



Fetal Health Surveillance in Labour Instructor Update

With the release of the SOGC fetal surveillance guidelines in Fall 2007, the educational curriculum for teaching fetal surveillance in Canada needs revisions. In June of 2007 at the Canadian Perinatal Partnership Coalition (CPPC) meeting, directors of perinatal programs across the country agreed to support the work required to update the educational programs. This involves updating the self-learning manual and revising the educational program.

We wanted to update you on the progress of each of these components:

1. The Fetal Health Surveillance in Labour *Self-Learning Manual*:

- You will recall that this manual is used to prepare participants with the fundamental knowledge about intermittent auscultation (IA) and electronic fetal monitoring (EFM).
- Work has begun on updating the chapters to reflect the new SOGC terminology and guidelines. Nine authors from the disciplines of nursing, medicine and midwifery have completed revisions of the chapters. We are now in the process of editing of these revisions, and getting them ready to go out for external review. After this is complete, the book will be readied for the printer and production. The British Columbia Perinatal Health Program (BCPHP) is coordinating this project.
- The anticipated production date for this is now Fall of 2008.
- The BCPHP would appreciate knowing how many of the current edition of the books you may be ordering from them to get you through to the Fall. They do not want to have a large stockpile and only want to print what is needed. You can email your anticipated numbers to Lily Lee, perinatal consultant at BCPHP (lily.lee@phsa.ca) or to whomever coordinates FHSL programming in your area if you purchase books from that group directly.
- The CPPC group is investigating the feasibility of funding to further develop a web-based application for this book.

2. The Fetal Health Surveillance in Labour – *Fundamentals Course*

- This course (or a modification of it) is available in many locations in the country. How it is offered, and to what provider group, depends to a great extent on the region of the country, the audience, and the level of expertise of the learner. It can easily be adapted for novices or those with more experience who may have a role in mentoring novice care providers.
- At the June CPPC meeting, the group agreed that they would like a re-design of the present program and develop it into a modular format. Since it has to be updated, it seems like a good time to make these changes. The advantage of the modular format is that it will allow more flexibility in course delivery and timing. Instructors can opt to offer one or two modules at a time or all the modules in a daylong format.
- There are seven proposed modules. Each will be designed in a case-based format with standardized content and formatting.
- There has only been preliminary work done on the modules. The CPPC group is investigating partnership with various other perinatal organizations to enhance the applicability of the modules to all care providers and to reduce the workload for any one group. Currently, there is no funding for this project, so it is being carried by the various perinatal programs across the country. We are

looking for potential funding sources. Consequently, we don't have a firm time-line for this aspect of the project, but the CPPC group would like to have this complete in 2008.

- We are also investigating the feasibility of developing a web-based application for this modular FHSL program.

3. Formalization of a **Fetal Health Surveillance Committee**

- Members of the CPPC group are actively working towards developing a more formal fetal surveillance committee in Canada. We envision having a "go-to" place for regular content and resource updates, as well as a secretariat for tracking participants and instructors.

4. What to Do Until the New Resources are Ready

- a. Perinatal programs across the country have received a lot of calls from hospitals in their regions wondering what to do until new educational resources are ready.
- b. Our best advice is to continue to use the resources you have, but incorporate the new terminology into the teaching. For example, when discussing IA cases, NSTs or EFM tracings, discuss how it would currently be classified and how it will be classified with the new terminology. You can print copies of the classification tables from the new SOGC guideline for participants and include it with the book, or bring to class.
- c. Regions with standardized documentation tools are making plans to change these tools to meet the new terminology recommendations. Discuss this at your local level and decide what to do in your own region.

New Resources for FHSL Instructors:



Fetal Heart Rate Auscultation (AWHONN)

Nancy Feinstein, RNC, MSN, PhD, Ann Sprague, RNC, BN, MEd, PhD, and Marie-Josée Trepanier, RN, BSCN, Med

This practice monograph describes how to perform fetal heart rate auscultation and discusses the benefits and limitations of intermittent auscultation (IA). Fetal heart rate auscultation has been a method of fetal assessment for centuries but the practice declined with the introduction of electronic fetal monitoring. This monograph discusses the knowledge to date about IA as a primary method of fetal surveillance during labor. Recommendations of various obstetric organizations regarding the use of fetal heart rate auscultation for low-risk pregnancies are covered.

One set of 2.4 contact hours included in purchase price.

Available in the AWHONN Store: www.awhonn.org

NOTE for MORE^{OB} Program Participants:

The Fetal Health Surveillance in Labour content was updated in January 2008 to reflect the new SOGC guidelines. To assist care providers in phasing in the new FHSL classification terminology, MORE^{OB} content has new and the previous terminology.