

Applies To: Department: Obstetrics and Gynecology Revised: Effective Date:

Title: Intermittent Auscultation Guideline		Policy			
Patient Age Group:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> All Ages	<input type="checkbox"/> Newborns	<input type="checkbox"/> Pediatric	<input type="checkbox"/> Adult

PURPOSE:

According to ACOG, the use of continuous EFM, compared with IA, is associated with an increased rate of both vacuum and forceps operative vaginal delivery and cesarean delivery. It does not reduce risk for cerebral palsy or perinatal mortality. ACOG (2009)

ACOG recommendations for monitoring women in labor state that IA is “acceptable in patients without complications.” ACOG (2009)

According to ACNM, “IA is the preferred method for monitoring the FHR during labor for women at term who present a low risk for developing fetal acidemia at the onset of labor.” ACNM (2010)

DEFINITION:

“Intermittent auscultation (IA) is a method of fetal surveillance that utilizes listening and counting fetal heart rate (FHR) for a specific amount of time at specified intervals in relation to uterine contractions. IA may be done with a fetoscope, or hand-held Doppler.” ACNM (2010)

*Use of external fetal monitor (EFM) for IA is not recommended. If a strip is recorded for less than 20 minutes it is inadequate to interpret and may actually present a liability.

APPLICABILITY

IA Candidates:

- 36 wks or greater
- Vertex presentation
- Singleton pregnancy
- 20 min Cat 1 FHR tracing done in either OB or L&D (does not need to be repeated on admission to L&D)

Maternal Contraindications:

- Preeclampsia or chronic HTN
- GDM A2 or Type 1 DM
- Cholestasis
- TOLAC
- HX of IUFD

Fetal Contraindications:

- IUGR
- Polyhydramnios
- Multiples

Preterm or PROM <36wks
Postdates > 41 completed weeks
Major anomalies or fetal complications

Intrapartum Contraindications:

Epidural anesthesia

Pitocin administration

After misoprostol administration use continuous EFM for two hours, if actively contracting continue EFM for a total of 4 hours

Moderate to thick meconium

Chorioamnionitis

Vaginal bleeding, other than bloody show

PROCEDURES

Assessment:

1. Obtain 20 min FHR strip with EFM. May convert to IA if Cat 1 FHT., i.e. normal baseline, moderate variability and absence of persistent variable decelerations and late decelerations.
2. Perform Leopold's maneuvers to identify fetal presentation and position.
3. Assess uterine contractions (UCs) by palpations.
4. Place Doppler over fetal thorax or back.
5. Verify maternal pulse.
6. Count the FHR through UC and for 60 sec. immediately after.

Frequency:

per ACOG, ACNM, & AWHONN

Latent phase: q 1 hr

Active phase: q 15-30 min

Second stage: q 15 min (q 5 min while pushing)

Listen before:

AROM

Administration of analgesia

Listen after:

Vaginal examination

AROM of SROM

Administration of analgesia

Discontinue IA if:

FHR baseline <110 bpm or >160 bpm

Persistent audible decelerations

Abnormal rhythm

Presence of contraindications

Difficulty distinguishing between maternal HR and FHR

Document:

Fetal baseline heart rate

Presence or absence of audible increases (accelerations)

Title:
Owner:
Effective Date:
Doc. #

Presence or absence of audible decreases (decelerations)
Maternal HR
Uterine contraction frequency, duration and intensity (mild, moderate or strong)
Palpable fetal movement

REFERENCES

American College of Nurse Midwives. Clinical Bulletin Number 11. Intermittent Auscultation for Intrapartum Fetal Heart Rate Surveillance. (2010). *Journal of Midwifery & Women's Health*, 55: 397–403. doi: 10.1016/j.jmwh.2010.05.007

American College of Obstetricians and Gynecologists. Practice Bulletin No. 106: Intrapartum Fetal Heart Rate Monitoring: Nomenclature, Interpretation, and General Management Principles. (2009). *Obstetrics & Gynecology*, 114(1), 192-202. doi: 10.1097/AOG.0b013e3181aef106.

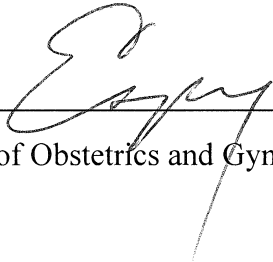
Association of Women's Health, Obstetric and Neonatal Nurses. Fetal heart monitoring principles and practices. Washington (DC): Association of Women's Health, Obstetric and Neonatal Nurses, 2000.

Denver Health. Intermittent Auscultation of the Fetal Heart Rate Clinical Practice Guideline NO. CPG-19.000. Reviewed 12/13/2011

DOCUMENT APPROVAL & TRACKING

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