



Canadian Association of Perinatal and Women's Health Nurses
Association canadienne des infirmières et infirmiers en périnatalité et en santé des femmes

Dear CAPWHN Members:

Attached is the CAPWHN Position Statement on Fetal Health Surveillance Education approved at the February 21, 2018 Board of Directors meeting. Our objective in developing this statement was to emphasize to nurses and to their employers the importance of ongoing education for nurses responsible for the interpretation and initial responses to intermittent auscultation, electronic fetal monitoring and uterine activity during pregnancy and labour.

The CAPWHN Board is concerned about the quality of fetal health surveillance in Canada and internationally.

While many perinatal deaths are not preventable (i.e. congenital anomalies, extreme prematurity, unexpected abrupt event), a significant proportion of intrapartum hypoxic perinatal deaths may be **preventable**. Contributing factors have included knowledge deficit, application of knowledge to care, situational awareness, communication and access to timely services/resources or a combination of these concerns.¹

Canada: The Obstetrical Services in Canada Advancing Quality and Strengthening Safety 2016 Report identified 3 key risk factors contributing to 58% of the litigation costs. These included failure to either interpret/respond to abnormal fetal status (42%), monitor fetal status (10%), and communicate fetal status (6%).

UK: The 2015 Each Baby Counts Report reported an audit of 1136 deaths and severe injury for causative factors. Of 727 successful audits, 56% showed lack of proper interpretation/response to fetal heart rate tracing as a contributing factor.

Australian and New Zealand 2016: 53% of “hypoxia” deaths (PSANZ) were found to be potentially preventable (13% of all perinatal deaths).

Regular education refreshers and update are key to improving the situation. New Zealand 2014 stated that “multidisciplinary fetal surveillance training be mandatory for all clinicians involved in intrapartum care”. In Australia, intrapartum hypoxic death rate at term decreased from 2.02 to 1.07 per 10,000 total term births after the introduction of a multidisciplinary fetal surveillance education program.

The CAPWHN Board of Directors urges you to take the time to share this information and reflect on how you can facilitate perinatal nurses being part of educational programs and interdisciplinary team mock drills.

Cheers,

CAPWHN President

¹ Dr. Mike Bow, President of the SOGC, presented these outcomes to the Ontario CME meeting following the SOGC Board statement recommending MDs have regular FHS updates/refreshers.