

Choosing Wisely[®]

An initiative of the ABIM Foundation



Monitoring your baby's heartbeat during labor

There are two ways to do it, and most women have a choice

Doctors, nurses, and midwives check your baby during labor and birth with a “fetal heart rate monitor.” There are two ways to do this:

- **Continuous monitoring (CM):** Records your baby's heartbeat throughout labor.
- **Intermittent auscultation (IA):** Checks your baby's heartbeat at certain times during labor.

IA is often a better choice. You may want to ask for it if you have a low risk for problems during labor. Here's why.

Low-risk women don't need CM.

There's no evidence that CM is better than IA for low-risk pregnancies. The two methods have been compared in many studies. A review of these studies found that:

- Compared with IA, CM didn't reduce the baby's risk of cerebral palsy, admission to a newborn intensive care unit, or death.
- There was no difference between the groups in Apgar scores. These show if the baby is having problems after birth.
- Newborns who were continuously monitored had fewer seizures. But this type of seizure does not appear to be harmful to babies.



CM limits your movement during labor.

With CM, you are attached to a machine that records the information. This limits your movement. It can also be uncomfortable.

IA lets you move around during labor.

With IA, your doctor uses a handheld device to check the baby's heartbeat at certain times during labor. That allows you to move freely and walk where you please. Studies show that women who are upright or walking have shorter labors and fewer C-sections. They also use less epidural pain relief.

CM can lead to unnecessary procedures.

Compared to IA, CM is more likely to cause “false alarms” and unneeded procedures.

For example, women who have CM during labor are twice as likely to have a C-section. A C-section is major surgery and has risks:

- Infection, pain, and a longer recovery time
- Problems in future pregnancies
- Babies with more breathing problems
- Injury to the baby during the surgery

Women who have CM are more likely to have a forceps or a vacuum device used during a vaginal delivery. This can lead to tears in the vagina and injuries to the baby.

Continuous monitoring (CM) can lead to higher costs.

A C-section, with a four-day hospital stay, can cost around \$14,000, according to [Healthcare Blue Book](#). That’s about \$2,300 more than the cost of a vaginal delivery with a two-day hospital stay.

When is CM needed?

CM is advised if you have complications or risk factors for problems during labor and birth, including:

- You have a high-risk pregnancy.
- The baby has an abnormal heartbeat during labor.
- You’re given oxytocin (Pitocin), a medicine to start or speed up labor.
- You’re attempting a vaginal birth after a previous C-section.
- You have an epidural during labor.
- You develop a fever or fresh bleeding from your vagina during labor.

If you choose IA and there’s a problem, your health care provider can switch to continuous monitoring.

This report is for you to use when talking with your healthcare provider. It is not a substitute for medical advice and treatment. Use of this report is at your own risk.

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