Intermittent auscultation versus continuous fetal monitoring in low-risk pregnancies and deliveries

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Abstract

Intermittent auscultation (IA) became the standard of practice during labor through the monitoring developments of Von Winkel. He defined fetal distress parameters that were constant until the development of electronic fetal monitoring (EFM). EFM has since eclipsed the use of IA. However, not to the benefit of the low-risk mother and child. Currently, the global caesarean rate is 21% and the US rate is 31.8%. Research indicates that the use of IA decreases the rate of caesarean section, decreases ICU admissions, and increases fetal well-being outcomes such as higher Apgar scores, lower neonatal seizures, and lower perinatal mortality. With continuous EFM, mothers are inhibited in their ability to ambulate during labor and practitioners implement premature interventions due to abnormalities that may resolve with monitoring. This project will look at the three birthing centers and their use of IA with low-risk pregnant mothers in labor and compare the results with those that use continuous EFM with low-risk pregnant mothers. The expected results are a lower caesarean section rate, increased fetal Apgar scores, lower neonatal seizures, and lower perinatal mortality. Overall, the use of IA positively affects the birth and delivery experience with effective interventions and higher fetal well-being outcomes.

Keywords: Intermittent auscultation, continuous fetal monitoring, labor & delivery, low-risk pregnancy, Caesarean section, vaginal birth, fetal well-being, fetal outcome