Intrapartum Monitoring for Fetal Distress

Intrapartum fetal monitoring

Low risk pregnancy

Symphysio-fundal height and CTG at admission

Continuous electronic fetal monitoring by CTG (preferred)

high risk pregnancy or presence of antepartum/intrapartum risk factors

nonreactive CTG

Reactive CTG

Intermittent FHR auscultation*: (monitoring Interval)
1st stage (active phase): every 30 min
2nd stage: every 5 min
Auscultate for at least 30 sec

Components
Baseline FHR
Baseline FHR variability
FHR accelerations
FHR decelerations

Normal / Reassuring
HR: 110-160 bpm
Baseline variability: 5-25 bpm
Decelerations: None or early

Non-reassuring
HR: 161-180 bpm
Baseline Variability: <5 bpm for 30-90 min
Decelerations: Variable
decelerations persisting after 30 min of conservative measures
or recurrent late decelerations
Bradycardia (single prolonged deceleration lasting 3 minutes or more)

Abnormal
HR: <100 or >180 bpm
Variability: <5 bpm for >90 min
Decelerations: Variable
decelerations persisting after 30 min of conservative measures
or recurrent late decelerations
Bradycardia (single prolonged deceleration lasting 3 minutes or more)

contd.....
1. Continue routine care,
2. Revert to intermittent auscultation after 30 mins of reassuring CTG.

1. Correct underlying reversible causes (e.g., fluid and paracetamol to control maternal tachycardia due to fever and fluid depletion)
2. If non-reassuring pattern continues, manage as abnormal CTG
3. Prepare for urgent birth
4. Expedite birth if abnormal CTG persists for >9 mins
5. If HR recovers within 9 mins, reassess the decision.

(*intermittent auscultation should be before, during and after uterine contraction,

Criteria for high-risk pregnancy are persistent maternal tachycardia, maternal fever, chorioamnionitis, presence of significant meconium, gestational diabetes, hypertension, multiple gestation, premature rupture of membrane, previous caesarean delivery, confirmed delay in first stage labour etc)

References
1. Intrapartum care: care of healthy women and their babies during childbirth NICE clinical guideline 190 guidance.nice.org.uk/cg190 Issued: 2017