

Fetal Scalp Electrode Basics

Objectives

1. List the indications for FSE placement
2. List the cautions/contraindications for FSE placement
3. Demonstrate FSE placement on ALSO mannequin

Indications for FSE placement

- a. Inability or difficulty in external fetal heart rate monitoring (obese patients, premature fetus, or a lot of maternal movement).
- b. Augmentation of labor with questionable strip or difficulty with external heart rate monitoring.
- c. To more closely monitor patients undergoing TOLAC (Trial of Labor after Caesarean section)

Cautions/Contraindications

- a. Unknown presenting part or nonvertex presentation (ie face)
- b. Unruptured membranes (with contraindication to rupture)
- c. Use **caution** in certain clinical situations in which it may be unwise to puncture the skin with a fetal electrode for fear of vertical transmission of infection to the fetus. (i.e. maternal infection with human immunodeficiency virus (HIV), hepatitis C, and herpes simplex)

Source: Gabbe: Obstetrics - Normal and Problem Pregnancies, 4th ed., Copyright 2002 Churchill Livingstone, Inc. Steven G. Gabbe, M.D., Ph.D.

Basics of FSE placement

Perform a cervical check. Insert FSE protecting maternal tissues. Apply FSE over bony scalp, not fontanel's or sutures. Twist FSE clockwise with "outside hand" until electrode seems to bounce back. Disengage electrode wires and remove applicator. Keep "inside hand" in place until appropriate placement is confirmed.