Monitoring Your Baby

During labor and delivery

During labor and delivery, we will monitor (check) your baby’s heart rate to see how well your baby is doing. Monitoring your baby cannot prevent a problem, but it can alert your nurse and provider if there is one.

The ways to monitor your baby

There are 2 ways to monitor your baby’s heart. One way is called auscultation. It is like taking a pulse in an adult. We count the baby’s heart rate for 1 minute every 5 to 30 minutes.

The other way is called electronic fetal monitoring. With this, we monitor the baby’s heart rate continuously. Both are good ways to check a baby’s wellbeing during labor and delivery. During your labor, the way we monitor your baby will depend on the following things:

- What you would like
- Whether or not there is a higher chance that your baby will develop problems in labor
- What your provider thinks about your labor and delivery

How we do auscultation

We put a small instrument called a Doppler ultrasound on your abdomen over your uterus for a minute while we count the baby’s heart rate. The Doppler uses sound waves to hear the baby’s heartbeat. Your provider may listen to the baby’s heart rate at your checkups in this way. A special stethoscope also can be used to listen to the baby’s heartbeat. The nurse checks your contractions. She places her hand on your abdomen over the uterus to feel how strong the contractions are.

How we do electronic fetal monitoring

We use electronic equipment to follow your baby’s heart beat and contractions continuously. It records the heart rate and the contractions on paper and electronically.

External monitoring uses a Doppler ultrasound instrument to detect when the contractions come and how long they last. We place these instruments on your abdomen and hold them in place with two adjustable belts.

We use internal monitoring only after the bag of waters breaks. We place a small wire through your vagina and attach it to the baby’s scalp. This detects the baby’s heart rate like an electrocardiogram (EKG) does in an adult. We can also place a thin plastic tube through your vagina and into the uterus along the baby’s head to measure the strength and timing of the contractions.

Neither of these monitoring methods will hurt you or the baby. You will need to stay in bed when we use internal monitoring.

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What monitoring your baby can tell us

A normal heart rate for a baby is between 110 and 160 beats per minute. (The heart rate for an adult usually is between 60 and 100 beats per minute.) The baby’s heart rate changes during labor, often with contractions. Certain patterns in the baby’s heart rate can tell us if there might be a problem.

If monitoring suggests a problem for the baby, we might:

- Ask you to change positions
- Give you fluids through a vein
- Give you oxygen to breathe
- Put fluids into your uterus
- Give you medicines to slow the contractions

Monitoring cannot always tell us if the baby is doing well, developing a problem, or point to the exact cause if there is a problem. We might use other tests to help find out how the baby is doing. If a pattern suggests a problem and the pattern doesn’t improve, your provider might decide to deliver your baby.

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<thead>
<tr>
<th>Which type of monitoring is best?</th>
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<tr>
<td>Expert committees in the United States and Canada recommend auscultation for women whose babies are at low risk of developing problems during labor and delivery. Both types of monitoring are equally safe for this group of babies.</td>
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<tr>
<th>Some advantages of auscultation include:</th>
<th>Both types of monitoring are safe and equally acceptable when:</th>
<th>Electronic fetal monitoring is recommended when:</th>
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<tbody>
<tr>
<td>▪ Allows you to move more freely during labor</td>
<td>▪ Your labor is drawn out</td>
<td>▪ You’ve had a cesarean delivery in the past</td>
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<tr>
<td>▪ Lowers the chances of needing a cesarean section</td>
<td>▪ Your baby is premature</td>
<td>▪ You have vaginal bleeding during labor (more than ‘bloody show’)</td>
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<td>▪ Lowers the chances of needing forceps or a vacuum during a vaginal delivery</td>
<td>▪ You have toxemia or pre-eclampsia</td>
<td>▪ We think the baby weighs less than 5 pounds at term</td>
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<tr>
<td>▪ Easier for your nurse and provider to interpret</td>
<td>▪ You have a significant medical condition</td>
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Talk to your provider or nurse if you want more information about the types of monitoring.