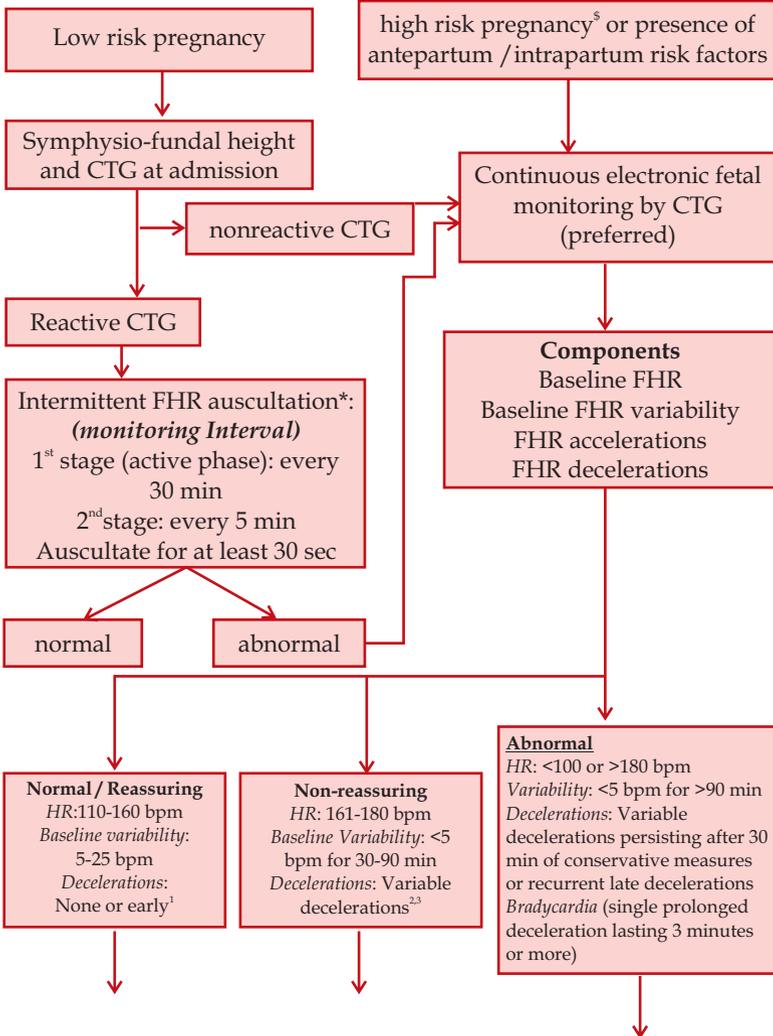


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Intrapartum Monitoring for Fetal Distress

Intrapartum fetal monitoring



contd.....

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

1. Correct underlying reversible causes (e.g., fever and paracetamol to control maternal tachycardia due to fever and fluid depletion)
2. If non-reassuring pattern continues, manage as abnormal CTG

1. Prepare for urgent birth
2. Expedite birth if abnormal CTG persists for >9 mins
3. If HR recovers within 9 mins. reassess the decision.

(*intermittent auscultation should be before, during and after uterine contraction,⁵

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
2. ACOG practice bulletin No. 106: intrapartum fetal heart rate monitoring: nomenclature, interpretation, and general management principles. *Obstetrics & Gynecology*. 2009; 114(1):192-202.