Undertaking intelligent intermittent auscultation

Health & Medicine, Nursing

Project of Fetal heart monitoring is one of the most vital obstetric practices. It is essential for the wellbeing of every child. It ensures that there is no risk to the child in utero and that intra uterine fetal death does not occur undetected posing the risk of disseminated intra vascular coagulopathy to the pregnant mother. One of the most important tools in fetal heart monitoring is the cardiotocograph. It records the both fetal heart rate and maternal uterine contractions at the same time. The principle behind cardiotocographic monitoring and analysis is very important to understand. Such understanding would aid timely intervention especially in times when the fetus is at risk. Normally, a cardiotocograph is done every fifteen minutes in the first stage of labour and every five minutes in the second stage of labour. They are however done continuously in a mother defined to be a high risk mother. The intelligent intermittent auscultation is more involving and demands both experience and a keen ear (Feinstein, 2012). It is used when the pregnancy is regarded as low risk. This is in normal progress of labour and in the absence of signs of complications. The midwife or the obstetrician identifies the lie of the child in utero and uses the back to listen to the heart rate through a hand held sonic aid (Lisa A. Miller, 2013) . The cardiotocograph has made the practice of obstetrics easier. It is more superior to the intelligent intermittent (Hardling, 2012). The intelligent intermittent auscultation This is a must know for all the midwives. Anyone who has gone through training for the profession should be able to comfortably use this skill as a screening tool for hypoxia. It is put into use in low risk women. The question of who is a low risk mother arises. These are women whose current condition does not put their child at risk of

intrauterine fetal death. These women are healthy and their labour process is relatively uneventful. According to the NICE guidelines, the auscultation should be done at intervals of fifteen minutes in the first stage of labour (Maude, 2012). The readings should be carried out following a contraction. The heart sounds should be listened to for not less than a minute. The baseline is usually recoded in a single figure. A sonic aid should be used when listening to the fetal heart sound. The same is repeated during the second stage of labour. In this stage there is a difference in the time interval. Instead of fifteen minutes the midwife should take the baseline reading every five minutes. During the process one notes the abnormalities that are heard. If an acceleration of the heart rate is heard during a contraction, this is an abnormal feature that would necessitate immediate action to save the life of the fetus. This would necessitate electronic fetal monitoring mostly in the form of a cardiotocograph (AWOHNN, 2011). An abnormal baseline reading of less than a hundred and ten beats per minute or more than a hundred and sixty beats per minute is also an indicator of the same. Ongoing risk assessment is also done. (Debdas, 2011) The cardiotocograph The cardiotocograph is very precise in its measurements. Different readings indicate a different form of management for the patient. For this reason it is vital for the midwife to have knowledge of how to interpret the deviations from normal just as well as they would recognize them through the intermittent auscultation. A normal cardiotocographic reading is the one that has all of its four features in the reassuring category. A deviation from this is regarded as abnormal. The four features affect the wellbeing of the child (Debdas, 2011). Most of the features are monitored in the intelligent

intermittent auscultation. They are the heart rate that is the baseline, the variability, the accelerations and the decelerations. The major difference occurs in the accuracy of the readings. The cardiotocograph has a suspicious category. In this instance one of its four features falls into the non-reassuring category. The final category is the pathological category in which the features fall into more than one non reassuring category. In a cardiotocograph, the non-reassuring readings have the following features, baseline of 100-109 or 161-180 beats per minute. A variability of 40 to < 90 beats per minutes. Early decelerations and variable decelerations that last for more than three minutes is the other feature. The absence of acceleration is the final feature. A totally abnormal cardiotocograph is one that has the following features. The baseline is < 100 beats per minute or > 180 beats per minute. In instances when the variability of