

Intermittent Auscultation Flowchart

Initial Contact
 *Leopold's Maneuver - Determine fetal presentation, lie, position, & movement
 *Assess uterine Cx's for strength, frequency, & duration

Auscultation of FHR

Establish baseline
 *In between Cx
 *When fetus is not moving
 *When uterus is at rest

Normal FHR
 *110-160 bpm
 *Accelerations

Abnormal FHR
 * <110 bpm
 * >160bpm
 *Changes in baseline
 *Decelerations

Continue with IA
 *q 30min 1st stage
 *q 5-10min 2nd stage

Further Assessment
 *Auscultate next cx
 *Assess potential cause
 *Assess parents pulse, BP& temperature
 *Perform VE if indicated

Individualized Care
 *Promote comfort, and oxygenation i.e. position changes, breathing techniques, coping strategies
 *Provide supportive care via informed consent, emotional and physical support

Intervention
 *Eliminate or reduce affects of cause
 *Improve uterine blood flow
 *Improve umbilical blood flow
 *Improve oxygenation
 *Decrease uterine activity

Auscultate FHR

Normal FHR

Abnormal FHR

Further Interventions
 *Consider delivery if imminent i.e. episiotomy
 *Plan for transfer-notify hospital
 *Consider fetal scalp monitoring
 *Cord blood gases likely

References:
 *Gordon, W. (2018). Intermittent Auscultation. Retrieved from <https://vimeo.com/303381563>
 *Canadian Perinatal Programs Coalition (2009). Fundamentals of fetal health surveillance (4th ed.) . British Columbia, Canada: British Columbia Perinatal Health Program
 *Miller, L. A., Miller, D. A., Tucker, S. M. (2017). Pocket guide to fetal monitoring, A multidisciplinary approach (8th ed.) . St. Louis, MO: Mosby, Inc.