

NZCOM CONSENSUS STATEMENT
Foetal monitoring in labour
This Consensus Statement was ratified at NZCOM AGM 2005

The New Zealand College of Midwives (Inc) considers that one to one midwifery care and intermittent auscultation of the foetal heart is the most appropriate method of assessing foetal wellbeing in an uncomplicated labour. The New Zealand College of Midwives does not support the routine use of continuous electronic foetal monitoring on admission or in labour for women who have uncomplicated pregnancies.

Rationale:

- Continuous electronic foetal heart rate monitoring compared with intermittent auscultation has not been shown to improve foetal or neonatal outcomes as measured by a decrease in morbidity or mortality.
- Electronic foetal monitoring is associated with an increase in inappropriate interventions including augmentation of labour, epidural anaesthesia, vaginal operative delivery, and caesarian section.
- There is no evidence to support the routine use of continuous electronic foetal monitoring on admission to hospital.
- The routine admission cardiotocograph significantly increases inappropriate interventions for low risk women, with no improvement to neonatal outcomes.
- Evidence suggests that the ongoing support of a trained person (midwife) during labour and birth should be a priority because it reduces the likelihood of operative delivery, the use of analgesia; the likelihood of 5-minute Apgar scores less than 7.0 and increases the mother's satisfaction.

Recommendations:

Midwives caring for women in labour provide continuous close support and monitoring. The assessment of foetal wellbeing is one component of this intrapartum care and consideration must be given to the woman's preferences and priorities in light of potential risk factors to both mother and baby. The following recommendations are made:

- Women must be able to make informed decisions regarding their care with access to evidence-based information.
- Prior to any form of foetal monitoring, the maternal pulse should be palpated simultaneously with FHR auscultation in order to differentiate between maternal and foetal heart rates.
- For a woman who is healthy and has had an uncomplicated pregnancy, intermittent auscultation with a Pinard stethoscope or hand held Doppler, is the recommended method of monitoring foetal wellbeing in labour.
- Continuous electronic foetal monitoring is recommended for high-risk pregnancies where there is an increased risk to the baby.
- Continuous electronic foetal monitoring should be used where oxytocin is being used for induction or augmentation of labour.
- Commencement of continuous foetal monitoring needs to be considered if any foetal heart rate abnormalities are detected in labour.

References:

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