

Bundle Name: Intermittent Auscultation

Readiness

Every unit

- Provides initial and ongoing training for all maternity care professionals on evidence-based approaches to fetal heart rate (FHR) assessment, including intermittent auscultation (IA) and associated standardized documentation.¹⁻⁹
- Establishes a unit culture that supports the evidence-based use of IA as the preferred method of FHR monitoring for women at no a priori risk for developing fetal acidemia during labor and/or are at low risk for uteroplacental insufficiency.^{2,4,6-16}
- Establishes evidence-based practice guidelines and unit policy that delineate inclusion and exclusion criteria for IA and criteria for changing to another modality for assessing FHR if necessary.^{2,5-7}
- Provides the necessary equipment (hand-held Doppler) for each qualified candidate for IA.²
- Provides electronic FHR equipment for when transition to continuous monitoring is indicated.
- Ensures sufficient staffing to maintain adherence to evidence-based unit protocol for IA for all appropriate candidates.^{2, 4, 17-18}
- Promotes shared decision making by providing consumer education outlining evidence-based approaches to FHR assessment during labor.^{2,4,19-22}

Risk and Appropriateness Assessment – assess risk at admission and throughout labor

Every woman who presents in labor

- Is assessed for eligibility for IA.²⁻⁵
- Participates in shared decision making regarding approaches to FHR assessment.^{2,4,20-21}
- Receives ongoing assessment of fetal well-being consistent with the evidence-based unit policy.

Reliable Delivery of Appropriate Care

Every woman eligible for IA

- Is assessed in adherence with an evidence-based unit IA policy that includes established criteria for converting to continuous EFM.^{2-3,5-7}
- Receives FHR assessment with standardized timing, methodology, and documentation throughout labor and during significant clinical events such as vaginal examinations and rupture of membranes.²⁻⁸
- Is regularly informed of overall FHR assessment throughout labor and is provided with necessary education/information about these assessments.^{2,4}

Recognition and Response

Every woman for whom eligibility for IA use changes

- Will be transitioned to continuous electronic fetal monitoring as indicated by periodic or episodic changes in the FHR according to established criteria.^{2,4-5}
- Will be eligible to resume IA if continuous electronic fetal monitoring indicates the fetus is at low risk for fetal acidemia according to established criteria.²
- Will be involved in decision making about method of FHR assessment if the maternal or fetal or status changes.^{2,4,19-21}

Reporting/Systems Learning

Every unit

- Documents initial and ongoing training of nurses to ensure competency in performing IA and of all unit-based maternity care professionals in assessment of EFM tracings and associated documentation using the National Institute of Child Health and Human Development categories.^{2-4,8}
- Monitors outcomes and process metrics such as number of women who meet criteria for IA who receive it.²²
- Establishes multidisciplinary systems to support peer review of significant events/unexpected outcomes related to FHR assessment techniques.¹⁶
- Administers and evaluates patient satisfaction surveys that address decision making, comfort, education and process related to FHR assessment.¹⁹

References

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