



Information for
patients and
carers

**Monitoring your baby's heartbeat
in labour**

Why monitor a baby's heartbeat in labour?

During labour contractions the blood supply through the placenta (afterbirth) to the baby is reduced. This is normal and most babies cope without any problems, however, some babies become stressed. Listening to, or monitoring, the pattern of your baby's heartbeat regularly during your labour will show how well your baby is coping.

This leaflet describes the different methods of monitoring your baby's heartbeat (fetal heart monitoring) that you may be offered. Before any monitoring is started your midwife will listen to, or count, your heartbeat to make sure that she can distinguish it from that of your baby.

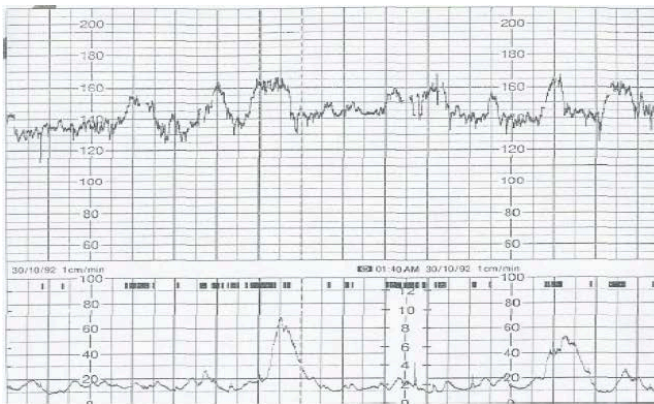
Intermittent auscultation

This simply means that your baby's heart rate is measured at regular intervals using either a Pinard stethoscope or a hand held 'Doppler'. A Pinard is a trumpet shaped stethoscope that allows your midwife or doctor to hear your baby's heartbeat through your abdomen (tummy). A 'Doppler' is a small hand held device that looks like a microphone. When it is placed against your abdomen it allows you and your midwife or doctor to listen to your baby's heartbeat using Doppler ultrasound. The intervals at which your baby's heartbeat is monitored during labour vary from approximately fifteen minutes in the early stages to every five minutes as the birth approaches.

Intermittent auscultation is recommended if your pregnancy has been problem free and labour has started naturally. It allows you to walk around changing your position as you choose and it can also be used while you are in the birthing pool.

Electronic fetal heart rate monitoring

This type of monitoring is also called continuous monitoring as it will measure and record your baby's heartbeat throughout your labour. It records your baby's reaction to each contraction you experience. Two elastic belts are used to hold a contraction sensor and a heartbeat sensor against your abdomen. The sensors are connected by leads to a monitor that will display your contractions and your baby's heartbeat on a strip of paper (or electronically) – a CTG trace.



Baby's heartbeat

Contractions

From this trace your midwife or doctor will be able to see how well your baby is coping with labour. They will explain your trace to you if you wish.

It is also possible to continuously monitor your baby's heartbeat using a fetal scalp electrode (clip) that is attached to your baby's scalp through your vagina, this does not harm your baby.

Whichever method of continuous monitoring is used your movement is generally restricted to sitting or standing by your bed; however a limited

number of monitors are now available that allow greater movement and can even be used in the birthing pool.

When would electronic monitoring be recommended?

- If your midwife or doctor has already listened to your baby's heartbeat using a Pinard stethoscope or 'Doppler' and thinks your baby may not be coping well
- If you have a health problem such as diabetes or high blood pressure
- For pregnancy or labour related factors:
 - Your pregnancy has lasted more than 42 weeks
 - You are having an epidural
 - You have had significant vaginal bleeding
 - Your labour is being induced or strengthened with a drip
 - Your baby is small or premature
 - You are expecting twins/triplets
 - Your baby is a breech (bottom) presentation
 - You have previously had a Caesarean birth

In all these situations there is an increased risk of your baby becoming stressed during labour.

Electronic fetal monitoring is not available at Chorley Birth Centre or in your own home and if it is recommended you will need to give birth in the Sharoe Green Unit. This may mean that you are transferred by ambulance during your labour.

What happens if my baby's CTG trace shows signs of stress?

Your midwife and doctor will assess what action needs to be taken. If the signs of stress are very severe it may be that your baby needs to be delivered very quickly. Sometimes, however, a CTG trace can show signs of stress even though the baby is fine. Fetal blood sampling is used to confirm whether your baby is genuinely stressed and its use can avoid an unnecessary Caesarean birth.

What does fetal blood sampling involve?

Some drops of blood are taken from your baby's scalp during a vaginal examination. The blood is tested for oxygen levels as a low level of oxygen will be found if your baby is not coping well with the reduction in blood supply that occurs during contractions. The test can take between ten and twenty minutes.

There may be reasons why fetal blood sampling is not appropriate for you, for example it cannot be undertaken in the early stages of labour when the cervix may not be dilated enough or if you have certain infections. Your midwife or doctor will discuss this with you. Generally however the procedure poses little risk to your baby.

What are the risks of not monitoring my baby's heartbeat in labour?

You can choose not to have your baby's heartbeat monitored however this would mean that we would not be able to tell whether or not your baby is coping with labour. The risk of this is that if your baby was having any problems we would not know about it. Some of these problems could affect your baby's health or even be life threatening for your baby.

In summary

Your baby's heartbeat will be closely monitored during your labour.

- Intermittent auscultation is recommended if your pregnancy has been problem free as it allows you to move around freely and this helps your labour to progress naturally
- Continuous electronic monitoring is only recommended in the presence of specific factors that suggest your baby may be at an increased risk of becoming stressed in labour. This is because it restricts your movement and so may increase the discomfort and length of your labour
- Fetal blood sampling is used whenever possible to confirm signs of stress on a CTG
- Continuous electronic monitoring is only available at the Sharoe Green Unit

Your midwife or doctor will explain and discuss with you their recommendation for a particular type of monitoring.

Contact details

Should you require further advice or information please contact:
Maternity Day Unit, Sharoe Green Unit on **01772 524776**.

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.patient.co.uk

www.accessable.co.uk

www.nice.org.uk

Lancashire Teaching Hospitals NHS Foundation Trust is not responsible for the content of external internet sites.

Lancashire Teaching Hospitals is a smoke-free site.

On 31 May 2017 Lancashire Teaching Hospitals became a smoke-free organisation. From that date smoking is not permitted anywhere on any of our premises, either inside or outside the buildings. Our staff will ask you about your smoking status when you come to hospital and will offer you support and advice about stopping smoking including Nicotine Replacement Therapy to help manage your symptoms of withdrawal. If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Cantonese:

如果你希望以另外一種格式接收該資訊，請和我們聯絡，不必猶豫。

Gujarati:

જો તમને આ માહિતી બીજી રચના કે ફોર્મેટમાં મેળવવાની ઈચ્છા હોય, તો કૃપા કરી અમારો સંપર્ક કરતા અચકાશો નહિ.

Hungarian:

Kérjük, vegye fel velünk a kapcsolatot, ha más formában kéri ezt az információt.

Polish:

Jeżeli chciał(a)by Pan/Pani otrzymać niniejsze informacje w innym formacie, prosimy o kontakt.

Punjabi:

ਜੇ ਤੁਸੀਂ ਕਿਸੇ ਹੋਰ ਫਾਰਮੈਟ ਵਿਚ ਇਹ ਜਾਣਕਾਰੀ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰਨ ਤੋਂ ਨਾ ਝਿਜਕੋ।

Urdu:

اگر آپ اس معلومات کو کسی اور صورت میں حاصل کرنا چاہتے ہیں تو برائے مہربانی ہم سے رابطہ کرنے میں ہچکچاہٹ محسوس نہ کریں۔

Department: Maternity

Division: Women and Children's

Production date: May 2020

Review date: May 2023

JR486 v1