FETAL ELECTRODE APPLICATION

1. AIM
   • Appropriate and correct application of a fetal electrode to ensure accurate monitoring of fetal heart rate

2. PATIENT
   • Fetus with a cephalic/breech presentation who requires continuous electronic fetal monitoring and for whom accurate external monitoring is not possible
   • Labouring woman with ruptured forewaters who does not have:
     o Hepatitis B and/or C infection
     o HIV infection
     o Primary Genital Herpes
     o Group B streptococcus (GBS) positive status (unless covered with appropriate antibiotics at least 30 minutes prior to application of fetal electrode)

3. STAFF
   • Medical and midwifery staff

4. EQUIPMENT
   • Cardiotocograph monitor (CTG)
   • Fetal electrode
   • Fetal electrode lead and leg attachment
   • Amnihook (if required)
   • Personal Protective Equipment (PPE)

5. CLINICAL PRACTICE
   • Discuss need for fetal electrode with the woman and her partner/support people and obtain verbal consent
   • Document evidence of this discussion in the integrated clinical notes
   • Consider the use of an ultrasound to confirm the presence of fetal heart rate (FHR)
   • Do not apply a fetal electrode if suspected fetal death
   • Perform abdominal palpation to determine fetal lie and presentation.
   • Time out performed to confirm patient, consent and procedure
   • Perform vaginal examination to confirm absence of membranes and determine fetal presentation and position
   • Apply electrode as per manufacturer's instructions, ensuring it is not applied to the fetal face, fontanelles or sutures. In the case of a breech presentation ensure the electrode is attached to the fetal buttock, carefully avoiding genitalia
   • Attach the electrode wire to lead attachment that is applied to the woman’s leg and connect the lead to the CTG monitor
   • Commence monitoring and ensure satisfactory recording is obtained
   • Explain findings to the woman and document in the integrated clinical notes and partogram
   • Ensure safe removal of the electrode prior to, or at time of birth and dispose of it in a sharps container
   • Leave fetal electrode on in the instance of a transfer to operating theatre until monitoring can be ceased
   • Remove prior to commencement of surgery or procedure in theatre
FETAL ELECTRODE APPLICATION  cont’d

6. DOCUMENTATION
   • Integrated Clinical Notes
   • Partogram
   • ObstetriX

7. EDUCATIONAL NOTES
   • Clear benefit to the fetus should be established prior to the application of a fetal electrode as this is an invasive procedure with the potential of causing trauma or infection to the fetus
   • Electronic fetal monitoring is limited in its capacity to predict neonatal condition, and has failed to lead to reduced rates of cerebral palsy and neurological injury
   • The fetal electrode may inadvertently pick up the maternal heart rate particularly when the fetus is demise

8. RELATED POLICIES/ PROCEDURES/GUIDELINES
   • Intrapartum Fetal Heart Rate Monitoring
   • Vaginal Examinations in Labour
   • Fetal Blood Sampling – Intrapartum
   • Breech Vaginal Birth
   • Hepatitis B Positive Mothers and Their Babies
   • Hepatitis C Positive Mothers and Their Babies
   • Herpes Simplex in Pregnancy and Birth
   • Human Immunodeficiency Virus (HIV) in Pregnancy, Birth and Postpartum Period
   • Group B Streptococcus (GBS) Screening and Prophylaxis

9. RISK RATING
   • Low

10. NATIONAL STANDARD
    • CC – Comprehensive Care

11. REFERENCES
    5 NSW Health PD _ 2016 Planned Vaginal Breech Service Provision

REVISION & APPROVAL HISTORY
Reviewed and endorsed Maternity Services LOPs group 21/6/16
Previous title Fetal Scalp Electrode (FSE) Application Guideline
Approved Patient Care Committee 5/6/08
Endorsed Obstetrics Clinical Guidelines group June 2008

FOR REVIEW : JULY 2021