

3rd International Conference on

NURSING & MIDWIFERY

May 23-24, 2018 | New York, USA



Lisa Heelan-Fancher

University of Massachusetts Boston, USA

The role of continuous electronic fetal monitoring (CEFM) on childbirth outcomes: A population health study

Statement of the Problem: The United States cesarean delivery rates in low risk women (healthy with a term pregnancy) vary widely across states ranging from 17.1% to 32.0%. This variation in cesarean delivery rates suggests that maternal factors alone do not explain the high rates, and may be related to what we are doing to women while they are in labor. One hospital labor practice that is routinely used on all pregnant women regardless of health risk status is continuous electronic fetal monitoring (CEFM). In the study to date that used a large data set to examine the relationship between CEFM and newborn mortality, post-term births were examined together with term births. Post-term births accounted for approximately seven percent of all births in that dataset, and are associated with worse neonatal outcomes. This is a problem as it suggests that the findings from the only large data set study could be flawed.

Methodology & Theoretical Orientation: Data were extracted from birth records from two states that used the 1989 United States standard certificate of live birth from 1992-2014. Birth outcomes such as neonatal morbidity and mortality, along with maternal outcomes such as primary cesarean were examined.

Findings: Use of CEFM in term pregnancies was not associated with improved outcomes in newborn morbidity (Apgar scores, $p=.927$), seizures ($p=.101$), or neonatal mortality: early ($p=.398$), late ($p=.718$), and post ($p=.124$), but was associated with primary cesarean deliveries ($p=.003$).

Conclusion: Use of CEFM in term pregnancies is not associated with improved birth or maternal outcomes. However, use of CEFM in term pregnancies is associated with increased maternal primary cesarean. Further evaluation of use of CEFM versus intermittent fetal monitoring in term pregnancies is warranted.

Biography

Lisa Heelan-Fancher has experience in Quantitative Research which includes large datasets; as an Educator. Her primary area of research is focused on improving childbirth outcomes through best evidence and patient choice. She has taught maternity and women's health at the undergraduate and graduate level, ethics to undergraduate students, and evidence based practice to graduate and doctoral students. Additionally, she has published articles in peer-reviewed journals, one of which was recently listed by the Agency for Healthcare Research and Quality in their "Safety Program for Perinatal Care" on fetal monitoring.

lisa.heelan-fancher@umb.edu

Notes: