

PubMed

Format: Abstract

J Nurse Midwifery. 1991 Mar-Apr;36(2):88-94.

Auscultated fetal heart rate accelerations. An alternative to the nonstress test.

Daniels SM, Boehm N.

Abstract

This nonexperimental, descriptive correlational study was conducted to determine whether a significant difference exists between the results of an electronically monitored nonstress test (NST) and those of auscultation for single fetal heart rate acceleration, the auscultated acceleration test (AAT). Of 130 NSTs, both the NST and the AAT were reactive in 105 cases and both were nonreactive in seven cases. Eighteen nonreactive AATs went on to have reactive NSTs (72.00% false-positive rate). There were no reactive AATs that went on to have nonreactive NSTs (0% false-negative rate). Various recommendations are made for future research in an attempt to decrease the false-positive rate. The McNemar's test for data analysis used in previous research indicated that there was a significant difference between the two tests. However, the sensitivity (100%) and specificity (85.37%) of the AAT indicate that the test is valid in predicting the results of the NST and thus appears to be a valid screening tool for fetal well-being and may be a reliable alternative to the NST.

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MeSH terms

LinkOut - more resources

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Nurs Res. 1992 Mar-Apr;41(2):87-91.

A comparison of the auscultated acceleration test and the nonstress test as predictors of perinatal outcomes.

Paine LL¹, Benedict MI, Strobino DM, Gegor CL, Larson EL.

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Abstract

In this prospective study, the predictive ability of the nonstress test (NST), the most widely used antepartum screening test to assess fetal well-being, was compared with that of the auscultated acceleration test (AAT) in predicting perinatal outcomes. The AAT is a more easily administered test than the NST, and, unlike the NST, does not use electronic fetal monitors. Study subjects were 205 women with singleton pregnancies greater than 34 weeks' gestation, whose delivery occurred within 7 days of receiving antepartum testing by NST at Johns Hopkins Hospital. The AAT yielded better prediction of poor perinatal outcomes than the NST. The NST, however, was a significantly better predictor of favorable outcomes than the AAT. The AAT has the potential to affect perinatal care if false positive results can be decreased through further research.

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**Publication types, MeSH terms, Grant support****LinkOut - more resources**