



اسم السياسة /الخطة: سياسة الاضطراب الجنيني في المخاض (Fetal Distress in labor)
رقم السياسة/ الخطة: OSD-PP- 06

المعنيين بالسياسية: كوادر قسم النسائية والتوليد		المجموعة: رعاية المرضى
توقيع مسؤول صالات الولادة:	تاريخ الاعداد: 2025/8/12	إعداد: قسم النسائية والتوليد
التوقيع:	تاريخ التدقيق: 2025/11 /1	دققت من قبل: مدير قسم الجودة
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1. Purpose:

- 1.1 To safeguard maternal and fetal well being
- 1.2 To provide a safe delivery of the mother and the baby
- 1.3 To prevent any complication during delivery
- 1.4 To detect early signs of fetal distress
- 1.5 To monitor fetal heart rate baseline, variability, periodic and non-periodic changes.
- 1.6 To assess maternal contraction.
- 1.7 To detect early signs of fetal distress.

2. Policy:

- 2.1 Standard precaution must be observed
- 2.2 Newborn resuscitation equipment should always be available
- 2.3 Pediatrician must be informed and must be available during delivery
- 2.4 Fetal monitoring and assessment is necessary
- 2.5 Fluid volume balance and vital signs should be continuously
- 2.6 Vaginal examination and pattern of periodic irregular fetal bradycardia must be assessed and referred
- 2.7 Consents for surgical intervention
- 2.8 Procedure must be explained to the patient, and privacy should be provided.

3. Scope:

- 3.1 The policy is applicable to all patients in labour department with fetal distress

4. Responsibility:

- 4.1 It is responsibility of head department unit to assure applied this policy
- 4.2 It is responsibility of all midwives who interact with patient
- 4.3 It is responsibility of all gynaecology and obstetrics resident doctor who interact with patient

5. Definitions:

- 5.1 Fetal distress is the term commonly used to describe fetal hypoxia
- 5.2 Hypoxia that may result in fetal damage /death if not reversed or the fetus delivered immediately

6. Equipments/Forms/Attachments:

- 6.1 Consent form as needed
- 6.2 Fetal monitor (CTG)
- 6.3 Antiseptic solution
- 6.4 File document
- 6.5 Sterile gauze
- 6.6 Delivery set
- 6.7 Delivery package
- 6.8 IV Solution as doctor order
- 6.9 Oxygen therapy (O₂ MASK)
- 6.10 Instrument delivery

7. Procedure:

- 7.1 Explain any procedure to the mother why is it needed
- 7.2 Prepare the equipment
- 7.3 Pediatrician must be available
- 7.4 Newborn resuscitation equipment should always be available
- 7.5 Qualified obstetrician must be informed by resident doctor to be present
- 7.6 Attach fetal monitor or cardio toco graph monitor (continuous)
- 7.7 Check fetal heart rate for accelerations or deceleration
- 7.8 Change maternal position to left lateral position
- 7.9 Provide emotional and psychological support
- 7.10 Give pt. IV fluid as doctor order, Assess maternal condition, including blood pressure, oxygen saturation, and hydration status.
- 7.11 Give pt. oxygen therapy by face mask
- 7.12 Check for umbilical cord issues (e.g., prolapse, compression).
- 7.13 Stop oxytocin if used
- 7.14 Scalp Stimulation
- 7.15 Prepare for Delivery: If distress persists despite interventions, expedite delivery via operative vaginal delivery (forceps/vacuum) or emergency **C-section**.
- 7.16 Proceed to Emergency C-Section:
 - 7.16.1 Persistent late decelerations despite resuscitative measures.
 - 7.16.2 Persistent bradycardia (< 100 bpm for > 3 minutes)
 - 7.16.3 Loss of fetal heart rate variability with severe decelerations.
- 7.17 Bladder should be empty
- 7.18 Documentation mother and baby condition, date and time of fetal distress and duration. name of the doctor who did delivery , Apgar score of the baby

8. References:

- 8.1 Myles text book for midwives
- 8.2 Fetal monitoring in labour
NICE guideline [NG229]Published: 14 December 2022