Risk Factors to Consider for High-Risk Fetal Monitoring – SAMPLE

A patient’s risk factors need to be assessed by the admitting nurse upon the patient’s admission to the hospital.

Whether continuous fetal heart rate monitoring or intermittent auscultation should be employed depends on the assessment of the risk factors at the time of admission, as well as other factors. If no risk factors are present at the time of admission to the hospital, then it is permissible to record the fetal heart rate (FHR) every 30 minutes during the active phase of the first stage of labor and at least every 15 minutes during the second stage of labor.

If risk factors are present at the time of the patient’s admission or emerge during her labor, then either intermittent auscultation or continuous FHR monitoring should be conducted, as follows:

During the active phase of the first stage of labor, the FHR should be determined, evaluated, and recorded at least every 15 minutes, preferably before, during, and after a uterine contraction, when intermittent auscultation is used. If continuous electronic FHR monitoring is used, the heart tracing should be evaluated at least every 15 minutes.

During the second stage of labor, the FHR should be determined, evaluated, and recorded at least every 5 minutes if auscultation is used. If continuous electronic FHR monitoring is used, the heart tracing should be evaluated at least every 5 minutes.¹

A Position Statement from the Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) states:

A woman’s preferences and clinical presentation should guide selection of FHM techniques with consideration given to use of the least invasive methods. In general, the least invasive method of monitoring is preferred in order to promote physiologic labor and birth. Labor is dynamic; therefore, consideration of maternal preferences and identification of risk factors should occur upon admission to the birth setting and should be ongoing throughout labor.²

According to a Coverys Risk Management obstetric physician advisor, the following are indicators to consider for continuous fetal heart rate monitoring (this is not an exhaustive list):

- **Factors related to the mother**
  - Age > 35 or < 16
  - Diabetes mellitus
  - Hypertension
  - Maternal disease (e.g., cardiac, pulmonary, renal, neurological)
  - Substance abuse
  - Obesity (BMI > 30 or Underweight BMI <18)
  - Parity 5 or greater

- **Factors related to previous obstetric history**
  - Previous cesarean section delivery (VBAC attempt)
  - Previous stillbirth
  - Non-reassuring fetal heart rate tracing resulting in delivery

- **Factors related to present pregnancy**
  - Gestational diabetes mellitus
  - Gestational hypertension
  - Intrauterine growth restriction
  - Polyhydramnios, oligohydramnios
  - Vaginal bleeding
  - Induction of labor
  - Premature labor

COPYRIGHTED

This document is a work product of Coverys' Risk Management Department. This information is intended to provide general guidelines for risk management. It is not intended and should not be construed as legal or medical advice. Your organization should add to and modify this tool to address the compliance standards and regulations applicable in your state or organization.

Updated: February 2017
Risk Factors to Consider for High-Risk Fetal Monitoring – SAMPLE

- Placental abruption
- Gestational age < 37 or > 42 weeks
- Estimated fetal weight < 2500 gm or > 4000 gm
- Multiple pregnancies
- Premature rupture of the membranes
- Detection of fetal bradycardia
- Fetal congenital heart problems
- Abnormal fetal presentation (e.g., breech, brow face)

- **Factors which may emerge during the current labor**
  - Vaginal bleeding
  - Stimulation of labor (Pitocin - augmentation or induction)
  - Determination of an abnormal FHR by intermittent auscultation
  - Maternal fever > 100.4 degrees Fahrenheit
  - Meconium stained fluid
  - Fetal bradycardia or tachycardia
  - Epidural analgesia during labor

References