

Listening to your baby's heartbeat

Maternity

Patient Information Leaflet

This leaflet describes why and how midwives and doctors may listen to your baby's heartbeat.

Why is my baby's heartbeat monitored?

During pregnancy and labour most babies do not have any problems. One way of monitoring your baby's wellbeing is to listen to their heartbeat.

How can my baby's heartbeat be monitored?

Your baby's heartbeat can be heard by:

- a trumpet-like, hand-held device called a Pinard stethoscope
- a small hand-held electronic ultrasound machine called a Doppler or
- a hand-held device called a Sonicaid

If you are more than 28 weeks pregnant, an electronic foetal monitoring machine can be used. This produces a paper printout called a cardiotocograph (CTG). The machine can monitor both your baby's heartbeat and any contractions you may have.

Your midwife or consultant will discuss with you the best way of listening to your baby's heartbeat.

How often will my baby's heartbeat be monitored?

During pregnancy, we will listen to your baby's heartbeat at each antenatal visit from when you are 16 weeks pregnant, using a Sonicaid and/or a Pinard stethoscope. If you attend the PDAU and are over 28 weeks pregnant, you may have a CTG.

During labour we will listen to your baby's heartbeat at regular intervals (referred to as intermittent monitoring) or continuously. This will depend on:

- How your pregnancy has been
- How previous pregnancies have been
- Your health before this pregnancy
- How your labour is progressing

Your consultant or midwife will discuss this with you.

Intermittent monitoring

When your contractions (labour pains) are regular and your cervix is dilating (you are in established labour), we will listen to your baby's heartbeat every 15 minutes. This will be more frequent (every five minutes) or after each contraction, when you are pushing (in the second stage of labour).

Even if you are having a water birth, we can listen to your baby's heartbeat intermittently. We can do this under the water with a waterproof Sonicaid.

How will my baby's heartbeat be monitored intermittently?

Intermittent monitoring of your baby's heartbeat can be performed with a Pinard stethoscope or Sonicaid.

The Pinard is put on your lower abdomen (tummy) and the midwife places her ear on the other end in order to hear your baby's heartbeat.

A Sonicaid is a hand-held machine. One end is placed on your lower abdomen and your baby's heartbeat can be heard by both you and the midwife.

What are the benefits of intermittent monitoring?

The main benefit of intermittent monitoring is that you can move around freely. This is very important during labour. When we are listening to your baby's heartbeat, you will not be able to move around. At other times you will be able to stand up, move around and use the birthing ball or rocking chair as you wish.

Are there any risks of intermittent monitoring?

There is a risk that a sudden change in your baby's heart rate will not be heard. However, this is very rare in healthy babies.

Continuous monitoring

This may be recommended for the following reasons:

- You have a health problem such as high blood pressure, pre-eclampsia (a pregnancy-related condition), diabetes, infection or problems with your heart or kidneys.
- Your baby's heartbeat is too low or too high when heard with the Sonicaid.
- Your baby is smaller than expected or premature (being born before 37 weeks of pregnancy).
- You are expecting twins.
- You have previously had a caesarean section.
- Your pregnancy has lasted for more than 42 weeks.
- Your labour has not started on its own.
- You are having an epidural.
- You have had bleeding from your vagina immediately before or during labour.
- Your baby has passed meconium (opened its bowels) into the water sac (amniotic fluid).
- If requested by the mother.
- Other identified risks.

How will my baby's heartbeat be continuously monitored?

This monitoring is performed with a CTG machine or a foetal scalp electrode (a small clip placed on a baby's head). However, a CTG is the most frequently used method.

With your consent, two elastic belts are used to hold the transducers (a type of sensor) in place on your abdomen. One is placed at the top of your abdomen. This monitors the timing and strength of any contractions. The second is placed lower down on your abdomen to monitor your baby's heartbeat.

If the CTG is not able to monitor your baby's heartbeat effectively, the midwife or consultant may recommend that a foetal scalp electrode is used.

For this a small clip is attached to the skin of your baby's head. The clip is attached during a vaginal examination (internal examination) and then connected to the CTG machine. This may cause a mark or small cut on the baby's head but this usually heals quickly.

Continuous wireless telemetry is also available for some cases. This means that you can be monitored continuously without any wires and the monitor transmits the reading to a reader box. With this method, you can move around freely.

If you are interested in using this form of monitoring, please talk to the midwife looking after you when you come into hospital to give birth.

What are the benefits of continuous monitoring?

- You can see the pattern of your baby's heartbeat which can be reassuring for you.
- A continuous CTG enables midwives and doctors to assess your baby's heartbeat over a period of time. This can alert them to any problems that may be developing.

Are there any risks of continuous monitoring?

- You may not be able to move around so freely.
- The monitoring trace can make your midwife or consultant suspect that your baby is not coping well when in fact they are fine. This could lead you to having a caesarean section. However, in many cases foetal blood sampling can give your consultant enough information to prevent this (see section ‘What happens if a problem is suspected?’).

What happens if a problem is suspected?

If your consultant or midwife suspects that your baby is not coping well, action will need to be taken.

This could range from something as simple as getting you to change your position or the consultant may suggest delivering your baby immediately.

If your consultant needs more information on how your baby is, they may recommend that a sample of blood is taken from your baby’s head (foetal blood sampling). This will depend on how your labour is progressing and would be discussed with you by your midwife or consultant.

Can I find out more?

The following web link gives more information:

<http://www.patient.co.uk/doctor/Intrapartum-Foetal-Monitoring.htm>

Reference

National Institute for Health and Care Excellence (NICE). *Intrapartum care: care of healthy women and their babies during childbirth. Clinical Guideline 190*. NICE, Manchester. 2014.

Available from:

<http://www.nice.org.uk/guidance/cg190>

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

Maternity Triage on 01384 456111 ext 3053 or your community midwife.

This leaflet can be made available in large print, audio version and in other languages, please call 0800 0730510

ਜੇਕਰ ਇਹ ਲੀਫਲੈਟ (ਫੋਟਾ ਇਸਤਿਹਾਰ) ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ (ਪੰਜਾਬੀ) ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰ ਕੇ ਪੇਸ਼ਟ ਇੰਨਫਰਮੇਸ਼ਨ ਕੋ-ਆਰਡੀਨੇਟਰ ਨਾਲ **0800 0730510** ਟੈਲੀਫੋਨ ਨੰਬਰ ਤੇ ਸੰਪਰਕ ਕਰੋ।

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