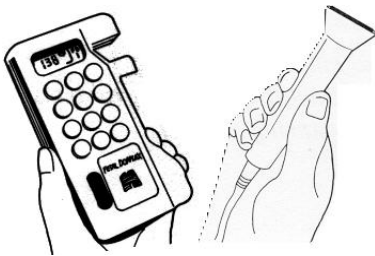


When you are in labour, your caregivers frequently check how your baby is doing. There are a number of ways of doing this; some of these are:

- listening to your baby's heart with a hand-held heart monitor (intermittent auscultation)
- listening to and watching your baby's heart on a paper tracing or computer screen with an electronic fetal monitor (EFM)
- looking at your baby with an ultrasound machine
- taking a blood test from your baby's scalp

INTERMITTENT AUSCULTATION (IA)



If you have been healthy during your pregnancy and everything is going well in labour, your baby's heart rate will most likely be checked every 15-30 minutes with a hand-held heart monitor.

In most labours and births, this method of monitoring provides your caregivers with all the information they need about your baby. As your labour progresses, the baby's heart rate may be checked more often.

Benefits:

- Allows you to walk, move freely and be in the shower or bath during labour
- Associated with less cesarean births than if the electronic fetal monitor is used

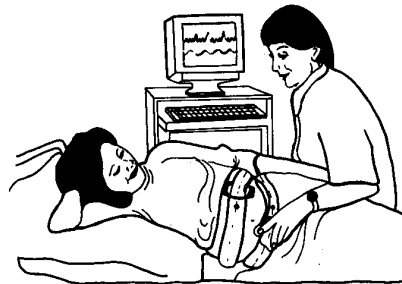
Risk:

- May not provide enough information if your pregnancy is at risk

Alternative:

Electronic fetal monitor

ELECTRONIC FETAL MONITORING (EFM)



If you have had some problems during your pregnancy, or your labour is slower than expected, your caregivers may decide to use EFM.

This machine has one part that records your baby's heart rate and another part that measures how long and how far apart your contractions are. The two parts are held on your abdomen with elastic belts. The monitor allows your care providers to continuously see a recording of your baby's heart rate and of your contractions.

Sometimes, when the monitor on your abdomen is not easily picking up your baby's heart rate, a small electrode can be attached to the top of the baby's scalp. This is done during a vaginal examination, and the wire coming from the baby's head is connected to a cable that is attached to your leg with a sticky pad, and then to the monitor. This electrode allows care providers to get a clear picture of your baby's heart rate.

Benefits:

- Useful in cases of long labours or when labour has to be induced or augmented with oxytocin

Risks:

- Higher risk of cesarean birth with EFM than with auscultation
- Decreased ability to move

Alternative:

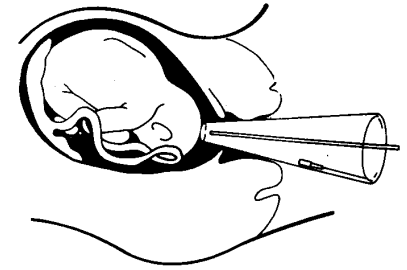
Intermittent auscultation

ULTRASOUND



Sometimes during labour, your doctor may need to see which way the baby is laying or where the placenta is located. A portable ultrasound machine may be brought into your room. This is similar to the type of ultrasound you may have had during your pregnancy.

FETAL SCALP BLOOD TESTING



Sometimes your caregivers may get information from your baby's heart rate that makes them question how well he/she is coping with labour. Before they make decisions with you about the best way for your baby to be born, they may want to get specific information about your baby's level of oxygen.

A small amount of blood can be taken from your baby's scalp/skin through the birth canal and tested very quickly. This is called "fetal scalp blood sampling" and is used only occasionally.

For this test, you would be positioned like you are for a vaginal examination. A hollow tube is placed in your vagina against the baby's head. Your baby's scalp is cleaned with gauze and a small instrument is used to prick the skin on your baby's scalp. The blood sample is collected and pressure is applied to the site for a short time to stop further bleeding. There is a possibility that this test may need to be repeated. Although there are usually no problems associated with this test, there is a very small risk of infection from the nick in your baby's scalp.

UMBILICAL CORD BLOOD SAMPLING

At the time of birth, a small blood sample is usually taken from the umbilical cord. It is done after the cord has been cut, so there is no pain for your baby.

The result from this blood sample's analysis allows your health care providers to determine your baby's oxygen level and wellbeing at birth.



The information in this pamphlet was originally prepared to complement the Policy statement on "Fetal Health Surveillance in Labour" by the Society of Obstetricians and Gynecologists of Canada (1995).

This latest edition incorporates information on benefits, risks, and alternatives so parents can make informed choices about their care and monitoring during labour and birth.

If you have questions about the information in this pamphlet, feel free to ask your physician, midwife, or nurse.

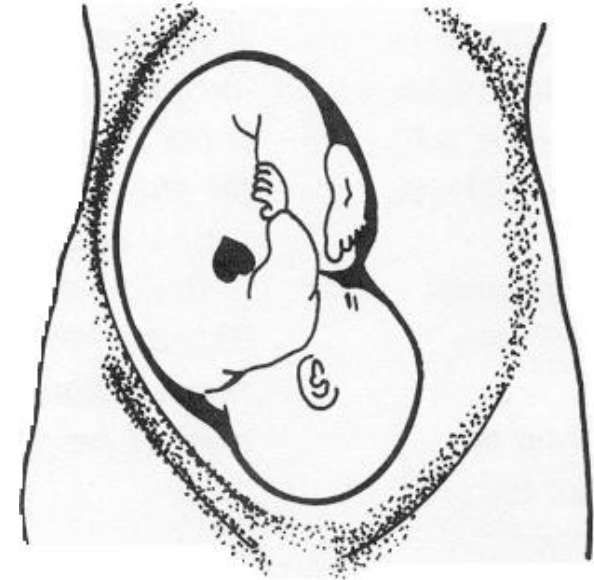
© Perinatal Partnership Program of Eastern & Southeastern Ontario. Oct. 2001

www.pppeso.on.ca

613-737-2660

Revised January 2009

CARING FOR YOUR BABY DURING LABOUR AND BIRTH



Parents often have questions about how their baby is assessed during labour. This pamphlet explains the most common ways of caring for your baby and why each method might be used.

*Most babies do very well throughout labour and birth. However, as you read the information in this pamphlet, keep in mind that **no type of monitoring is perfect nor does it give us all the information about your baby.***

Please review the information and feel free to ask questions.