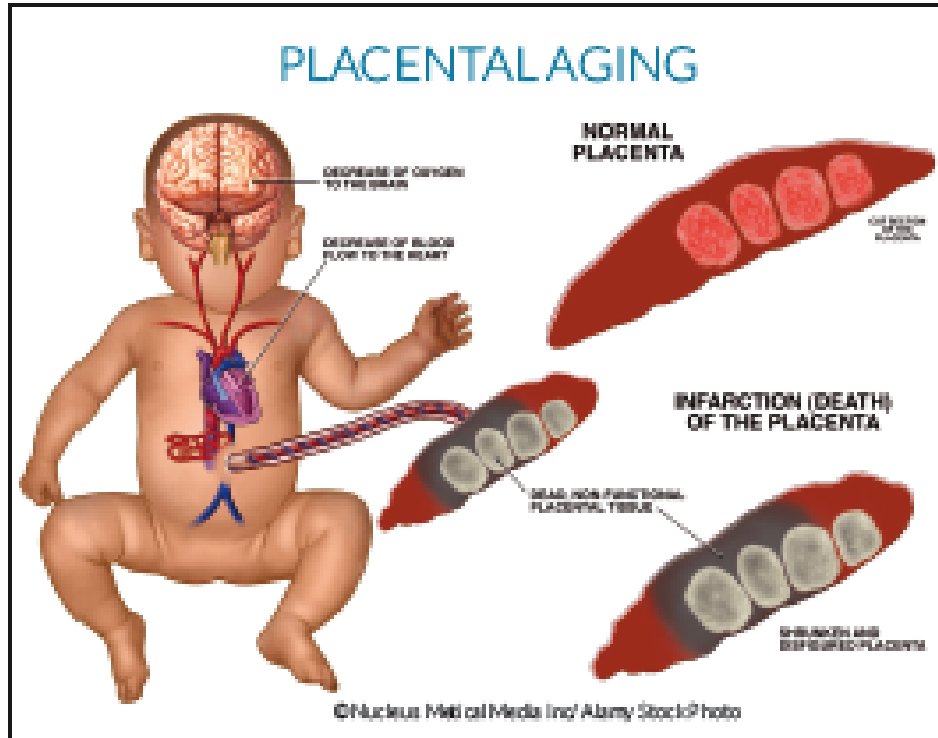
Books included with the IFM Instructor full set



Online Sections



Online Sections



TECHNOLOGY

- Sound Waves
- Doppler
- Ultrasound transducer
- Fetal Electrocardiogram
- Adhesive patch systems (external)
- Fetal spiral electrode (FSE) (internal)

Used with permission Ashleigh Eddy



In-Person

In-Person Course

INTERMEDIATE FETAL MONITORING COURSE

RECOMMENDATIONS FOR ASSESSMENT OF FETAL STATUS DURING LABOR WHEN USING EFM

	First Stage of Labor		Second Stage of Labor	
	Onset of labor to 4 cm dilation	4 cm to 10 cm (Complete dilation)	Complete dilation (Passive fetal descent)	Complete dilation (Active pushing)
Low risk without oxytocin	Insufficient evidence to make a recommendation Frequency at the discretion of the midwife or physician	Every 15-30 minutes	Every 15-30 minutes	Every 15 minutes
With oxytocin or risk factors	Every 15 minutes with oxytocin; every 30 minutes without oxytocin	Every 15 minutes	Every 15 minutes	Every 5 minutes

Frequency of assessment should always be determined based on the status of the woman and fetus and at times will need to occur more often based on their clinical needs, e.g., in response to a temporary or ongoing change.
Summary documentation is acceptable, and individual hospital policy should be followed.



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FETAL HEART
MONITORING
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SYSTEMATIC ASSESSMENT OF MONITOR TRACINGS



- ✓ Baseline rate
- ✓ Variability
- ✓ Periodic/episodic changes
- ✓ Uterine activity
 - Frequency
 - Duration
 - Intensity
 - Resting tone



UMBILICAL CORD BLOOD ACID-BASE ANALYSIS

Respiratory acidemia

- ✓ ↑ CO₂ levels
- ✓ Occurs when fetal CO₂ cannot be easily diffused
- ✓ Can develop rapidly
- ✓ Can be corrected rapidly

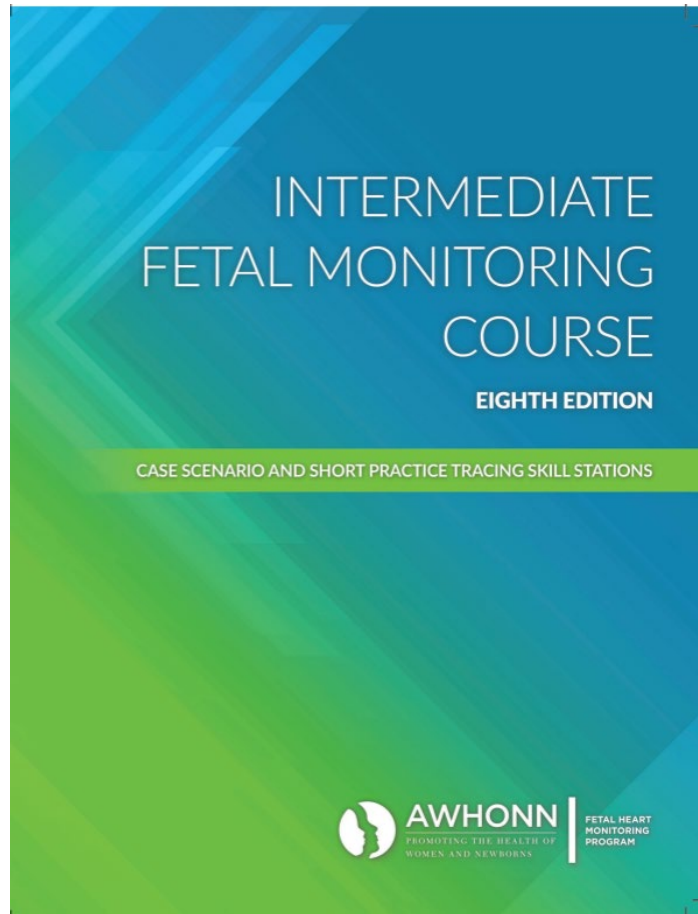


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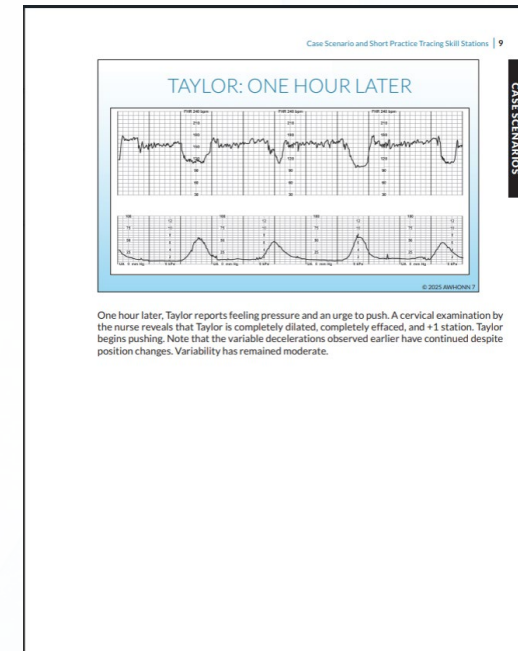
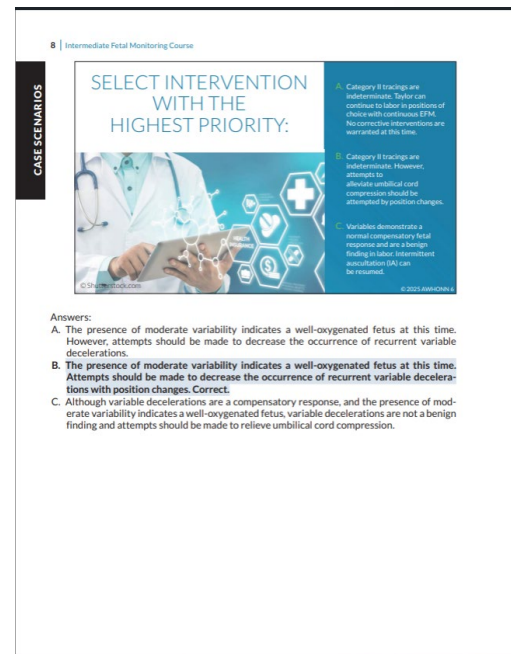
Metabolic acidemia

- ✓ ↑ lactic acid levels
- ✓ Results from an anaerobic metabolism
- ✓ Takes longer to develop
- ✓ Takes longer to resolve

Skill Station Books



- There are two books included in the full set and they are in color.
- The answers are incorporated into the booklet so that the small group can work together on the scenarios.



Skill Stations script in the presentation

SKILL STATION FOR COLLABORATIVE DISCUSSION

Case Scenarios



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SHORT PRACTICE CASE TRACINGS

Fetal Heart Tracing Skill Station



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AMANDA: OUTCOME



- ✓ Vaginal birth at 22:58
 - Nuchal cord x 3
- ✓ Female newborn
- ✓ Apgars: 5/8/9
- ✓ 8 lbs. 1 ounce (3657 grams)
- ✓ Umbilical cord
 - pH: 7.18



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MARGARET

- Age: 23-year-old
- Gravidity/Parity: G2 P0010
- Gestational age: 37 +4 weeks gestation
- Medical history: Chronic hypertension on labetalol 200mg TID
- Surgical history: Unremarkable
- Psychosocial history: Married
- Past obstetric history: Spontaneous abortion at 18 weeks gestation
- Current obstetric history: Twin gestation (dichorionic/diamniotic), superimposed preeclampsia with severe features



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Comments from Pilot Course

“This course was great! Very comprehensive.”

“Overall, very good online video presentation and very informative”

“I really enjoyed new material and flow of the course”

“Thank you so much for this amazing opportunity!!”

“I felt the course was appropriate and my instructors were amazing”

“The intermediate fetal heart rate monitoring class was incredibly valuable to me as a nurse. It not only deepened my understanding of fetal heart rate patterns but also boosted my confidence in interpreting and analyzing them. The hands-on nature of the class was particularly beneficial, as it allowed me to develop practical skills that I can directly apply in my clinical practice. I was actively engaged in the discussions and group exercises, which enhanced my learning experience.

The instructor was highly effective in delivering the material, providing clear explanations and valuable insights. Overall, this class has had a significant impact on my knowledge and skills, and I feel much more prepared to use fetal heart rate monitors in my daily practice.”



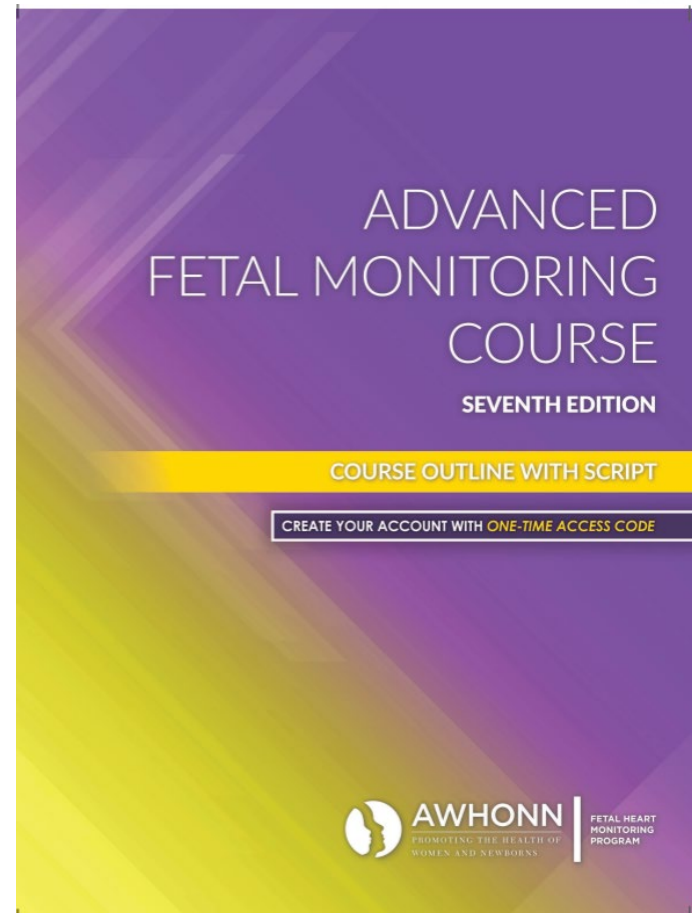
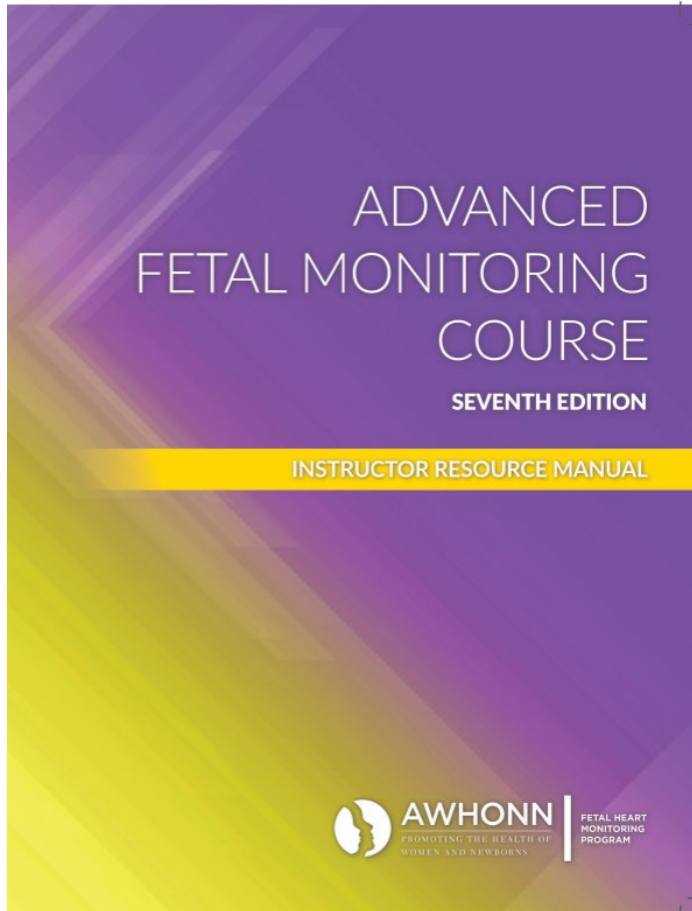
Advanced Fetal Monitoring (AFM)

Clinical Content

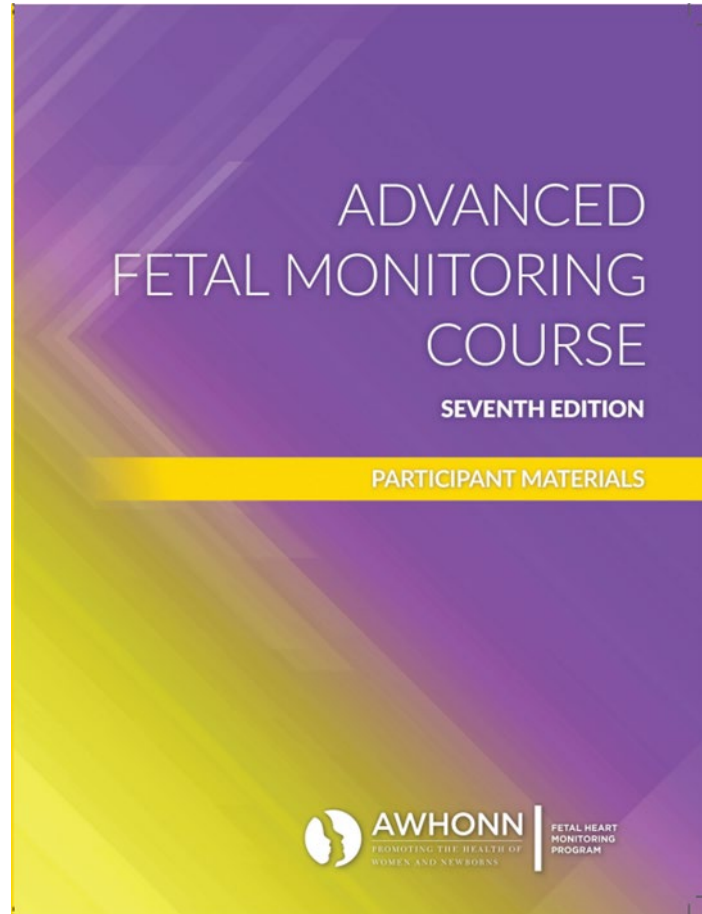
- Culture of Perinatal Safety
- Physiological Adaptations of Pregnancy and Fetal Oxygenation
- Complex Case Scenarios
 - 5 Required
 - Social Determinants of Health
 - BIAS- Gender
 - Hypertension in Pregnancy
 - Substance Use Disorder
 - Diabetes in Pregnancy
 - 3 scenarios (choose only one to present)
 - BIAS- High BMI
 - Fetal Cardiac Arrhythmia
 - Fetal Malpresentation



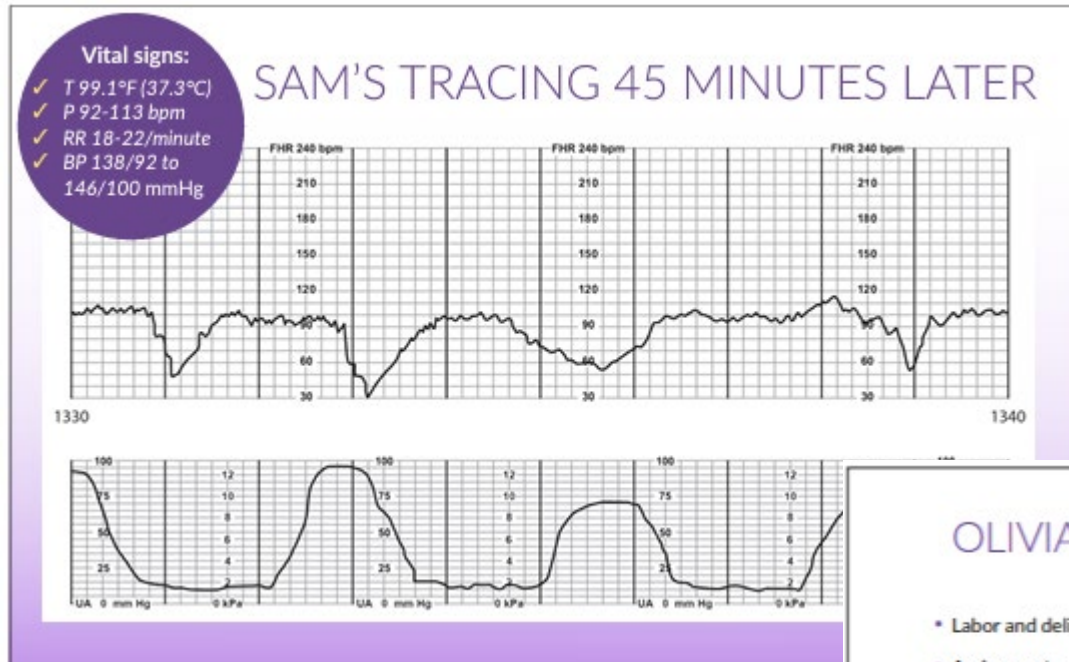
AFM Instructor Materials



Participant Materials



Presentation Slides and Participant Slides



NEWBORN OUTCOME



- ✓ Apgar scores: 6 and 8
- ✓ Weight: 3204 grams (7lb 1oz)
- ✓ Umbilical cord blood gases:
 - pH: 7.10
 - pCO₂: 49
 - Base excess: -9
- ✓ Sam's QBL: 620 mL



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OLIVIA (SHE/HER)

- Labor and delivery staff registered nurse (RN)
- Assignment:
 - ✓ Kari (she/her)- G1P0; 39 +2 weeks gestation; Labor Induction (cervical balloon)
 - ✓ Leanne (she/her)- G3P1; 36 +3 weeks gestation; Preterm prelabor rupture of membranes (PPROM); preterm labor



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Presentation Slides and Participant Slides

ASSESSMENT OF FETAL STATUS DURING LABOR WHEN USING EFM

	First Stage of Labor		Second Stage of Labor	
	Onset of labor to 4 cm dilation	4 cm to 10 cm (Complete dilation)	Complete dilation (Passive fetal descent)	Complete dilation (Active fetal descent)
Low risk without oxytocin	Insufficient evidence to make a recommendation Frequency at the discretion of the midwife or physician	Every 15-30 minutes	Every 15-30 minutes	Every 15-30 minutes
With oxytocin or risk factors	Every 15 minutes with oxytocin; every 30 minutes without oxytocin	Every 15 minutes	Every 15 minutes	Every 15 minutes

^a Frequency of assessment should always be determined based on the status of the woman and fetus and the need to occur more often based on their clinical needs, e.g., in response to a temporary or ongoing change.

^b Summary documentation is acceptable, and individual hospital policy should be followed.

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PHYSIOLOGICAL ADAPTATIONS OF PREGNANCY AND FETAL OXYGENATION

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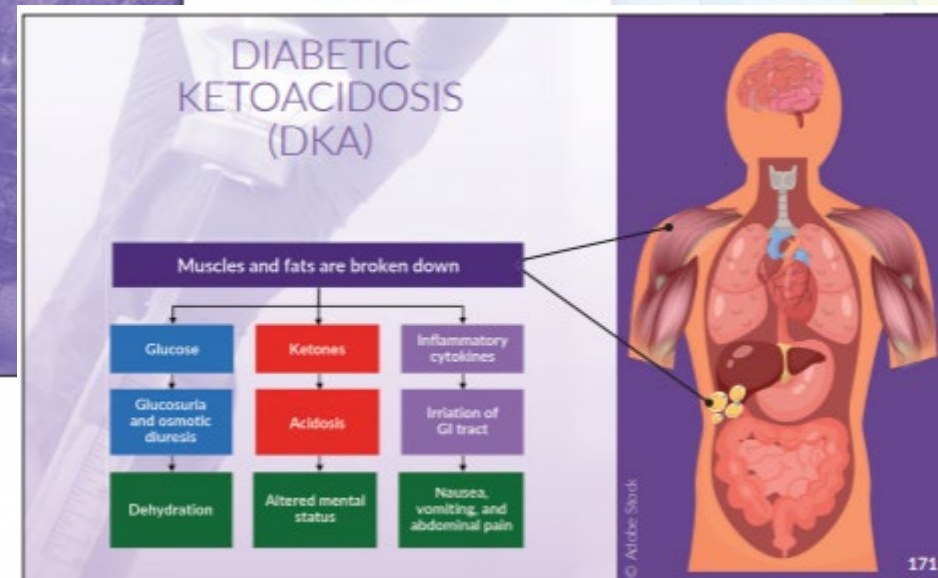
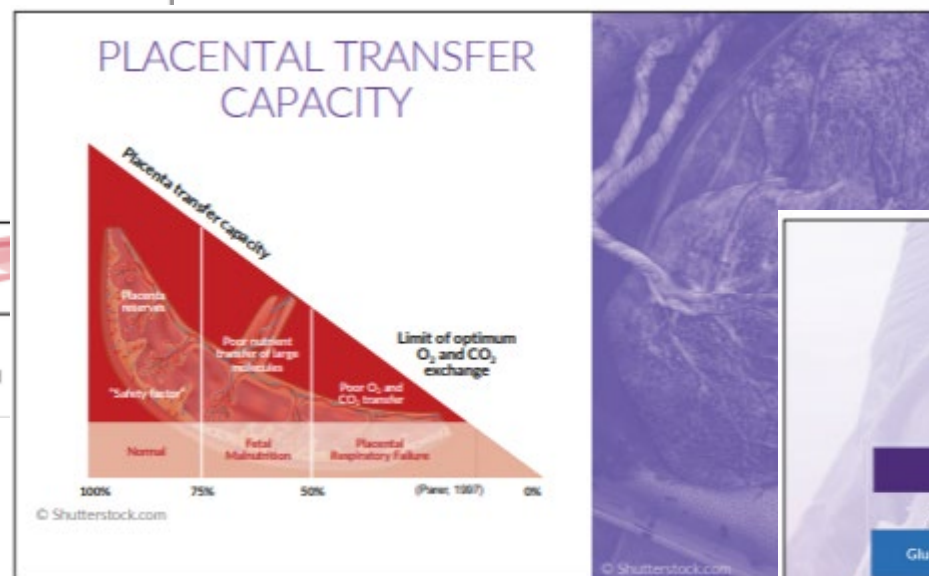
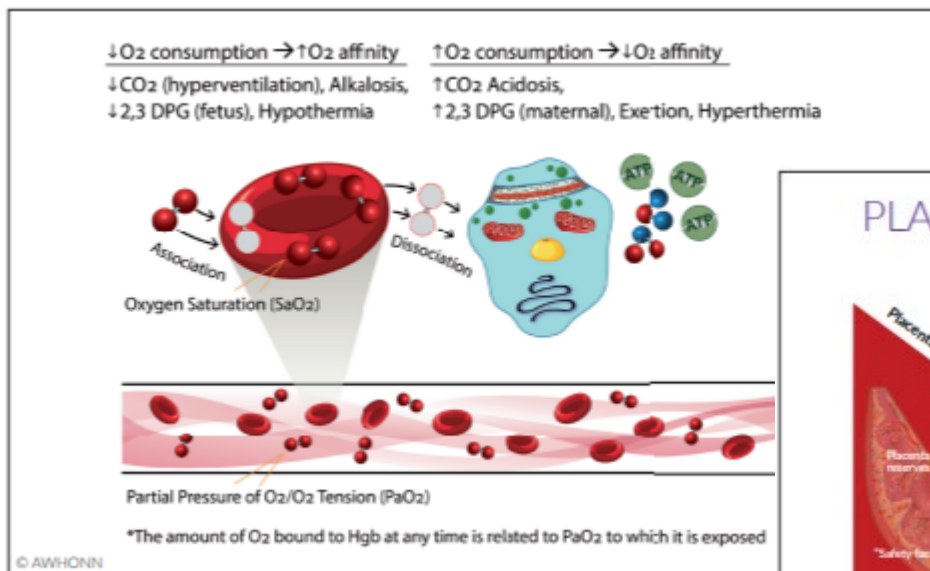
Complex Scenarios

HYPERTENSION IN PREGNANCY



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Presentation Slides and Participant Slides



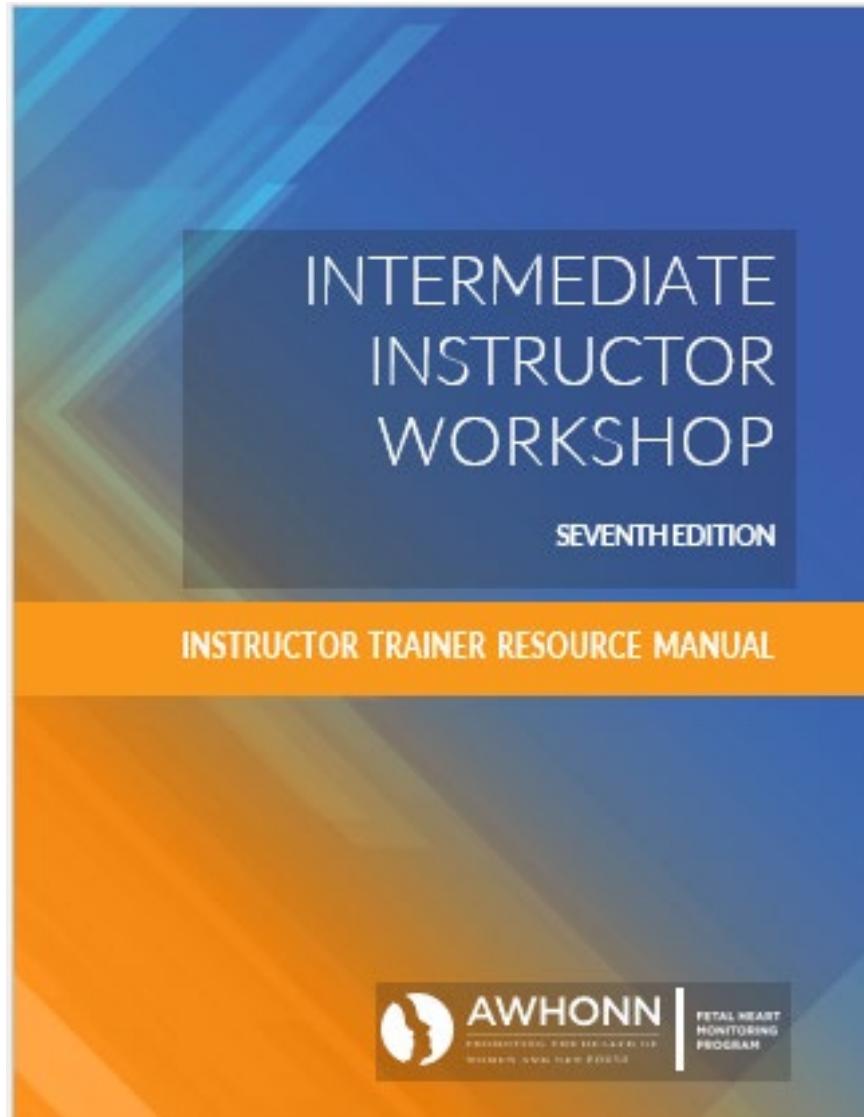
Intermediate Instructor Workshop (IIW)

Clinical Content

- Online Prerequisite:
 - Principals of Adult Education
- Instructor-led in-person
 - Welcome
 - Micro Teach
 - Instructor Resource Manual and Website
 - Teaching Skills Stations



Instructor Materials



CATEGORIZATION OF FHR PATTERNS

Category I: Normal Fetal Acid-Base Status: Well-Oxygenated Fetus

All of the following:

- Baseline rate: 110-160 bpm
- Baseline variability: moderate
- Late or variable decelerations absent
- Early decelerations present or absent
- Acceleration present or absent

Category II: Indeterminate/Compensatory Response

Examples:

- Moderate variability with recurrent late or variable decelerations
- Mixed variability with recurrent variable decelerations
- Absent variability without recurrent decelerations
- Bradycardia with moderate variability
- Prolonged decelerations
- Tachycardia

Category III: Abnormal Fetal Acid-Base Status

Either:

- Absent variability with recurrent late decelerations, or
- Recurrent variable decelerations, or
- Bradycardia

Or:

- Sinusoidal pattern

Let's conclude our systematic evaluation of EFM tracings by reviewing the Categorization of FHR patterns.

The 2008 work group recommended a three-tier system for the categorization of FHR patterns, and they included general management principles for each category. Management must always be individualized for each clinical situation. The categories are the following:

- Category I: normal – predicts normal acid-base status
- Category II: indeterminate – compensatory response
- Category III: abnormal – predicts abnormal acid-base status

Categorization refers to the fetus at the time of observation. Tracing patterns change over time, likely moving between categories depending on the clinical situation and management interventions.

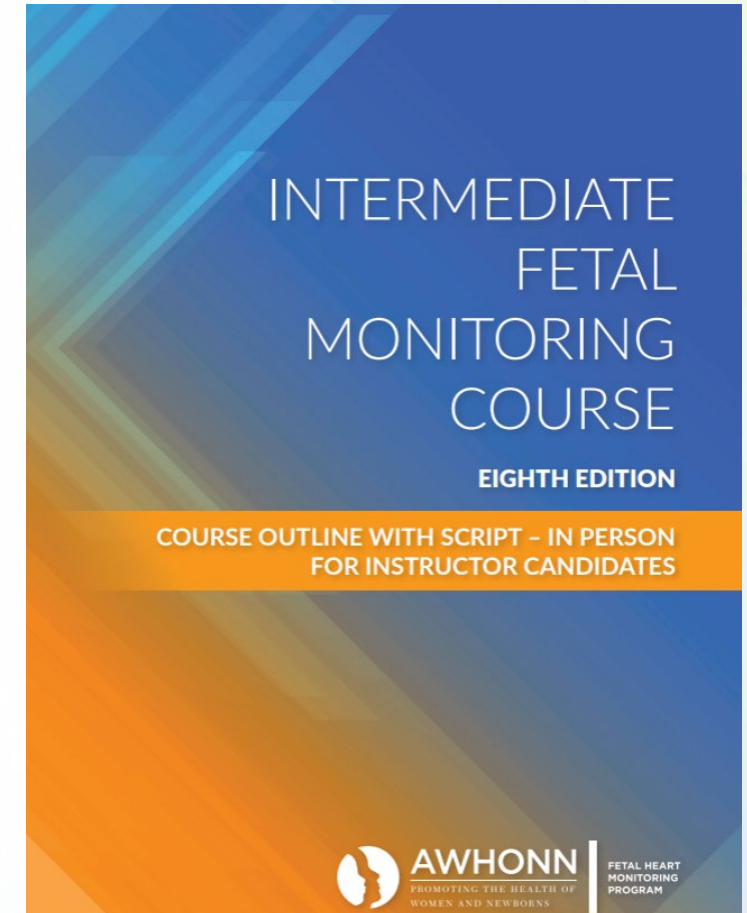
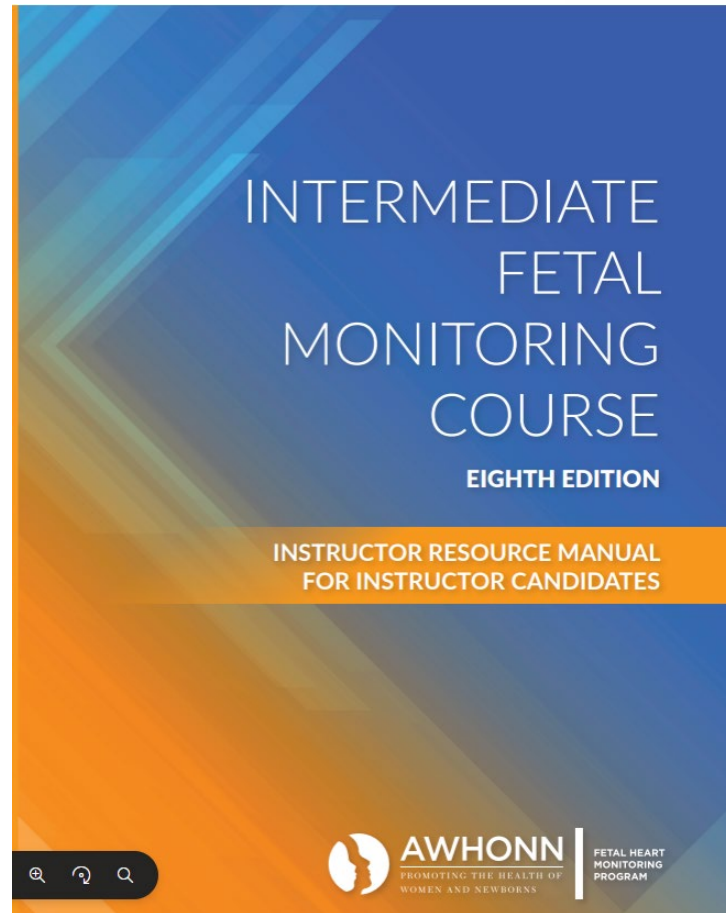
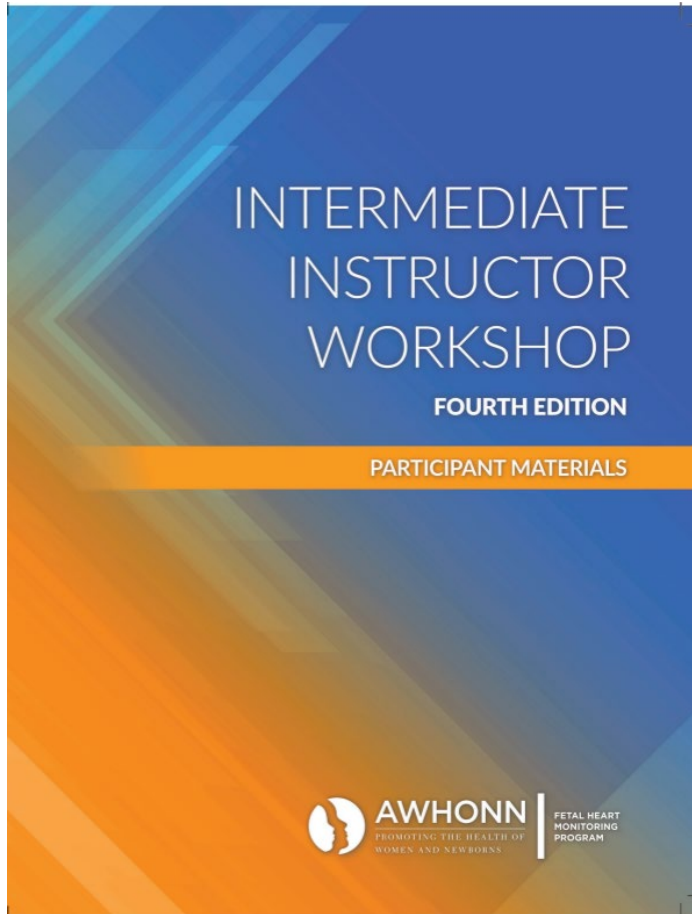
Fetal heart rate tracing patterns can provide information about the current acid-base status of the fetus but cannot predict the development of cerebral palsy (Macones et al. 2008).

We will now assess several FHR tracings using a systematic approach.

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Participant Materials (all three sections in one book)



Intermediate Instructor Workshop

INTERMEDIATE INSTRUCTOR WORKSHOP PREREQUISITE REQUIREMENT

PRINCIPLES OF ADULT EDUCATION

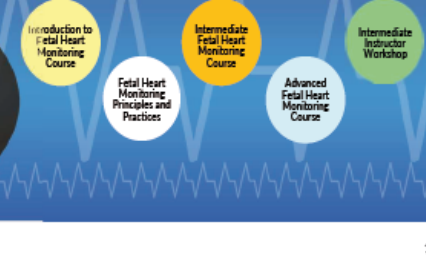


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INTERMEDIATE INSTRUCTOR WORKSHOP



FETAL HEART MONITORING PROGRAM COMPONENTS



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LEARNING STYLES

Perceptual Preferences (from each person)

VISUAL



AUDITORY



TACTILE



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SAMPLE MODELS



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- Skills stations models:
- ✓ Leopold Maneuvers abdomen
 - ✓ IUPS/FSE box with a fetal head and fetal buttocks



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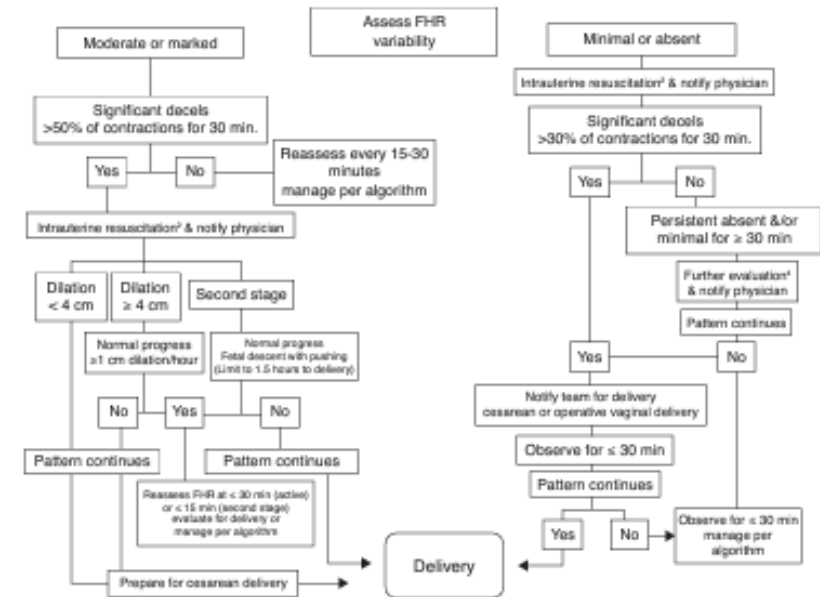
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Included Resource Documents in the IFM and AFM courses

- NICHD Descriptive Terms
- 2008 Three Tier FHR Interpretation System
- Fetal Heart Monitoring Decision Tree
- Algorithm, of Category II Fetal Heart Rate Tracings
- Thieme Shield's Algorithm, of Category II Fetal Heart Rate Tracings
- Coping with Labor Algorithm
- Laboratory Normal Values by Trimester
- SBAR
- Obstetrics Life Support Algorithm
- IFM Course Validation Form
- Short Practice Tracings Answer Sheet
- AWHONN Membership Flyer

8 | Intermediate Fetal Monitoring Course



Used with Permission. Shields, L.E., Wiesner, S., Klein, C., Polletreau, B., & Hedriana, H.L. (2018). A Standardized Approach for Category II Fetal Heart Rate with Significant Decelerations: Maternal and Neonatal Outcomes. *American journal of perinatology*, 35(14), 1405-1410. <https://doi.org/10.1055/s-0038-1660459>. © Georg Thieme Verlag KG.



Resources- Normal Lab Values by Trimester

LABORATORY NORMAL VALUES BY TRIMESTER

Measure	First Trimester	Second Trimester	Third Trimester
*Heart rate (beats/min)	67-89	70-92	73-111
*Systolic blood pressure (mm Hg)	107-127	106-124	106-124
*Diastolic blood pressure (mm Hg)	65-83	63-77	
*Cardiac output (L/min)	5.6 to 9.7	5.5 to 9.9	4.8 to 8.7
*Stroke volume (mL)	77.5 to 107.6	70.3 to 107.6	54 to 99
*Systemic vascular resistance (SVR) (dyne/cm/s5)	747 to 1485	692 to 1201	1034 to 1201

Liver/Pancreatic Function Tests	First Trimester	Second Trimester	Third Trimester
Total alkaline phosphatase (IU/L)	17 to 88	25 to 126	38 to 229
Aspartate transaminase (AST) (IU/L)	3 to 23	3 to 33	4 to 32
Alanine transaminase (ALT) (IU/L)	3 to 30	2 to 33	2 to 25
Total bilirubin (mg/dL)	0.1 to 0.4	0.1 to 0.8	0.1 to 1.1
Unconjugated bilirubin (mg/dL)	0.1 to 0.5	0.1 to 0.4	0.1 to 0.5
Conjugated bilirubin (mg/dL)	0 to 0.1	0 to 0.1	0 to 0.1
Total bile acids (μM/L)	0 to 4.9	0 to 9.1	0 to 11.3
Lactate dehydrogenase (U/L)	78 to 433	80 to 447	82 to 524
Amylase (IU/L)	24 to 83	16 to 73	15 to 81
Lipase (IU/L)	21 to 76	26 to 100	41 to 112

Electrolytes, Osmolality, Renal Function	First Trimester	Second Trimester	Third Trimester
Sodium (mEq/L)	133 to 148	129 to 148	130 to 148
Potassium (mEq/L)	3.6 to 5.0	3.3 to 5.0	3.3 to 5.1
Chloride (mEq/L)	101 to 105	97 to 109	97 to 109
Bicarbonate (mEq/L)	20 to 24	20 to 24	20 to 24
Urea nitrogen (BUN, mg/dL)	7 to 12	3 to 13	3 to 11
Creatinine (mg/dL)	0.4 to 0.7	0.4 to 0.8	0.4 to 0.9
Uric acid (mg/dL)	2.0 to 4.2	2.4 to 4.9	3.1 to 6.3
*Urine volume (mL/24 h)	750-2500	850-2400	750-2700
24 hr Creatinine clearance (mL/min)	69 to 140	55 to 136	50 to 166
24 hr Urine protein excretion (mg/24 h)	19 to 141	47 to 186	46 to 185
Calcium total (mg/dL)	8.8 to 10.6	8.2 to 9.0	8.2 to 9.7

Notes: Keep in mind that normal and abnormal values may vary among laboratories (intra-laboratory variability) and between facilities (inter-laboratory variability). Review your facility's laboratory threshold ranges.

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Cholesterol and Lipids	First Trimester	Second Trimester	Third Trimester
Total cholesterol (mg/dL)	141 to 210	176 to 299	219 to 349
HDL (mg/dL)	40 to 78	52 to 87	48 to 87
LDL (mg/dL)	60 to 153	77 to 184	101 to 224
VLDL (mg/dL)	10 to 18	13 to 23	21 to 36
Triglycerides (mg/dL)	40 to 159	75 to 382	131 to 453

Hematologic	First Trimester	Second Trimester	Third Trimester
White blood cells (103/mm3)	5.7 to 13.6	5.6 to 14.8	5.9 to 16.9
Neutrophils (103/mm3)	3.6 to 10.1	3.8 to 12.3	3.9 to 13.1
Lymphocytes (103/mm3)	1.1 to 3.6	0.9 to 3.9	1.0 to 3.6
Monocytes (103/mm3)	0.1 to 1.1	0.1 to 1.1	0.1 to 1.4
Eosinophils (103/mm3)	0 to 0.6	0 to 0.6	0 to 0.6
Basophils (103/mm3)	0 to 0.1	0 to 0.1	0 to 0.1
Platelet count (109/L)	174 to 391	155 to 409	146 to 429
Hemoglobin (g/dL)	11.6 to 13.9	9.7 to 14.8	9.5 to 15.0
Hematocrit (%)	31.0 to 41.0	30.0 to 39.0	28.0 to 40.0
Mean cell volume (fL)	81 to 96	82 to 97	81 to 99
Mean corpuscular hemoglobin (pg)	30 to 32	30 to 33	29 to 32
Ferritin (serum, ng/mL)	6 to 130	2 to 230	0 to 116
Total iron binding capacity (μg/dL)	278 to 403	Not reported	359 to 609
Iron (μg/dL)	72 to 143	44 to 178	30 to 193
Folate (serum, ng/mL)	2.6 to 15.0	0.8 to 24.0	1.4 to 20.7
RBC (million/mm3)	3.42 to 4.55	2.81 to 4.49	2.71 to 4.43

Arterial Blood Gas Values	First Trimester	Second Trimester	Third Trimester
Arterial pH	7.36 to 7.52	7.40 to 7.52	7.41 to 7.53 (venous) 7.39 to 7.45 (arterial)
Arterial PO2 (mm Hg)	93 to 100	90 to 98	92 to 107
Arterial PCO2 (mm Hg)	Not reported	Not reported	25 to 33
Sodium bicarbonate (mEq/L)	Not reported	Not reported	16 to 22

Notes: Keep in mind that normal and abnormal values may vary among laboratories (intra-laboratory variability) and between facilities (inter-laboratory variability). Review your facility's laboratory threshold ranges.

Participant Materials | 13

Coagulation	First Trimester	Second Trimester	Third Trimester
Prothrombin time (s)	9.7 to 13.5	9.5 to 13.4	9.6 to 12.9
International normalized ratio	0.89-1.05	0.85-0.97	0.81-0.94
Partial thromboplastin time (s)	24.3-38.9	24.2-38.1	24.7-35.0
Fibrinogen (mg/dL)	244 to 510	291 to 538	373-619
D-dimer (μg/mL)	0.05-0.95	0.32-1.29	0.13-1.7
Antithrombin III (%)	89 to 114	88 to 112	82 to 116
Protein C, FA (%)	78 to 121	83 to 133	67 to 135
Protein S, total (%)	39 to 105	27 to 101	33 to 101
Protein S, free (%)	34 to 133	19 to 113	20 to 65
Protein S, FA (%)	57 to 95	42 to 68	16 to 42
Factor V (%)	75 to 95	72 to 96	60 to 88
Factor VII (%)	100 to 146	95 to 153	149 to 211
von Willebrand factor antigen (%)	Not reported	Not reported	121-260

Inflammation and Immune	First Trimester	Second Trimester	Third Trimester
C-reactive protein (mg/L)	Not reported	0.4 to 20.3	0.4 to 8.1
Erythrocyte sedimentation rate (mm/h)	4 to 57	7 to 47	13 to 70
Immunoglobulin A (mg/dL)	95 to 243	99 to 237	112 to 250
Immunoglobulin G (mg/dL)	981 to 1267	813 to 1131	678 to 990
Immunoglobulin M (mg/dL)	78 to 232	74 to 218	85 to 269

Endocrine Tests	First Trimester	Second Trimester	Third Trimester
Cortisol (μg/dL)	7 to 19	10 to 42	12 to 50
Aldosterone (ng/dL)	6 to 104	9 to 104	15 to 101
Thyroid-stimulating hormone (μIU/mL)	0.60 to 3.40	0.37 to 3.60	0.38 to 4.04
Thyroxine, free (ng/dL)	0.8 to 1.2	0.6 to 1.2	0.5 to 0.8
Thyroxine, total (μg/dL)	6.5 to 10.1	7.5 to 10.3	6.3 to 9.7
Triiodothyronine, free (pg/mL)	4.1 to 4.4	4.0 to 4.2	Not reported
Triiodothyronine, total (ng/dL)	97 to 149	117 to 169	123 to 162

References:

Abbassi-Ghanavati, M., Greer, L. G., & Cunningham, F. G. (2009). Pregnancy and laboratory studies: a reference table for clinicians. Obstetrics and gynecology, 114(6), 1326-1331. <https://doi.org/10.1097/AOG.0b013e3181c2bde8>
 *Cunningham, F. G. (2023, August 14). Normal reference ranges for laboratory values in pregnancy. UpToDate. https://www.uptodate.com/contents/normal-reference-ranges-for-laboratory-values-in-pregnancy?search=reference+intervals+in+pregnancy&source=search_result&selectedTitle=1-150&usage_type=default&display_rank=1

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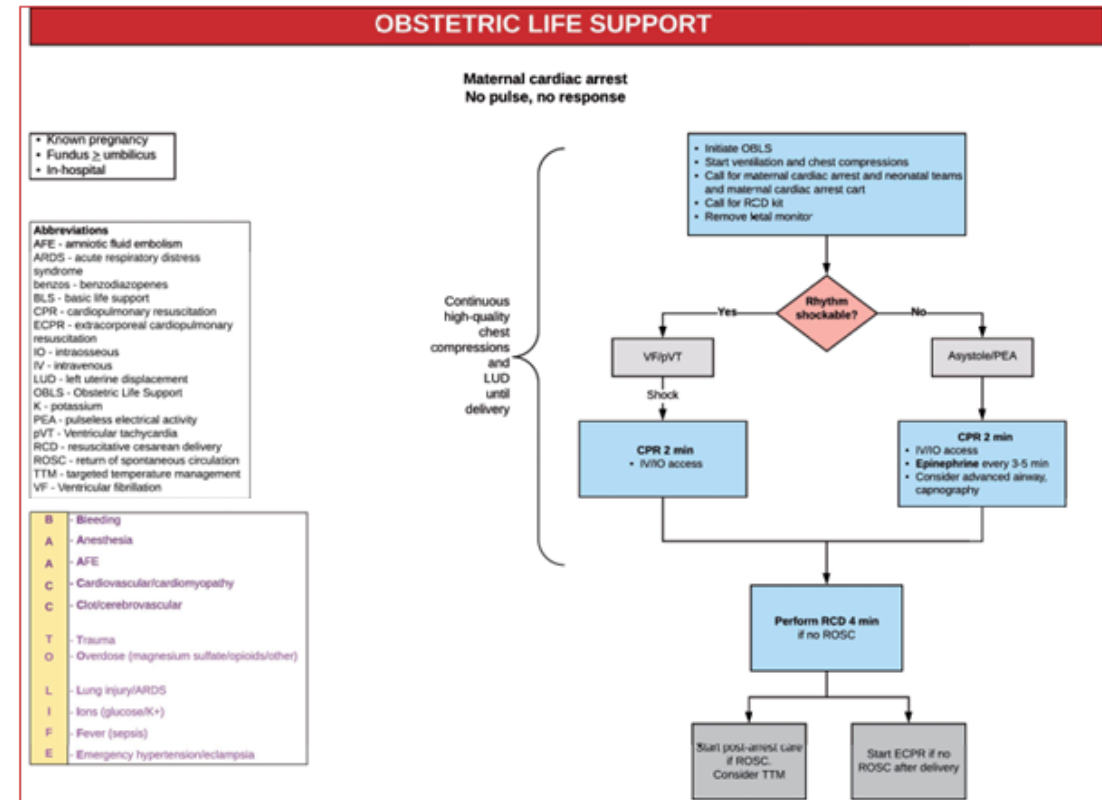
Resources- SBAR and OBLS

SBAR

Calling the SBAR to:	Obstetric Provider	Anesthesia Provider	Newborn Provider
Situation	Hello Dr. _____ I am calling from _____	Hello Dr. _____ I am calling from _____	Hello Dr. _____ I am calling from _____
	I am calling about _____ (pt name)	I am calling about _____ (pt name)	I am calling about baby (boy or girl)
	I am calling because _____ (reason)	I am calling for _____ epidural C/S	I am calling because _____ (reason)
	_____ was admitted at _____ for: _____		
Background	G _____ P _____ and is _____ weeks	G _____ P _____ and is _____ weeks	_____ was born at _____ via: _____ (Vag, C/S)
	Vaginal Exam: _____	Vaginal Exam: _____	Apgars were _____ / _____
	The medical and OB hx includes _____	The medical and OB hx includes _____	NRP was needed or not needed
	Other important hx _____	NPO status _____	GBS pos or neg AB Tx Y or N
	_____	Reason for C/S: _____	Any maternal history _____
Assessment	BP _____ HR _____ Temp _____ RR _____	BP _____ HR _____ Temp _____ RR _____	HR _____ RR _____ Temp _____ SaO2 _____
	FHR Category _____	Labs: Platelets: _____ H/H: _____	Resp issues: Grunting Flaring Retractions
	FHR Specifics _____	Labs: FSBS _____ other _____	Concerns "WHY" you called _____
	Lab values out of range _____		
	Interventions performed _____		
	Concerns "WHY" you called _____		
Recommendations	What you want _____	What you want? Epidural or C/S or dosing _____	What you want _____
	What time you want it _____	Reason for C/S _____	What time you want it _____
	Suggestion for what orders you would like _____	Is there an epidural running? _____	Suggestion for what orders you would like _____
	Who is entering the orders _____	What time will you arrive? _____	Who is entering the orders _____
	Read back orders if you are entering them _____		Read back orders if you are entering them _____
	Should I call r/t response of the orders _____		Should I call r/t response of the orders _____
	Before calling an SBAR: Make notes from your patient assessment and the notes in the chart following this SBAR sheet.		

OBLS ALGORITHM WITH MODIFICATIONS OF CPR (KNOWN PREGNANCY >20 WEEKS)

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Used with Permission: Shields, A., Vidosh, J., Kavanagh, L., Nielsen, P., & Thomson, B. (Eds.). (2023). Obstetric Life Support Manual: Etiology, prevention, and treatment of maternal medical emergencies and cardiopulmonary arrest in pregnant and postpartum patients (1st ed.). CRC Press. <https://doi.org/10.1201/9781003299288>



Administrative Details



AWHONN
PROMOTING THE HEALTH OF
WOMEN AND NEWBORNS

2025 FHM Course Revisions

- Completely updated with content and images
- No more thumb drives!
 - The FHM courses will be available as a download files
- All Instructor Resource Manuals have been reduced by over 100 pages
- Nurse contact hours and CME for the courses are:
 - IFM: 11.5 hours
 - AFM: 8 hours
 - Instructor: 6 hours



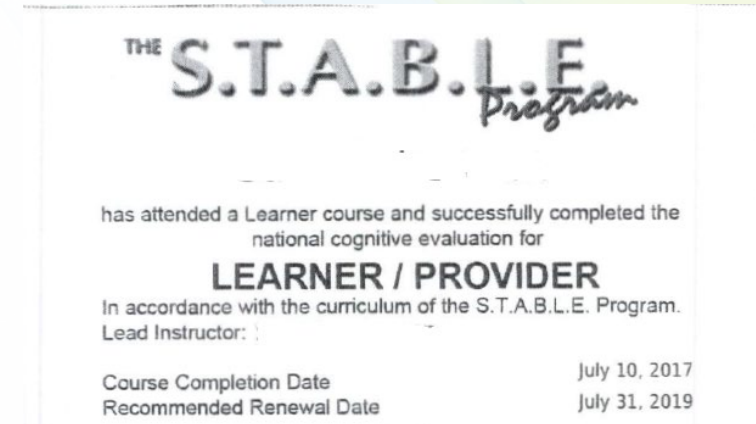
Course Participant Portal

- The participant materials include instructions about accessing the online platform.
- Participants have access to complete the online learning prerequisite starting 30 days before the in-person course date. Access ends 48 hours before the in-person course.
- Participants have unlimited access to review their online learning after they have completed it up until the day of the course
- After completing online education, participants can submit questions to Instructors to discuss and respond to during the classroom experience.



Recommended Renewal Date

- The AWHONN Fetal Monitoring Program is adding a “Recommended Renewal Date” to the instructor-led courses. The recommended renewal date will be two years from the last day of the month and the year you complete your fetal monitoring course.
- We are making this change to be consistent with the American Heart Association and the American Red Cross in heart resuscitation courses including BLS, ACLS, PALS, NRP, and other equivalent courses.
- Similar to S.T.A.B.L.E. and ALSO, AWHONN has selected “Recommended Renewal Date” to be on the certificate rather than “Expiration Date”.



Recommended Renewal Date (cont.)

- AWHONN will not monitor whether individuals or hospitals follow this recommendation. It will be up to the individual hospital/employer policies to make that decision.
- AWHONN will not give guidance as to what course should be taken every two years, as that will be dependent upon the nurse taking the course. In some instances, the nurse should re-take the same course they took; in other instances, they should complete a more advanced AWHONN course, if available. Again, these will be directed by hospital policy and not an AWHONN requirement.



Preorders start on December 6, 2024

- We are pleased to announce that Kendall Hunt/Customer Solutions will begin taking preorders for the new editions of the Advanced Course 7th ed, Intermediate Course 8th ed, and Intermediate Instructor Workshop 4th materials starting on December 6.
- Items will not ship until they are available in February 2025. All components of the courses will be new which requires participants and Instructors to purchase new materials.
- The materials can be purchased through Kendall Hunt/Customer Solutions. Customer Solutions can be contacted directly by email ordernow@kendallhunt.com or 1-800-338-8290.
- The hours of operation for Customer Solutions are from 7:30 a.m. to 5:00 p.m. Central Time, Monday through Friday.



Transition Current Courses-Reminder

- The continuing education credits (nursing contact hours/CME) will expire on 01/31/2025 for the current Instructor-led courses, which means that the current courses using existing materials may no longer be taught after 01/31/2025.
- Also, the materials will be marked out of print and no longer for sale after 01/31/2025. All current course materials must be used before the end of 01/31/2025.
- The nursing contact hours/CME contact hours earned for courses held through the end of 01/31/2025 may still be applied to certification maintenance or employer continuing education requirements – please check with the certifier or employer for any questions on nursing contact hours/CME requirements.



Planning 2025 Courses

- The AWHONN FHM Team highly recommends that courses using the new materials in 2025 not be scheduled until March, at the earliest, to allow instructors to review the new format, content, and materials before teaching the new courses.
- Participants attending the Instructor Workshop or the Intermediate Course will have online learning prerequisites available 30 days before the scheduled course.
- Scheduling a course in March will provide ample time for course participants to access the online learning prerequisites, which must be completed before attending the in-person course.



Pricing

- Fetal Heart Monitoring Principals and Practices (FHMPP) textbook – Print \$76.95
- Fetal Heart Monitoring Principals and Practices (FHMPP) textbook – Online \$64.95
- Intermediate Fetal Monitoring Participant Material- Print or Online \$145.00
- Intermediate Fetal Monitoring Bundle FHMPP & Participant Material – Online \$200.00
- Advanced Fetal Monitoring Participant Material- Print or Online \$120.00
- Advanced Fetal Monitoring Bundle FHMPP & Participant Material – Online \$175.00
- Intermediate Instructor Workshop Participant Material- Print or Online \$240.00



Instructor Manual Pricing

SOLD TO AWHONN INSTRUCTORS ONLY

- Intermediate Fetal Monitoring Teaching Materials FULL SET– Print \$520.00
- IFM IRM only (does not include Case Scenarios, Short practice Tracing, Tests, Pre-req learning, or Participant Pack) \$110.00
- Advanced Course Instructor Resource Manual- Print or Online \$240.00



Town Hall Future Date

- January 14, 2025, AT 4:00 PM EST



Open Forum



Moderator:

We will be posting the slides on the FHM Instructor portion of the AWHONN.org website after the Town Hall is completed.

Please add your questions or comments to the questions and answers.

For more information, please email fhm@awhonn.org

