

## IA (Intermittent Auscultation) and EFM (Electronic Fetal Monitoring)

	IA	EFM
Definition	Intermittent Auscultation of fetal heart rate consists of listening to a baby's heart rate using a Pinard horn, fetoscope, or handheld doppler during labor. Normally every 15-30 minutes for 30-60 seconds during 1 <sup>st</sup> stage and every 5 minutes for 30-60 seconds during 2 <sup>nd</sup> stage. Longer or more frequent if indicated.	Continuous monitoring of fetal heart rate using cardiotocography from onset of labor to birth. This consists usually of 2 monitors placed on the birthing person's abdomen. One to measure the strength and frequency of uterine contractions. And another to constantly monitor the baby's heart rate.
Research	Research shows that IA is appropriate for all low-risk labors that are progressing normally. There were slight differences in the timing, duration, and recording methods used between different providers, but this did not seem to impact neonatal outcomes.	Research shows that EFM does not decrease the risk of infant mortality. It does however increase the risk of instrumental and operative birth. There are times when this tool is necessary and useful, especially for high risk and augmented labors, or when baby is not tolerating labor well.
When should be used	During normal labor for low-risk pregnancies	During labor for high-risk pregnancies or when auscultated fetal heart rate is concerning
When should not be used	For high-risk pregnancies/labors or when concerning FHT are detected using auscultation	During normal low-risk pregnancies and labors, or automatically on admission to hospital
Risks	No known risks for healthy low-risk pregnancies/labors. Care providers may not be able to see immediately if a baby is not tolerating labor well.	Increased incident of instrumental birth or cesarean section, hyper focus on baby's heartbeat instead of on client, higher likelihood of being left alone for periods of time. Movement of the birthing person or baby can interrupt recording of heart rate.
Benefits	Care providers can hear the actual heart sounds if using a Pinard or fetoscope. Allows for a more comfortable labor and	Constant monitor of baby's heart rate. Can detect any changes in heart rate immediately. Allows for a

	free movement of the birthing person. Care providers can check on baby periodically to ensure safety and tolerance of labor. Focus remains on needs of birthing person.	printout showing baby's tolerance of labor the entire time. Can be used to justify or support action or inaction on the part of the care provider in legal matters.
Who is a candidate	Healthy low-risk labors, those without any intrapartum risk factors, and those whose labors continue without any concerning fetal heart rates.	Those with known risk factors such as pre-eclampsia, previous uterine rupture, seizure disorders, heart problems, lung problems or a history of fetal hypoxia, still birth, or fetal demise. Also, those whose baby develops concerning heart rate or other risk factors during labor.