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# Monitoring your baby's heartbeat in labour

## Women's Health



# Monitoring your baby's heartbeat in labour

This leaflet is intended to give you additional information to that received from a healthcare professional.

## Introduction

This leaflet is adapted from a guideline produced by the Royal College of Obstetricians and Gynecologists (RCOG) on behalf of the National Institute of Clinical Excellence (NICE) for the NHS in England and Wales.

Everyone has the right to be informed and to share in decision making about health care. Health care staff should respect and take into account the wishes of the people in their care. Guidelines are recommendations for good practice. There may be good reasons why your treatment differs from the recommendations in this leaflet, depending on your individual circumstances and wishes.

## Why monitor a baby's heartbeat in labour?

If you go into hospital to give birth, various checks will be offered to you and your unborn baby. This will include listening to, or monitoring your baby's heartbeat.

Fetal blood sampling involves taking one or two drops of blood from your baby's scalp (through your vagina). This blood is tested for oxygen levels to show if your baby is not coping well with labour. The test can take between ten and twenty minutes.

There may be reasons why fetal blood sampling is not appropriate for you, for example, if you have certain infections. Your midwife or doctor should discuss this with you.

For additional information about fetal monitoring, and all other aspects of pregnancy and childbirth, talk to your midwife or doctor.

## Further Information

Further information is available by logging onto [:www.nice.org.uk](http://www.nice.org.uk)

NHS Direct 0845 4647 [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

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## Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email [asp-tr.patient.advice@nhs.net](mailto:asp-tr.patient.advice@nhs.net). If you still remain concerned the team can advise about how to make a formal complaint.

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should ask your midwife or doctor if you want the trace to be explained to you.

Being attached to the monitor can limit your ability to move around. Whilst it may be okay to stand up or sit down, it will not be possible to have a bath or move from room to room.

Occasionally a Fetal Scalp Electrode (sometimes called a 'clip') may be offered and recommended. The reasons for doing this should be discussed with you. The electrode picks up your baby's heartbeat directly. It is attached to your baby's scalp through the vagina and is then connected to the monitor.

The trace may make your midwife or doctor suspect that your baby is not coping well. If this happens, further action may be taken. This could include immediate delivery of your baby or carrying out a further test called Fetal Blood Sampling.

### **What happens if a problem is suspected?**

Occasionally the trace can make your midwife or doctor suspect 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 not coping well.

### **What are the methods for fetal heart monitoring?**

One of the best ways of finding out if your baby is having difficulties is to listen to their heartbeat regularly throughout the labour. This is known as Fetal Heart Monitoring.

Your baby's heartbeat can be monitored in a number of different ways which are explained on the following pages.

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

#### **Intermittent auscultation (with pinard stetho-scope or a hand held 'doppler')**

If you are healthy and have had a trouble free pregnancy this is the recommended method of monitoring your baby's heartbeat during labour. This should happen every fifteen minutes during the early stages of labour, increasing to once every five minutes (or once every contraction) in the later stages.

Current research evidence does not support the need for your baby's heartbeat to be monitored using an electronic fetal heart monitor when you arrive at the hospital.

Intermittent Auscultation can be done using either a Pinard stethoscope, or hand held 'Doppler'. A Pinard is a trumpet shaped

stethoscope. It enables your doctor or midwife to hear your baby's heartbeat through your abdomen (tummy). A 'Doppler' is a small hand held device which looks like a microphone. When it is placed against your abdomen it allows you, your midwife and your doctor to listen to your baby's heartbeat using Doppler USS.

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 stand up and move around.

### **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 and your baby's health. The reasons for using continuous monitoring should be discussed between you, your midwife and/or your doctor. For example:

- ♦ Your midwife or doctor has already listened to your baby's heartbeat using a Pinard stethoscope or 'Doppler' and thinks that your baby may not be coping well.
  
- ♦ You have health problems such as
  - Your pregnancy has lasted more than 42 weeks
  - Diabetes
  - Infection
  - Pre eclampsia (high blood pressure)
  - Problems with your heart or kidneys

- ♦ Factors relating to your current or a previous pregnancy such as:
  - Your pregnancy has lasted more than 42 weeks
  - You are having an epidural analgesia (pain relief injected into the back)
  - You have had bleeding from your vagina during or before labour
  - Your labour is 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 or premature
  - Your baby is breech presentation (going to be born bottom first)

You may wish to have continuous monitoring for your own health reasons. Continuous monitoring keeps track of your baby's heartbeat for the whole of your labour. This is done using a piece of equipment called an electronic fetal heart rate monitor which records your baby's heartbeat.

Usually 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 strip on paper. This is sometimes called a 'trace' or a 'CTG'.

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 sleeping or moving around. You