

## What if pēpi is not coping with labour?

Small changes such as slowing your contractions or changing your position may help.

If these don't help, a Caesarean section, or a birth using forceps or vacuum assistance may be necessary.

A blood sample may be taken from the scalp of pēpi to determine if pēpi is distressed before deciding if a Caesarean is needed and how urgently.

No medical procedure can be performed and no medication can be given without your informed consent, even if it is a routine practice. Before giving your consent, your medical team must fully and clearly explain to you:

- How this treatment or procedure will help
- What happens during the treatment or procedure
- What other options there might be
- What you can expect after the treatment or procedure
- Any risks that may be associated with the treatment or procedure

Please talk to your LMC, midwife and/or doctor if you have any questions or concerns.

[www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights](http://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights)

**Te Whatu Ora**  
Health New Zealand

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**Te Whatu Ora**  
Health New Zealand

**Fetal monitoring  
during labour**

# Why monitor pēpi?

During labour, the heartbeat of pēpi (baby) will be monitored to assess their wellbeing.

When you have a contraction there is a reduction in oxygen and blood to pēpi, which may result in slowing of their heartbeat. This is normal, and usually pēpi copes well with these changes. If pēpi does not cope with these changes, monitoring makes your team aware to this.

# Monitoring methods

There are three types of monitoring methods. Your team may use one or more types during your labour.

## 1. Manual monitoring

Your doctor or midwife will listen to the heartbeat of pēpi through a hand-held doppler.

The heartbeat is checked every 15 to 30 minutes at the beginning of labour. Heartbeat checks will happen more frequently as you begin pushing.

Manual monitoring may temporarily restrict your movement. The heartbeat may need to be checked when you are least able to move (eg at the end of a contraction).



## 2. Cardiotocograph (CTG)

Two sensors attached to your stomach by a soft belt-like strap record the heartbeat of pēpi and your contractions. This recording is called a cardiotocograph (CTG).

Sometimes a CTG will be performed when you first arrive and will be stopped if no risk factors are present.

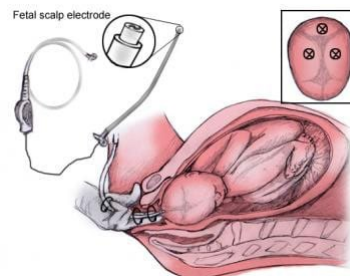
A CTG may be more restrictive, as you will remain connected to the machine throughout labour. However, it can be removed and reapplied as needed.



## 3. Fetal Scalp Electrode (FSE or clip)

Fetal Scalp Electrodes are used if a CTG is unable to provide a clear record of the heartbeat of pēpi.

The FSE goes under the skin on the head of pēpi, and is small like a pinprick. It is attached to the scalp during a vaginal exam once your waters have broken and your cervix is dilated.



After pēpi is born, you may notice a small scratch on the head from where the FSE was attached.

Sometimes, a FSE is not appropriate, such as:

- If pēpi is premature
- Pēpi is not in a good position to attach the electrode.
- If you have an infection that can be passed on via blood, such as Hepatitis B

# What monitoring method will be used?

Even if you have a healthy pregnancy, risk factors may appear in labour which will change which method of monitoring is best for you and pēpi.

Risks may include:

- Fever
- Very long labour
- Abnormal heart rate of pēpi
- High blood pressure of the person giving birth
- Fetal growth problems
- If you have been given epidural pain relief
- If you have had an induction of labour

If you have a low-risk pregnancy, manual monitoring is the preferred method.

In a higher-risk pregnancy, a CTG is recommended. If a CTG does not give a clear record of the heartbeat of pēpi, FSE can be used.