

California College of Midwives
State Chapter ~ American College of Community Midwives

Section Four

A Clarifying Commentary on Fetal Monitoring Schedule

☞ California licensed midwives have expressed concern over the recommended schedule for monitoring fetal heart tones (FHTs) in Section II – G. In particular, there is confusion about the quality and quantity of discretion conveyed in the term “as indicated”. The following information identifies the biological premise for clinical judgment.

The Physiological Determinant for Monitoring FHTs

Published schedules for monitoring FHT are associated with the stage of labor as determined by the practitioner. However, stage of labor as judge by cervical dilatation can be discordant with the contraction pattern. Ultimately, labels such as ‘active labor’ or ‘second stage’ are merely proxies for the biological criteria. The actual physiological determinant for how often FHTs need to be monitored is the quality of the labor in conjunction with the specific characteristics of the situation, such as overall time the mother has been in active labor and other circumstances effecting the biological reserves of the maternal // fetal unit, such as maternal hydration.

Labor Pattern = Force, Frequency plus Length of Uterine Contractions

The quality of labor is defined by three specific criteria -- the force, frequency and length of the uterine contraction (UC) pattern. Stress to the healthy term fetus is a function of force and frequency of the UC pattern because the fetus depends on blood flow through the placenta for its oxygen, electrolytes, nutrients and waste removal. UC that are long, strong and close together (over 60 seconds, unable to indent uterine wall at the apex of the contraction for 30 or more seconds, under 3 minutes apart) exposes the unborn baby to *more* stress with less recovery time. This forces the maternal-fetal physiological unit to function at the high end of its capacity, where as UC that are brief, mild, or infrequent does not have this same intense biological effect.

While characterization of labor stage is a useful guide in many areas of midwifery care, such as notifying the second call midwife and preparing for the birth, the most appropriate guide to the frequency of fetal monitoring activities is the stress to the physiology of mother and baby. The notation “as indicated” in II-G (intrapartum minimum practice requirements) assumes that the clinical judgment of the professional midwife will *adjust the frequency up or down* and choose the most appropriate form of fetal monitoring (auscultation vs. EFM) based on the force, frequency and length of the contraction pattern and other factors that directly or indirectly influence well being and potential reserve of the maternal-fetal physiology.