



OBI Intermittent Auscultation Bundle

(Adapted from the American College of Nurse Midwives Reducing Primary Cesarean Project)

Readiness

Every unit

- Provides initial and ongoing training and competency assessment for all maternity care professionals on evidence-based approaches to fetal heart rate (FHR) assessment. ¹⁻⁹
- Establishes a unit culture that supports the evidence-based use of Intermittent Auscultation (IA) as standard of care for patients at no prior risk for developing fetal acidemia during labor and/or are at low risk for uteroplacental insufficiency. ^{2,4,6-16}
- Establishes evidence-based guidelines that delineate inclusion and exclusion criteria for IA, frequency of assessment, documentation/communication standards and criteria for changing to another modality for assessing FHR if necessary. ^{2,5-7}
- Establish order sets for fetal assessment that default to intermittent auscultation
- Provides the necessary equipment (e.g. hand-held Doppler) for each qualified candidate for IA. ²
- Ensures sufficient staffing to maintain adherence to evidence-based unit protocol for FHR assessment including 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 person 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. ¹⁸

Reliable Delivery of Appropriate Care

Every person 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 person 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 shared-decision making about method of FHR assessment if the maternal or fetal status changes.^{2,4,19-21}

Reporting/Systems Learning

Every unit

- Documents training and competency of nurses in performing, interpreting, and documenting IA.^{2-4, 22}
- Documents training of all unit-based maternity care professionals in assessment of fetal heart rate tracings (e.g., AWHONN Fetal Heart Monitoring course series) 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 patients who meet criteria for IA who receive it.²²⁻²³
- Evaluates patient experiences of FHR assessment including shared decision making, comfort, and education.¹⁹
- Periodically reviews performance and clinical cases for ongoing learning and continuous quality improvement

References

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