EFM WAS DESIGNED WITH GOOD INTENTIONS, TO HELP DIAGNOSE FETAL STRESS DURING LABOR AND PROVIDE EARLY WARNING OF A BABY IN TROUBLE

1960s: Continuous electronic fetal monitoring (EFM) was introduced for high risk labors.

1970s: EFM became a routine part of maternity care.

2000s: A 2012-13 survey of new parents revealed that 89% percent had electronic fetal monitoring in labor.

SITUATIONS WHERE CONTINUOUS EFM MAY BE RECOMMENDED:

- Labor is induced or sped up with Pitocin/Syntocinon
- Baby’s heart rate changes or shows that more monitoring is needed
- You have an epidural
- You or your baby have a health problem that makes your birth high risk

SO DOES CONTINUOUS EFM WORK AS INTENDED? NO. EVIDENCE SHOWS IT:

- Does not improve well being of baby
- Can restrict laboring person to bed
- Frequently gives false signals of a baby in trouble
- EFM records can be confusing, leading to an increased risk of a cesarean delivery

AVOID UNNECESSARY EFM:

- Find a care provider who doesn’t recommend routine use of continuous EFM
- Talk to your care provider about intermittent monitoring with handheld devices instead of constant monitoring
- Ask whether your place of birth offers wireless monitors (“telemetry” units)

IF YOUR SITUATION REQUIRES CONTINUOUS EFM – HERE ARE A FEW TIPS:

- GO WIRELESS: Ask to use the wireless telemetry device so you can walk around
- HIT MUTE: Turn the beeping sound down or off, because it can be distracting
- HIT PAUSE: Get disconnected for regular bathroom breaks or a shower to help you manage the pain. Even walking a little can help move baby down and out
- CONTINUE TO MOVE: Change positions in and out of bed as much as the EFM allows; ask your nurse or doula for positioning tips

VISIT WWW.LAMAZE.ORG TO LEARN MORE.