EFM – state of the Art in Sweden

Lennart Nordström, Ulla Waldenström

Last year a document was published by the Swedish Board of Health and Welfare on present state of the art in the management of normal delivery. In this paper we will present the part of this document which dealt with electronic fetal monitorring (EFM). The part explores some 42 references. From midwives perspective it was concluded that endpoints were mainly neonatal outcome and operative intervention. What is missing in present published research is patients perspectives, their views and experience. No cost analyses. Poor qualitative research, which neither can be studied in RCT´s. And finally – even evaluations of RCTs are EVALUATIONS.

A summary of our recommendations are as follows:

1st stage

- Routine CTG admission test
- Intermittent CTG (30 min trace every 2 hours) during active 1st stage for women at low or moderate risk
- Continuous CTG, or closer intervals, if suspect or manifest complication
- Research on time interval between CTG-monitoring in women at low or moderate risk and with a reactive admission test (AT)
- Continuous teaching in CTG-interpretation

2nd stage:

- Intermittent auscultation if CTG reactive by the time active bearing down starts and progress is normal
- Continuous CTG if abnormal auscultation, duration > 30 min or other complications
- Encourage research to compare auscultation and CTG
- Routine acid-base balance from cord artery blood warranted. Further evaluation on the effect of the procedure recommended
- Further research into patophysiology of hypoxia during bearing down, especially influence from duration