

Monitoring baby during labour

This information sheet aims to answer some commonly asked questions about monitoring during labour. Informed consent and woman centred care are integral to health care in Queensland. Decisions about your care are always up to you. We recognise that people have diverse gender identities. See our statement on [gender associated language](#).

IMPORTANT: This is general information only. Ask your doctor, midwife or nurse what care is right for you and your baby.

What does “monitoring” mean?

Monitoring (sometimes called fetal monitoring) is when your baby’s heartbeat is checked during labour. It is recommended for all babies during labour to help find problems early (if there are any).

When you have a contraction, less blood flows through the placenta to your baby. This is normal and most babies cope well with this. If your baby is not coping well, the pattern of their heartbeat may change. This change can be detected during monitoring.

How are babies monitored?

There are two ways to monitor your baby’s heart rate in labour.

- listening to your baby’s heartbeat regularly using a hand-held device. This is recommended if you and your baby are healthy throughout your pregnancy (low risk of complications) and your labour is straightforward.
- monitoring your baby’s heart rate and your contractions continuously using a CTG machine (also called a cardiotocograph). This is recommended if there are extra risks for your baby such as health concerns that:
 - you had before pregnancy
 - develop during pregnancy
 - happen for the first time during labour

Your midwife or doctor will talk with you about what is right for you and your baby.

	Hand-held device	CTG machine
When is it recommended?	When there are no extra risks to you or baby’s health	When there are extra risks to you or baby’s health
How often is it done?	Regularly for 30–60 seconds each time	On all the time
Can you move around?	✓	More restrictive if wireless machine not available
Can you hear baby’s heartbeat?	Doppler - yes Pinards - no	✓
Can you use in the water (e.g. bath/pool)?	✓	Check with your hospital
Is your pulse checked?	✓	✓



How is monitoring done?

Hand held device

Usually a small ultrasound (a Doppler) is used. The midwife listens to your baby's heartbeat for 30–60 seconds near the end of and after your contraction.

CTG

Two discs are placed on your abdomen and held in place by elastic belts. One disc records your contractions and your heart rate and the other disc records your baby's heartbeat.

The CTG machine produces a graph of both of these. The graph is often called 'the trace'. Some birth suites have CTG machines that use a wireless system (Wi-Fi). These can be used in the shower or bath and you can move around more freely.

Sometimes a fetal scalp electrode or a clip is recommended. This is a small device put into the skin of your baby's head. The clip may be recommended if it is hard to get a good reading (or 'trace') of your baby's heart rate from the discs on your abdomen.

How is the CTG trace read?

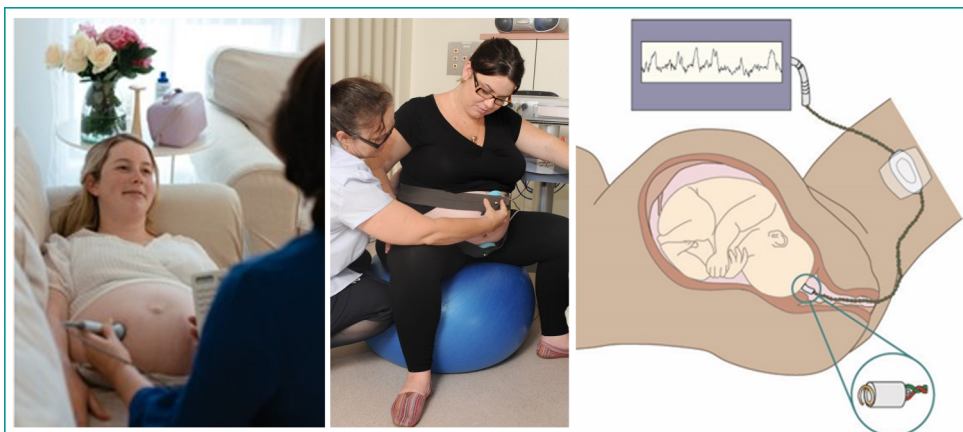
Your midwives and doctors will look at the trace often. They will be looking at:

- how fast is your baby's heart rate?
- does it speed up and slow down as expected?
- how often are your contractions?
- what happens to baby's heart rate when you have a contraction?

What if there are concerns about baby?

Any concerns about your baby will be discussed with you. Your midwife or doctor may recommend:

- changing your position
- checking your blood pressure/other observations
- a vaginal examination to check your progress
- taking a blood sample from your baby's scalp—this is called 'fetal blood sampling'
- helping your baby to be born earlier by caesarean section or with a vacuum or forceps



Images: [Left: hand-held monitoring device \(Doppler\)](#) | [Middle: CTG on birth ball](#) | [Right: fetal scalp electrode](#)

What is fetal blood sampling?

This is where a very small sample of blood is taken from your baby's scalp during a vaginal examination. This can give more information about how your baby is coping with labour. Your doctor or midwife will talk with you about how it is done and what the results mean. It is not available at all hospitals.

Support & information

Queensland Clinical Guidelines: Parent information <https://www.health.qld.gov.au/qcg>

13HEALTH (13 432 584) free confidential phone service providing health advice.

<https://www.qld.gov.au/health/contacts/advice/13health>

Pregnancy, Birth & Baby Helpline: (1800 882 436) Provides support and information for expecting parents and parents of children, from birth to 5 years of age. <https://www.health.gov.au/pregnancyhelpline>

Parentline Queensland: (1300 30 1300) Free professional counselling and support for parents and carers.

<https://www.parentline.com.au>

Child Health Service offers newborn drop-in services, early feeding and support, child health clinics. For your nearest service refer to

<https://www.childrens.health.qld.gov.au/community-health/child-health-service>

Women's Health and Equality Queensland (1800 017 676) provides counselling and health services for women and gender-diverse people with experiences of violence, as well as health professional education. <https://www.wheq.org.au/>

13 YARN: (13 92 76) national crisis support line for First Nations peoples available 24 hours a day, 7 days a week.

MumSpace: digital resources supporting mental and emotional wellbeing during and beyond pregnancy.

<https://www.mumspace.com.au>

1300MHCALL: (1300 642 255) is a confidential mental health phone triage service who can link you to your nearest public mental

health service in Queensland. <https://www.qld.gov.au/health/mental-health-and-wellbeing/how-to-get-help/1300-mh-call>

Australasian Birth Trauma Association: (0412 445 770) Information, educational material and 'peer2peer' support for people experiencing birth trauma. <https://www.birhtrauma.org.au>