Hampshire Hospitals NHS
NHS Foundation Trust

A Guide to Intermittent Auscultation

The evidence

- IA assessment should not try to replicate EFM assessment
- Time intervals for carrying out IA are based upon consensus expert opinion and therefore open to debate but we are guided by NICE
- When to listen, in relation to contraction, also based upon expert opinion – slow return to baseline or variable decelerations are more significant than early decelerations
- Baseline can be assessed by counting between contractions for at least 60 seconds
- Listening for accelerations during episodes of fetal movement is vital in determining a well fetus
- Evidence suggests that clinicians can recognise the baseline and accelerations but not variability or types of deceleration
- No evidence supports the theory that any method of IA can be used to quantify variability and this should not be the focus of IA

Gibb D, Arulkumaran S (2008) *Fetal Monitoring in Practice*. Third edition. Churchill Livingstone.

The most common form of hypoxia experienced by the low risk group is **evolving hypoxia**

Healthy fetus
↓
Variable decelerations
↓
Loss of accelerations
↓
Rising baseline rate and increase in depth and duration of decelerations
↓
Loss of variability
↓
Prolonged deceleration/terminal bradycardia

Listen for and record the baseline not variability

Intermittent auscultation (IA) is the technique of listening to the fetal heart for short periods as a method of fetal surveillance. The aim is to detect deviations from the norm that may suggest possible fetal compromise, or identify a fetus requiring a more intensive assessment.

NICE standards (2007)

Auscultation of the fetal heart, after a contraction, should occur for at least a minute at least every 15 minutes in the first stage and at least every 5 minutes in the active second stage of labour. The rate should be recorded as an average.

The maternal pulse should be palpated hourly and if a FHR abnormality is detected to differentiate the two heart rates.

Recommend EFM

APH – any fresh bleeding in labour

Meconium – old thin meconium is of doubtful significance and suggests good liquor volume, thick fresh meconium may suggest fetal compromise and reduced liquor volume

Oxytocin usage – hyperstimulation

Temperature – 38.0 C once, or 37.5 twice two hours apart

Heart rate abnormal pattern – less than 110 bpm, greater than 160bpm, any deceleration following a contraction, rising baseline

Epidural analgesia – this may cause a degree of instability of maternal vascular system which can affect the fetus

Request by the mother - following a discussion about the risk of further intervention when EFM is used inappropriately

Three Steps to Intelligent Intermittent Auscultation

Step 1
Assessment of fetal wellbeing and recommendation for IA

- Risk assessment – including normal fetal movements

1. Assess baseline when no contraction present, fetus still, listen for at least 1 minute and record single figure
2. Wait for fetal movement and listen for acceleration (acceleration should also be anticipated following stimulation)
3. Palpate contraction and listen immediately after to exclude deceleration

- Maternal observations

Step 2
Continuous assessment

- Every 15 minutes in first stage (more frequently in active 2nd) palpate contraction and listen immediately after for at least a minute recording a single figure
- Plot this on partogram and observe trend
- Listen for regular rhythm, decelerations and accelerations, cycling of active and quiet episodes
- Record maternal pulse hourly and simultaneously if abnormal fetal heart rate suspected
- Continuous risk assessment to review the suitability of IA

Step 3 – Documentation

✓Initial assessment of wellbeing and thorough risk assessment
✓Evidence of discussion with woman and recommendation for IA
✓Description of how carrying out IA, including what equipment is being used
✓ Baseline rate on partogram
✓Periodic comments concerning contractions, presence/absence of accelerations and decelerations
✓Maternal pulse hrly and if FH abnormality heard
✓Abnormal findings, plan of care and reason for recommending commencing EFM

Use the appropriate equipment

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