FETAL DISTRESS = DE COP HAX

D **D**iagnosis

E **E**valuation

C **C**ease any Oxytocin

O **O**xygen by face mask

P Change maternal **P**osition

H Send for **H**elp

A **A**ssist delivery or

X Rela**X** the Uterus (if delayed)

Diagnosis

- Heavy meconium-staining of the liquor (or no liquor) after amniotomy
- Change in the appearance of the meconium during labour
- Slow and or very irregular fetal heart rate

CTG changes

- Rising baseline with reduced short term variability
- Prolonged variable decelerations
- Atypical variable decelerations
- Repeated late decelerations
- Sinusoidal pattern

Evaluation

Suspected fetal compromise is always more serious if it occurs in a Fetus at Risk i.e.

- Too small (premature or growth retarded)
- Too big (maternal diabetes)
- Too long in utero (post dates)
- Not lying straight (malpresentation)
- Poor obstetric history (this pregnancy or previous pregnancies)

So always evaluate the whole clinical scenario when confronted with apparent fetal distress

C is for **Cease any Oxytocin** (or Prostaglandin)

Stop IV Syntocinon and remove vaginal Prostaglandin (by douche)

The half-life of Syntocinon is about 40 minutes

O is for **Oxygen by Facemask**

Use of oxygen is controversial so it is more important to...

P is for **Change the Maternal Position**

To avoid supine hypotension

And relieve any cord compression

H is for **Send for Help**

Alert the paediatric service or another midwife to care for the baby

A surgeon, anaesthetist and theatre may be required

A is for **Assist the Delivery**

Ventouse if it is safe to proceed

Otherwise a Caesarean section will be required

If there is any delay then consider intrauterine resuscitation by...

X is for Rela**X** the Uterus

Use Nifedepine 10 mg tablet crushed orally or

Salbutamol 1 mg in 10 ml saline and give 2.5 ml (250 ug) intravenously