Fetal Monitoring - Quick Guide

Fetal monitoring is a way of assessing your baby's wellbeing by monitoring their heartbeat. It does not predict birth outcomes; it gives us a snapshot of how your baby is at that moment. It is offered to you as it may help detect changes in your baby's normal heartbeat pattern.

This table summarises how we can assess your baby's heartbeat in pregnancy and labour. Please also read our fetal monitoring information leaflet which provides detailed explanations and includes additional photos and diagrams of how each monitor is used. The numbers on this table in brackets relate to the points on the fetal monitoring information leaflet where you can find further information.

	WHAT IS IT?	HOW IS IT USED?	WHEN IS IT USED?	WHO IS IT FOR?	WHERE IS IT USED?	WHY IS IT USED?
HANDHELD DOPPLER, ALSO CALLED A SONICAID (2a)	A battery operated ultrasound device.	It is placed on your abdomen, it uses ultrasound and you will hear the sound of your baby's heartbeat. Usually we listen to your baby's heartbeat for one minute.	In pregnancy: used from 16 weeks onwards In labour: used every 15 minutes, changing to every 5 minutes when your cervix is fully dilated (this monitoring is called intermittent auscultation).	Any pregnancy but it is not used in twin or multiple pregnancies. In labour: anyone who has an uncomplicated pregnancy and labour.	At your routine midwife appointments; at a home birth; on Carmen Birth Centre; on Delivery Suite.	National guidelines recommend the use of intermittent auscultation to listen to your baby in an uncomplicated pregnancy and labour.
PINARD STETHOSCOPE (2a)	A non-electrical device	It is placed on your abdomen, your midwife then places their ear on the other end of the stethoscope. Only your midwife will hear baby's heartbeat and usually the midwife will listen to baby's heartbeat for one minute.	In pregnancy: used from 16 weeks onwards. In labour: used every 15 minutes, changing to every 5 minutes when your cervix is fully dilated (this monitoring is called intermittent auscultation).	Any pregnancy but it is not used in twin or multiple pregnancies. In labour: anyone who has an uncomplicated pregnancy and labour.	At your routine midwife appointments; at a home birth; on Carmen Birth Centre; on Delivery Suite.	National guidelines recommend the use of intermittent auscultation to listen to your baby in an uncomplicated pregnancy and labour.

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CTG — WITH AN ABDOMINAL MONITOR (2b)	A continuous recording of your baby's heartbeat (lasting from 20 minutes to a number of hours).	Two discs (called transducers) are placed on your abdomen, the transducers are attached to a monitor by a cable. One transducer uses ultrasound to record your baby's heartbeat, the other assesses your contractions (there may be the option to have this monitoring using wireless transducers).	In pregnancy: used from 26 weeks onwards. In labour: used when you are in established labour (this is from when your cervix is 5cm dilated) continuously until baby is born.	Anyone with complications in their pregnancy or labour; in twin pregnancies; if you have an epidural; if you have an induction of labour.	On Delivery Suite only.	National guidelines recommend having a CTG in labour if you have any complications in your pregnancy. Our hospital guidelines also recommend having a CTG if you have an induction of labour or you have an epidural.
CTG — WITH A FETAL SCALP ELECTRODE, ALSO CALLED AN FSE (2c)	A continuous recording of your baby's heartbeat (lasting from 20 minutes to a number of hours), an FSE is used as an alternative to an abdominal transducer. An FSE can also carry out STAN monitoring—this is where a regular ECG is taken of your baby's heart (please see section 2d of the fetal monitoring leaflet for more information).	A small wire (that is less than 1mm thick) is placed on your baby's head, the other end of the wire is attached to a monitor. The wire is applied during a vaginal examination and records your baby's heartbeat. We will still use the transducer on your abdomen that assesses your contractions.	Only used in labour and when your waters have broken.	Anyone with complications in their pregnancy or labour; in twin pregnancies; if you have an epidural; if you have an induction of labour.	On Delivery Suite only.	National guidelines recommend having a CTG in labour if you have any complications in your pregnancy. Our hospital guidelines also recommend having a CTG if you have an induction of labour or you have an epidural.