Listening to your baby’s heartbeat in labour

Why do we listen to your baby’s heartbeat during labour?
During labour it is important to check your baby’s heartbeat regularly. During contractions, blood can't get through the afterbirth (placenta) as easily and your baby may get a little less oxygen than usual. This is normal and most babies cope with no problems. However, occasionally the baby does not cope well with this and there may be changes in the heartbeat. This is why we listen to a baby’s heartbeat during labour.

How can the baby's heartbeat be monitored?
Before starting the midwife or doctor will take your pulse and listen to the baby's heartbeat at the same time to make sure they can tell them apart.

The baby's heartbeat can be monitored in 2 ways:

1. Intermittent monitoring (with Pinard stethoscope or a hand-held ‘Doppler’)
   If you are healthy and have had a trouble free pregnancy this is the recommended way of monitoring your baby's heartbeat in labour. The midwife will listen to the heartbeat every 15 minutes throughout labour but more often in the ‘pushing’ stage.

   The baby's heartbeat is listened to using a special stethoscope called a ‘Pinard’ which looks like an ear trumpet or by using a small ultrasound machine, called a ‘Doppler’.

   You will be able to stand up and move around if your baby is monitored in this way.

   This method is always used if you choose a home birth or are under midwife led care.

   Women who are monitored in this way in labour are less likely to have an unnecessary caesarean section and less likely to need a forceps or suction cup birth.

2. Continuous electronic fetal heart monitoring
   Continuous monitoring keeps track of your baby's heartbeat for the whole of your labour.

   This is done by placing 2 sensors around your abdomen which are held in place by elastic belts or if we need to monitor your baby more closely a clip (electrode) can be attached to your baby's head by a very small, fine needle which stays in place until the baby is born. These sensors are attached to a monitor. The monitor records your baby's heartbeat on a paper strip. This is sometimes called a ‘trace’ or a ‘CTG’ (cardiotocograph).

   Your midwife or doctor will read and interpret the trace to help get an idea of how well your baby is coping with labour. You can ask your midwife or doctor to explain the trace to you.
Why would I need continuous monitoring?
Sometimes your midwife or doctor will recommend continuous fetal monitoring. This may be for a number of reasons related to you or your baby’s health. The reasons for using this type of monitoring will be discussed with you by your midwife or doctor.

We recommend continuous monitoring if you have certain medical problems or have a pregnancy that has caused concern. This includes:

- Your baby seems smaller than expected or is premature
- Your pregnancy has lasted more than 42 weeks
- You have high blood pressure
- You have diabetes
- You are expecting twins/or more
- You have had a caesarean birth in the past
- Your waters have gone for more than 24 hours
- Induction of labour
- Bleeding in the pregnancy

In labour:

- You have an epidural for pain relief
- Your midwife or doctor thinks there may be a problem when listening to your baby with a Pinard or Doppler
- You have any bleeding in labour
- You have a raised temperature
- Your baby has had it’s bowels open (meconium stained liquor)
- If your labour isn’t progressing or you need an oxytocin drip to speed up labour
- You may wish to choose electronic fetal monitoring for your own reasons
- If you are at home and your midwife thinks there may be a problem with the heartbeat she will recommend you go into hospital for continuous monitoring

Being attached to a monitor will limit your ability to move around but you may be able to stand or sit in a chair if you wish, but this is following discussion with your midwife as it may not always be possible. If you are able to, and wish to remain mobile, a wireless (telemetry) machine can be used if available, please discuss this with your midwife caring for you.

What happens if a problem is suspected?
The trace pattern may make your midwife or doctor suspect that your baby is not coping well. If this happens it may mean we have to carry out a test called fetal blood sampling (FBS) or sometimes it may mean we need to deliver your baby quickly.

Fetal blood sampling involves taking a small amount of blood from your baby’s scalp. This is carried out during a vaginal examination. The blood is tested for acidity and oxygen levels and gives more information on how your baby is coping. The test usually takes between 10 and 20 minutes, and may be repeated depending on the results and your baby’s continued well being.

For further information about listening to your baby’s heartbeat please talk to your midwife or hospital doctor.

References
MIDIRS (1996) Listening to your baby’s heartbeat in labour
Informed Choice leaflet 2. The INHS Centre for Reviews and Dissemination: Bristol

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