

Fetal Monitoring in Labour

Important information for patients

Contact numbers

Should you require any additional information or help, please contact:

Labour Ward 01270 612144

Midwifery Led Unit 01270 278063



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What is fetal heart monitoring?

Most babies go through labour and are born without any problems. But there are a few babies who have difficulties and the best way of finding out when a baby is having problems is to listen in their heartbeat regularly during labour. This is called fetal heart monitoring.

How is it done?

Your baby's heartbeat can be monitored in two ways:

- At regular intervals, this is called intermittent auscultation
- Continuously by electronic fetal monitoring (EFM)

The Midwife will check your heartbeat by taking your pulse, whilst listening to your baby's heartbeat in order to tell them apart.

Intermittent auscultation can be done in two ways:

- By using an instrument like an ear trumpet called a Pinard stethoscope
- By using a hand-held ultrasound machine called a Doppler, your Midwife may also call it Sonicaid.

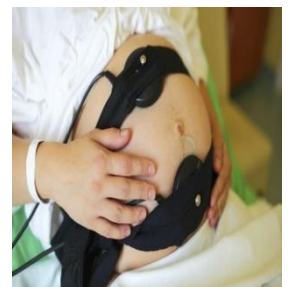


You may have seen your Community Midwife use these during pregnancy. If you are healthy and have had a trouble-free pregnancy, this is the recommended method of monitoring your baby's heartbeat during labour. Your baby's heartbeat will be listened to immediately after your contraction ends, every 15 minutes in the first stage of labour and at least every 5 minutes in the second (pushing) stage.

Please note: the only way your baby's heartbeat can be monitored at home or in the Midwifery Led Unit (MLU) is with a pinard stethoscope or sonicaid/fetal doppler. If a problem is detected and continuous monitoring is recommended, you will be asked to be transferred to Labour Ward Suite at the hospital.

Continuous electronic fetal monitoring (EFM) can also be done in two ways:

- By fastening two devices around your abdomen (tummy). One device monitors your baby's heartbeat while the other device monitors the frequency of the contractions. We have some machines with wireless sensors which enable you to be more mobile and are waterproof so can be used in water.
- By fastening one device around your abdomen to monitor the frequency of the contractions. Then by attaching a fetal scalp electrode (FSE) to your baby's head and to the device. The FSE is on the end of a very small wire which is passed up the vagina (the same way as an internal examination) and fastened on to your baby's head by a very small clip. An FSE does not harm your baby but sometimes you may notice a small graze on your baby's head after birth. The FSE can then pick up your baby's heartbeat more easily because it is directly attached to your baby. The electrode stays in place until your baby is born.



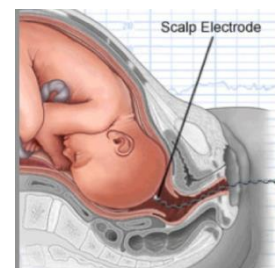


The monitor records your baby's heartbeat as a pattern on a piece of graph paper which is called cardiotocography (CTG) or a 'trace'. The Midwife and the Obstetrician will look at the CTG to get an idea of how your baby is coping with labour. They will be able to explain everything to you.

Two wireless monitors are available, so you are able to use the birthing pool and mobilise during labour as long as we are able to monitor your baby effectively.

Why do I need fetal heart monitoring?

During contractions blood cannot get through to the placenta so easily and your baby may get less oxygen than usual. This is normal and most babies cope without any problems. But if your baby is not coping, the pattern of the heartbeat usually changes, and this could mean that your baby needs to be born quickly.



If you are healthy and have had a trouble-free pregnancy, then the recommended method for fetal heart monitoring is using the Pinard stethoscope or hand-held Doppler (intermittent auscultation), this is a safe method of monitoring your baby's heartbeat during labour. Current research does not support the need for EFM even as part of the admission procedure.

If you have a health problem or any factors relating to your pregnancy that put you or your baby at increased risk, then the recommended method for fetal monitoring is continuous EFM.

Can I choose how my baby's heartbeat is monitored?

Yes, you can choose how your baby's heartbeat is monitored however we do make recommendations.

If you are being induced with propess an initial monitoring of your baby is recommended and monitoring is also recommended if there are concerns about your baby.

Sometimes your Midwife or Obstetrician may recommend continuous monitoring. If you have a health problem or any factors relating to your pregnancy that puts you or your baby at increased chance of not coping with the contractions, then the recommended method for fetal heart monitoring is continuous EFM.

This may be for several reasons relating to you or your baby's health. The reasons for using continuous monitoring will be discussed with you so that you can make an informed decision.

What are the benefits of monitoring my baby's heart rate?

Understanding how your baby is coping with labour can help the Midwives and Obstetricians looking after you make decisions with you about the best and safest care for you and your baby. If your baby is not coping well then, the Obstetrician will discuss a plan of care with you and your birthing partner.

Are there other signs that my baby is coping well in labour?

If your baby continues to move this shows that they are coping, but these can be difficult to notice during labour because your abdomen will go tight or firm during contractions.

When your waters break, either on their own or by a Midwife or Obstetrician, they should be clear. If they are not clear, we may recommend continuous monitoring so a closer eye can be kept on your baby's heart rate.

What happens if I choose not to have my baby's heart monitored?

The kind of monitoring you have while you are in labour is up to you. Some women like to be able to hear their baby's heartbeat while others find it worrying.

If you are reluctant to have any fetal heart monitoring it would be best to discuss this further with your Midwife or Obstetrician. **Once they are confident that you have all the necessary information to make a fully informed decision**, a plan will be made and written in your notes and personalised care plan in order to ensure everyone who may care for you in labour is aware.

Of course, you can change your mind at any time.

Evidence based practice

Current evidence does not support the use of CTG with women at low risk of complications in established labour (NICE, 2017).

For a woman who is healthy and has had an otherwise uncomplicated pregnancy, intermittent auscultation should be offered to monitor fetal wellbeing in established labour (NICE, 2017).

Where can I find out more information?

National Institute of Clinical Excellence: www.nice.org.uk/guidance/cg190

Royal College of Midwives: www.rcm.org.uk/publications

Tommy's pregnancy Hub: www.tommys.org/pregnancy-information/giving-birth/monitoring-your-baby-labour

If you would like to speak to a Midwife about the information in this leaflet, please contact your named Community Midwife. Alternatively, a Midwife on the Labour Ward or Midwifery Led Unit will be happy to advise you.

This leaflet is available in audio, Braille, large print and other languages. To request a copy, please ask a member of staff.