



# Information for patients

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## Why monitor your baby's heartbeat during labour?

During labour the midwife will perform various checks on both you and your baby. This is to assess how well you are both coping as labour can be a stressful time for you both.

During labour the contractions restrict some of the blood flow from the placenta (afterbirth) to the baby and your baby will respond to this to ensure it maintains the oxygen it needs. Most babies cope very well during labour but a few do not and this may be reflected in the pattern of their heartbeat.

It is, therefore, important that we monitor your baby's heartbeat in labour if we are concerned. By interpreting the rate and pattern of the trace this allows timely intervention of those babies who are not coping well.

## What are the methods of monitoring your baby's heartbeat?

One of the best ways of finding out if your baby is coping with labour is to listen to the heartbeat at regular intervals throughout labour (auscultation).

### There are two methods of doing this:

- Intermittent auscultation using a Pinnards stethoscope (trumpet shaped stethoscope) or hand held Doppler (small microphone type device). Intermittent auscultation is recommended for low risk women in established labour in any birth setting
- Continuous monitoring, using an Electro Cardio Tocograph (CTG) machine (sensor device held with belts around your abdomen connected to a machine) which produces a graph of your baby's heartbeat and contractions

**Please note:** If you are having a home birth or a water birth, the only way to monitor your baby's heartbeat is with a Pinnards stethoscope or Doppler machine. If a problem is detected you will be advised to have continuous monitoring which will mean going into hospital. If you are having a water birth in the hospital you may be asked to leave the pool to have continuous monitoring, if we are unable to use wireless monitoring.

## How is monitoring carried out?

Intermittent Auscultation – where the midwife listens to the baby at regular intervals.

This is recommended when you are healthy and have had a problem free pregnancy. Intermittent auscultation is performed at regular intervals during the 1st stage of labour and more frequently during the 2nd stage when you are pushing. Intermittent monitoring enables you to be more mobile during labour.

## Continuous Electronic Monitoring

This method of monitoring your baby's heartbeat may be recommended if you have any health problems, or concerns identified during your pregnancy also if the midwife suspects or has detected a problem with your baby's heartbeat during intermittent auscultation.

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Or you may wish or have decided to have continuous monitoring for your own reasons.

The monitor records your baby's heartbeat as a pattern on a strip of graph paper; this is sometimes called a 'trace' or CTG.

Your midwife or doctor will read and interpret the trace to help decide how well your baby is coping with labour.

Being attached to some types of monitor can restrict your ability to move around; however this should not stop you from getting off the bed if you want to. There are also monitors available that are wireless and therefore enable you to walk around the room more freely.

### Fetal Scalp Electrode (FSE)

If there is a poor quality graph record of the baby's heartbeat (where the tracing is difficult to interpret) which may be due to loss of contact; the use of a more direct method of monitoring baby using an FSE may be recommended.

The electrode (sometimes called a 'clip') is attached to baby's scalp via an internal (vaginal) examination and then connected to the CTG monitor.

There are no risks to your baby when using this and it usually provides a more accurate recording of baby's heartbeat making it then easier for the midwife / doctor to interpret.

### What are the risks of monitoring the fetal heart?

If you are being continuously monitored this may limit your ability to move around as much as you would like.

### What are the benefits of monitoring the fetal heart?

If a problem is suspected the trace from the fetal heart monitoring will enable your midwife or doctor to see that your baby is not coping well.

If this happens further action may be taken, this can include encouraging you to drink more or simply move to a different position but could also include immediate delivery of your baby or sometimes carrying out a further test called Fetal Blood Sampling (FBS).

Sometimes the trace can indicate that your baby is not coping well when in fact they are fine. Fetal blood sampling can help clarify this and may avoid you having an unnecessary Caesarean Section.

Compared with the monitor alone, it is a more accurate way of checking if your baby is coping well.

### Fetal Blood Sampling (FBS)

This is a test where a few drops of blood is taken from the baby's scalp via an internal (vaginal) examination and tested for oxygen levels to show if your baby is coping well with labour.

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There may be reasons why FBS is not appropriate for you, for example if your cervix is not dilated enough or if you have certain infections. Your midwife or doctor should discuss this with you.

The use of fetal monitoring in labour, aims to allow timely intervention on a baby who is not receiving adequate oxygen. However, its use cannot protect all babies.

### What if I chose not to have any fetal heart monitoring?

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

It would be advisable to discuss this further with your midwife / doctor especially if you are reluctant to have any fetal heart monitoring.

When they are confident that you have made an informed decision, a plan will be agreed and placed in your notes in order to inform everyone who may care for you in labour. You can change your mind at any time if you decide to have your baby's heartbeat monitored.

There are other indicators that show a baby is coping well in labour which include:

- The baby's movements, but these can be difficult to observe during labour due to the mother's abdomen going tense during contractions
- The colour of the liquor (your waters) should be clear. They can break naturally or may be ruptured with an Amnihook (a sterile plastic hook). However, if the water is not clear this alone does not necessarily mean that the baby is distressed

Hopefully this leaflet has answered all your questions but if you wish to discuss further do not hesitate to contact your midwife.

### Further information is also available from:

#### National Institute for Health and Care Excellence

11 The Strand  
London  
WC2N 5HR  
[www.nice.org.uk](http://www.nice.org.uk)

#### Midirs

Freepost  
9 Elmdale Road  
Clifton  
Bristol  
BS8 1ZZ  
[www.infochoice.org/](http://www.infochoice.org/)

#### Royal College of Midwives

Normal Birth Campaign  
[www.rcm.org.uk](http://www.rcm.org.uk)

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## Any Comments, Compliments, Concerns or Complaints

If you have any other concerns please talk to your nurse, therapist or doctor. Our Patient Advice and Liaison Service (PALS) are available on 03033 306518 (Grimsby, Scunthorpe and Goole). You can also contact [nlg-tr.PALS@nhs.net](mailto:nlg-tr.PALS@nhs.net)

As a Trust we value equality of access to our information and services, therefore alternative formats available on request at [nlg-tr.interpreters@nhs.net](mailto:nlg-tr.interpreters@nhs.net)

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