

Patient information

Monitoring your baby's heartbeat in labour on the birthing unit

Introduction

This leaflet is for pregnant women or birthing people who are anticipating a birth on the Birthing Unit. It explains why it is necessary to monitor your baby's heartbeat in labour and what methods can be used whilst you are on the birthing unit. It also explains what might happen if there are concerns about your baby's heartbeat.

If you have any questions or concerns, please speak to your midwife or doctor.

Why monitor a baby's heartbeat in labour?

Whether you choose to go into hospital to give birth or have a home birth, various checks will be offered to you and your unborn baby. One of these checks will be listening to, or monitoring, your baby's heartbeat. On the birthing unit, where low risk, normal labours are anticipated, intermittent auscultation is the method of choice for monitoring your baby's heartbeat.

During labour when the uterus (womb) contracts the maternal blood does not flow as freely through the placenta and your baby has a reduced oxygen supply. This is normal and most babies are able to adjust without any problems. If your baby is having difficulty in adjusting this may be reflected in the pattern of the heartbeat.

One of the best ways to detect any difficulties is for the midwife to listen to the heartbeat regularly throughout labour. This technique is known as fetal heart monitoring.

What are they checking for?

Your baby's heartbeat can be monitored in different ways. The midwives (and doctors) will check the rate of the heartbeat over a period of time. The normal range for a baby

is 110 - 160 beats per minute; sometimes this can be lower or higher without meaning the baby is in difficulty. This variation is usually caused by the baby moving or during contractions of the uterus (womb). During a contraction there will be a very brief interruption to the blood flow through the placenta to the baby; this is normal, and the majority of babies cope well with this.

How is the heartbeat measured? (Intermittent auscultation (IA))

Your baby's heartbeat can be monitored in different ways. On the birthing unit the midwives will use intermittent auscultation, this involves listening to your baby's heartbeat at set times.

There are two ways of listening to the baby's heartbeat with auscultation, you may have seen your community midwife use these during pregnancy:

1. A doppler device sometimes called a Sonicaid, is a small device that is pressed against your abdomen. This device uses a form of ultrasound to convert sound waves into signals of your baby's heart you can hear.
2. A special device like a stethoscope – called a pinards – is placed at the ear of your midwife. The open end is pressed on your abdomen.

Typically, in labour your baby's heartbeat is listened to for at least one minute every 15 minutes immediately following a contraction during the first stage of labour (while the cervix is dilating). Then more frequently as you get nearer the birth. During the second stage (when you are pushing) we will listen for one minute after every contraction or at least once every five minutes.

The midwife may ask you to change position during this time so that they can hear the baby's heart. Otherwise, you will be able to adopt any positions that are comfortable to you.

If you have chosen to give birth at home or in the birthing unit, this is the only method used in these environments. If you have been healthy, have had a trouble-free pregnancy and your labour is uncomplicated, current research has shown that this method of monitoring your baby's heartbeat is more appropriate when compared to continuous electronic fetal monitoring. Inappropriate use of continuous electronic fetal monitoring in low-risk pregnancies can increase your chance of needing a caesarean section in labour.

What happens if a problem is suspected?

If when listening to the baby's heartbeat with a Sonicaid or Pinard, the midwife thinks there may be a problem, they will recommend that you change to continuous

monitoring (CTG). If you are in labour at home or in the birthing unit, this will mean having to transfer to the main labour suite in the hospital.

The presence of meconium in labour may require a transfer to labour suite to ensure appropriate levels of monitoring of your baby's heartbeat. The national guidance is that insignificant meconium does not require continuous CTG monitoring, and patients can continue under midwifery led care; continuing to labour and deliver on the birthing unit. There are some bodies of opinion who would offer continuous CTG as their preference for monitoring for insignificant meconium.

If the meconium is thin or insignificant then providing there are no other risk factors, you will be provided the choice to remain on the birthing unit with intermittent auscultation, as discussed in this leaflet or to transfer to labour suite to proceed to continuous monitoring with a CTG.

If meconium is thick or significant, immediate transfer to labour suite will be required as national guidance recommends that continuous monitoring is the most appropriate method of monitoring your baby's heartbeat.

Whose decision?

Without doubt, it is a good idea to monitor the baby's heartbeat throughout labour. However, you should be involved in deciding how this should be done. There are some circumstances when a specific option will be recommended. Where this is the case, you can discuss this with your midwife or doctor.

Further information

Please ask your midwife if you have any further questions.

Further information regarding fetal monitoring can be obtained from doctors and midwives in the integrated teams, on labour suite or at antenatal clinics.

References

NICE (2017) *Intrapartum Care: care of healthy women and their babies during childbirth*. National Institute of Clinical Excellence (NICE) 2017

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