

Maternity

Monitoring in labour

Why would my baby's heartbeat need to be monitored during labour?

We monitor your baby's heart rate during labour to check how well they are coping. Most babies come through labour without any problems, but some may find it difficult. During contractions, blood flow to the placenta can slow down. This is normal and most babies manage well. If a baby is not coping well, it may show in their heart rate pattern.

How is your baby monitored during labour?

Your baby's heart rate can be checked in 2 ways:

- **Intermittently:** listening to your baby's heart at regular intervals.
- **Continuously (using a machine called a CTG):** Before starting any monitoring, the midwife or doctor will check your pulse and your baby's heartbeat to make sure they can tell the two apart.

Intermittent monitoring

If you are healthy and have had a low-risk pregnancy, this is the recommended method.

- In the first stage of labour, your baby's heartbeat will be checked every 15 minutes
- In the second stage, it will be checked every 5 minutes or after each contraction, for at least a full minute.



Patient Information

This is done using a Pinard stethoscope or a handheld Doppler.

- A Pinard is a trumpet-shaped tool that allows the midwife to hear your baby's heartbeat through your tummy (abdomen).
- A Doppler is small handheld device, which looks like a microphone. It is placed against your abdomen and helps you, your midwife, and your birth partner to listen to your baby's heartbeat at the same time. This method is used in home births and at midwifery-led birth centres.

Continuous monitoring

This involves using a machine called a Cardiotocograph (CTG), which continuously tracks your baby's heartbeat and your contractions. Two plastic pads are placed on your tummy, one for the heartbeat and one for the contractions. The heart rate is shown on a paper printout that the midwife or doctor can interpret.

If you are healthy and having a low-risk birth, current research and evidence does not support the need for your baby's heartbeat to be monitored using a CTG when you are in labour.

Sometimes the midwife or doctor may recommend that continuous monitoring be used to listen to your baby's heartbeat.

This may be because there is a known risk in your pregnancy, such as:

- You are less than 37 weeks pregnant
- You have high blood pressure
- Your baby is smaller than expected (as seen on ultrasound scan)
- You have bled from your vagina at any time during labour
- You are expecting twins or triplets
- You previously had a Caesarean Section

There are risks during labour, such as:

- You are having an epidural analgesia (pain relief injected into the back).
- Your labour is induced (started artificially) or strengthened with a hormone drip (oxytocin).
- Your waters contain meconium (your baby opens its bowels while inside your womb).

Patient Information

- Your baby is in the breech position (bottom first)
- Your labour is not progressing as expected (shown on a tool called the Partogram).
- You have a raised temperature – either above 37.5°C twice in one hour, or above 38°C once.
- Your waters have been broken for more than 24 hours.

There are risks related to your health, such as:

- Diabetes
- Infection
- Pre-eclampsia
- Heart or kidney conditions

You may also choose continuous monitoring for personal reasons. If your baby needs continuous monitoring, this will be explained to you at the time.

Please note: Continuous monitoring is not available in low-risk birth centres. If your baby's heart rate becomes a concern, you will be referred to labour ward. Your midwife or doctor will explain the readings from the monitor. Please feel free to ask if you would like more information.

Can you still use the birthing pool?

It may be possible. There are waterproof monitors that can be used in the pool, but this depends on your individual situation. Please talk to your midwife or doctor to find out if this is safe option for you.

What happens if there is a problem?

If we are worried about your baby's heart rate, the midwife or doctor may carry out an internal examination and gently touch your baby's head to see how they respond. This is called Fetal Scalp Stimulation (FSS) and can assess how your baby is coping.

In some cases, it may be hard to monitor the heartbeat through your tummy. With your consent, a small clip (called a Fetal Scalp Electrode - FSE) may be placed on your baby's head to get a more accurate recording.

Patient Information

This leaflet is intended to support, not replace, full discussions with your midwife or doctor. Please feel free to ask questions or talk through any concerns, we are here to support you.

For further information, please contact your Community Midwife, General Practitioner or Ante-natal Clinic.

Addresses and phone numbers are located on the “EPR My Patient Portal”

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact 024 7696 6575 and we will do our best to meet your needs.

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