

Monitoring your baby during labour

Information and advice for mums-to-be

Maternity



Where
EVERYONE
Matters

During labour it is important that we monitor your baby to check for any problems. Most babies cope very well with labour but a few babies have some difficulty. If your baby is having any problems during labour this may be reflected in the pattern of their heartbeat.

How will my baby be monitored during labour?

One of the best ways of monitoring your baby during labour is to listen to their heartbeat regularly; this is known as fetal monitoring. There are 2 main ways this can be done:

1. Intermittent auscultation
2. Continuous electronic fetal monitoring

What is intermittent auscultation?

Intermittent auscultation is where your baby's heartbeat is listened to at intervals during your labour, using either a little trumpet-shaped device (Pinard stethoscope) or a hand-held microphone (Doppler). Your midwife will listen to your baby's heartbeat for long enough each time to check their heart rate and the pattern of their heart rate.



Your midwife will also place her hand on your tummy, where the top of the womb (fundus) is, to feel when your womb contracts and relaxes.

This is the best form of monitoring if you are healthy and have had a low-risk pregnancy. If you are giving birth at home or in the Serenity or Halcyon birth centres this is what the midwife will do throughout your labour.

What are the benefits of intermittent auscultation?

- You can move around freely during labour.
- You can use the pool for labour.
- You can hear your baby's heartbeat too.

What are the risks of intermittent auscultation?

There is a risk that very sudden changes in your baby's heart rate will not be detected by intermittent auscultation but these are very rare in healthy babies. If there is a concern about your baby's heart rate then you will be advised to have continuous electronic fetal monitoring.



What is continuous electronic fetal monitoring?

Continuous electronic fetal monitoring is where your baby's heart rate is monitored continuously. This is done using either a cardiotocograph (CTG) machine or wireless telemetry.

A disc, that monitors how often your womb contracts, is placed at the top of your tummy where the top of your womb (fundus) is; another disc is placed on your tummy where your baby's heartbeat can be monitored clearly. The discs are held in place by elastic belts.

If you are having CTG monitoring, the monitor is connected to the CTG machine by wires. If you are having wireless telemetry monitoring this is not attached to any wires, the monitor transmits the reading to the reader box.

The CTG machine and telemetry reader produce a printed graph (sometimes called a trace) to show the pattern of your baby's heart rate and your midwife will explain the pattern to you.

Sometimes you will notice that your baby's heart rate sounds faster or slower than at other times; this is perfectly normal and you should expect this to happen, particularly if you have had some pain relief such as Pethidine. Your



midwife will explain this to you at the time.

Continuous EFM is recommended if:

- your pregnancy has lasted more than 42 weeks
- you are having an epidural
- you have had bleeding from your vagina before or during labour
- your labour is being induced (started artificially) or strengthened with a drip (oxytocin)
- you have a twin/triplet pregnancy
- you have previously had a caesarean section
- your baby is small, premature or is in breech position (bottom first)
- your waters were discoloured or smelly

What are the benefits of continuous EFM?

- You will be able to see the pattern of your baby's heart rate which can be reassuring for you and your birth partner.
- Your baby's heart rate is monitored continuously so the midwife or doctor can check that it is healthy, which is very useful if there is a reason for them to be concerned about your baby.



- If you have a wireless monitor you will still be able to walk around freely and use the birthing pool for pain relief.

What are the risks of continuous EFM?

There are no risks to continuous EFM but a disadvantage is that, if the monitor you have is not wireless, you won't be able to move around very much.

Are there any alternative ways of monitoring my baby's heartbeat during labour?

If your baby is in an awkward position and continuous EFM is not possible your midwife may advise you to have a fetal scalp electrode (FSE) attached to your baby's scalp to monitor their heartbeat. Your midwife can attach the electrode to your baby during an internal examination.

What happens if there is a problem with my baby's heartbeat?

If your midwife becomes concerned about your baby's heart rate they will ask a senior midwife and doctor to assess you and your baby.

Sometimes they may need to take a sample of blood (FBS) from the top of



your baby's head during an internal examination to measure the level of oxygen in the baby's blood. This will help the doctors to decide the best way to help your baby through labour.

The sample takes 10 – 20 minutes to collect and the result is obtained quite quickly.

Further information

For more information about monitoring your baby during labour please speak to your midwife or doctor.

For more information about our hospitals and services please our websites www.swbh.nhs.uk and www.swbhengage.com or follow us on Twitter [@SWBHnhs](https://twitter.com/SWBHnhs) and Facebook www.facebook.com/SWBHnhs.

You can find more information about pregnancy and childbirth on the maternity pages of our website.



Sources used for the information in this leaflet

- National Institute for Health and Clinical Excellence, CG55 'Intrapartum care', September 2007
- The Royal College of Midwives, Midwifery Practice Guideline 'Fetal heart rate monitoring', May 2008

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5420 or email:

swb-tr.swbh-gm-patient-information@nhs.net

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