

Monitoring your baby's heartbeat during labour

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This leaflet is designed to give you information about how we care for your unborn baby while you are in labour. It will describe the benefits and disadvantages of different types of monitoring and aims to answer some of your questions.

Why monitor a baby's heartbeat during labour?

When you are in labour, some checks will be offered to you and your baby. These will include listening to or monitoring your baby's heartbeat.

During labour, contractions reduce the blood flow to the placenta. This is normal and most babies cope without any problems. However, if a baby is not coping, this will be reflected in changes in the pattern of the heartbeat. One of the ways of finding out if your baby is having difficulties, is to listen to the heartbeat regularly throughout labour. This is known as fetal heart monitoring.

How is it done?

Your baby's heartbeat can be monitored either at regular intervals (intermittent listening/auscultation) or continuously (electronic fetal monitoring). Before starting any monitoring, the midwife or doctor will check your pulse rate as well as your baby's heart rate to make sure they can tell them apart.

Intermittent auscultation

If you have had no medical problems and a straightforward/low risk pregnancy and you are happy with your baby's movements, this is the recommended method of monitoring your baby's heartbeat.

Once you are in established labour the midwife will listen to your baby's heartbeat approximately every 15 minutes in the first stage of labour, which is the period of labour up to when your cervix is fully dilated. This will increase to every 5 minutes in the second stage of labour which is the period once your cervix is fully dilated and when you may experience the urge to push. Your midwife may need to listen more often if they have any concerns about your baby's heartbeat.

Your baby's heartbeat can be monitored using a pinard stethoscope, a trumpet shaped device, which will enable the midwife or doctor to hear your baby's heartbeat through your abdomen. More commonly a doppler, a handheld electronic device, is used so that you and your midwife or doctor can listen to your baby's heartbeat. With intermittent monitoring, your ability to move around will only be limited when the baby's heartbeat is being listened to. At other times you will be able to move around freely. If there are any concerns with the baby's heartbeat, your midwife will suggest moving to continuous monitoring as the safest option to monitor your baby.

Risks/disadvantages of intermittent auscultation

If you are labouring on the midwife led unit or at home, you may need to be transferred to the delivery suite for continuous electronic monitoring if there are any concerns or risks identified to you or your baby.

Continuous monitoring with an electronic fetal heart rate monitor

Sometimes your midwife or doctor may offer and recommend continuous monitoring. This may be for a number of reasons relating to you or your baby's health. The midwife or doctor will discuss this with you and your partner prior to use. For example:

Your midwife has already listened to your baby's heartbeat using a pinard or doppler and thinks that your baby may not be coping well, or you may have a health problem such as:

- Diabetes
- Infection
- Pre-eclampsia (high blood pressure)
- Problems with your heart or kidneys.

Factors relating to your current or previous pregnancy, which may also mean you need continuous monitoring include:

- Your pregnancy has lasted more than 42 weeks
- You are having an epidural
- You have been bleeding from your vagina before or during your labour
- Your labour is induced (started artificially) or augmented (a drip to try and speed up the labour process)
- You have a twin pregnancy
- You have previously had a caesarean section
- Your baby is small or premature
- Your baby is in a breech presentation (going to be born bottom first)
- You report reduced fetal movements
- Baby has passed meconium (had a poo) inside you.

Continuous monitoring keeps track of your baby's heartbeat for the whole of your labour. This is done using an electronic fetal heart rate monitor which records your baby's heartbeat.

Risks/disadvantages of continuous fetal monitoring

Your freedom of movement may be limited.

There is an increased risk of medical intervention with continuous monitoring in labour.

Continuous monitoring - how is it done?

Elastic belts are used to hold sensors against your abdomen. These sensors detect your baby's heartbeat and are connected to the monitor. The monitor records your baby's heartbeat as a pattern on a continuous piece of paper. This is known as a trace or CTG. A second pad or transducer will monitor the frequency of your contractions. This is a painless procedure.

Your midwife or doctor will read and interpret the trace to help get an idea of how well your baby is coping with labour. It is normal for there to be changes in the pattern of the heartbeat, for example:

- when your baby is moving around
- when you are having a contraction
- when your baby is sleeping

Your midwife or doctor will explain the trace to you. Being attached to a monitor may limit your ability to move around freely. It may be possible to stand up, change positions on the bed or sitting on a birthing ball however it will not be possible for you to have a bath, or move from the room.

Occasionally a clip may be attached to the baby's scalp in order to monitor the heartbeat. This clip/electrode is attached to your baby's scalp through your vagina and is then connected to the monitor. We do have a limited number of wireless CTG monitors (known as Telemetry) available should you wish to be more mobile. These can also be used in the birthing pool if this is a safe option for you.

National guidelines recommend that the continuous fetal monitoring trace is assessed hourly by a second midwife or doctor. This is called 'fresh eyes'. Your midwife will invite another midwife or doctor into your room to do this every hour. The midwife will explain this to you, but please ask if you would like more information.

Your choice

Your midwife or doctor will talk to you about your choice of methods of monitoring your baby's heart rate and will explain any reasons as to why one method of monitoring may be preferred for your individual requirements.

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