



30 November 2021

Distributed to:

Chief Executives
Directors of Clinical Governance
Director, Regulation and Compliance Unit

Action required by:

Chief Executives
Directors of Clinical Governance

We recommend you also inform:

Directors, Managers and Staff of:

- Maternity Clinical Leads
- Infection Prevention & Control Services
- Director of Nursing & Midwifery

Expert Reference Group

Content reviewed by:

MoH Obstetric Clinical Advisors
NSW Maternity Risk Network
CEC Maternity, Neonatal and Paediatric Safety Programs

Clinical Excellence Commission

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Intranet Website:
<http://internal.health.nsw.gov.au/quality/sabs>

**Review date
November 2022**

Electronic Fetal Monitoring during water immersion

Background

The manufacturers of Fetal Spiral Electrodes (FSE) have advised against their use during water immersion.

Water immersion

The choice and use of water immersion in labour is supported by NSW Health guideline [GL2018_025](#). Where clinically indicated and following an individual risk assessment, all birth units should offer women the option of waterproof wireless telemetry for intrapartum Electronic Fetal Monitoring (EFM), where available.

Purpose of FSE monitoring

Fetal intrapartum EFM is performed as a screening assessment to identify the fetus at risk of hypoxia. FSEs are intended for EFM and should only be used when the fetal heart cannot be recorded effectively externally. It is essential to consider the clinical factors leading to recommendation of FSE application which may also exclude a woman from water immersion.

Phillips manufacturers recommendations

- The Avalon CL (cableless) transducers withstand immersion of up to 1 m water depth for 5 hours
- FSE have not been validated for use during water immersion.

Clinical Recommendations

- EFM by way of FSE is **not** recommended during water immersion
- Cableless EFM with an abdominal transducer can be used during water immersion (pictured).



Required actions for the Local Health Districts/Networks

1. Distribute this Safety Information sheet to the appropriate Managers/Heads of Departments.
2. Refer to Maternity Clinical Risk Management Committee for local risk assessment and discussion.
3. Review and update local guidance with the information from this document as required.
4. Ensure established communication pathways are used to effectively communicate this information.
5. Ensure a process for, and documentation of an individualised risk assessment of a woman's suitability for water immersion when continuous EFM is required.