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**INTERMITTENT
AUSCULTATION**

Why Aren't We Using It?

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OUTLINE

- Objectives
- Discussion of the problem
- Inspiration
- Scoping review
- Next steps
- References

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OBJECTIVES

After participating in this presentation, the attendee should be able to:

- Understand the evidence for intermittent auscultation in low- risk labor
- Remember the steps for conducting a scoping review
- Describe the barriers to instituting EBP in fetal monitoring
- Apply the lessons learned to expand IA use in their facility

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<h3>Bio</h3> <ul style="list-style-type: none">• PhD student<ul style="list-style-type: none">◦ University of Pittsburgh School of Nursing• Certified Nursing Midwife<ul style="list-style-type: none">◦ UPMC Magee Women's Hospital• MSN in Midwifery<ul style="list-style-type: none">◦ Frontier Nursing University• Labor & Delivery Nurse<ul style="list-style-type: none">◦ Washington, DC• Accelerated 2nd degree BSN<ul style="list-style-type: none">◦ Georgetown University• BA<ul style="list-style-type: none">◦ University of Chicago	<h3>Disclosures</h3> <ul style="list-style-type: none">• No financial disclosures• Research supported by internal SON research awards, scholarships <h3>Acknowledgements</h3> <ul style="list-style-type: none">• Faculty mentor Dr. Sandra Founds, PhD, CNM• Collaborator Dr. Abigail Slocum, DNP, CNM• Librarian Ms. Rebekah Miller, MLIS
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<h2>THE PROBLEM</h2>	<ul style="list-style-type: none">• Why do we routinely use CEFM when we know AI is recommended for low-risk labor?• What are the barriers to using IA?• What could facilitate the use of EBP fetal monitoring modalities?• How do we improve the quality and safety of healthcare in labor?
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<h2>THE EVIDENCE</h2> <p>Original RCTs</p> <ul style="list-style-type: none">• Starting in 1975; Haverkamp et al., 1975; Kelso et al., 1977; Niswander et al., 1984; MacDonald et al., 1985; Garcia et al., 1985; Vintzileos et al., 1993• CEFM decreases risk of neonatal seizures, no other improvements. Increases cesarean risk• One study showed improvements in fetal/ neonatal death (Vintzileos et al., 2013) <p>Reviews</p> <ul style="list-style-type: none">• Cochrane: Alfirevic et al., 2017; Devane et al., 2017; Martis et al., 2017; Shepherd et al., 2017; East et al., 2014• Systematic reviews and meta-analyses: Al Wattar et al., 2021; Vintzileos et al., 2005; many others <p>Guidelines</p> <ul style="list-style-type: none">• Professional organizations: ACOG, 2017; SMFM, ACNM, 2015; AWHONN, 2018• National: NICHD, 2008; NICE, 2017; SOGC, 2018• International: WHO, FIGO	
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THE CONSEQUENCES

Not Evidence-Based Practice

- Legal justification for choosing a different monitoring modality
- Documentation challenges
- High sensitivity, low specificity

Cascade of Interventions

- Monitoring, bedrest, anesthesia/ analgesia, poor positioning, prolonged labor, augmentation with AROM and Pitocin

Increased Cesarean Rate

- Estimated 63% increase in cesarean deliveries
- Current rate 31.6% overall, 25.9% NTSV
- HP2020 goal: 23.6%
- WHO goal: 10-15%
- Increased maternal morbidity
- Increased cost to healthcare system
- Long term sequelae

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ORIGINS

IA project

- Create protocol for IA
- Educate clinicians

Barriers

- Inadequate staffing for 1:1
- High patient acuity
- Lack of equipment
- Institutional inertia
- Lack of leadership support
- Inadequate clinician education

GOALS

Identify the barriers

- Quantitative studies, practice surveys, expert opinion

Identify solutions

- Quality improvement projects, patient safety committees, national partnerships, national commitment

Comprehensive review of literature

- What is already known in this area?
- What work has been done?
- Are there any success stories?

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