

(introductory music)

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**MARYN:** Welcome to Indie Birth's series of podcasts here on iTunes, *Taking Back Birth*. Today we're going to cover a topic that intersects between pregnancy and birth. I think subjects like this are so fascinating because they cause us to question lots of things we know and to look deeper within ourselves to see how we actually feel about them. So without any further ado, today's topic is listening to the baby's heartbeat. Again, this is kind of going to overlap hopefully. And I want to talk about listening to the baby's heartbeat while pregnant and then also in labor, if I can get to that. It's so an awesome sound. Most of you listening have probably heard it. And if you haven't, well, it is just one of those moments no matter how many times you've been pregnant, no matter what, just hearing that heartbeat for the first time whether it's with a Doppler or a fetoscope is just the most beautiful sound.

So that's where I'm coming from at least initially. I think many women listening to this are doing their own prenatal care whether that means they have a birth attendant or not is really up for grabs. Many women listening planning an unassisted birth or free birth and then probably just as many women listening that do have a care provider whether that's a midwife or a doctor. I'm hoping to share my perspective and hoping that all of you no matter where you're coming from can get something from this little talk today. So, again, nothing more exciting than hearing a baby's heartbeat. I'm on lots of groups on the Internet, Facebook groups and otherwise, lots of birth groups, water birth, home birth, unassisted birth, you name it. And what has been coming up a lot lately is this subject of listening to the baby's heartbeat. And women posting things wondering how to listen, maybe where to listen, how to count. And then more typically, maybe somebody posting about something they heard that they really didn't understand as far as the baby's heartbeat, or asking other women how they feel about listening to the baby's heart rate in labor specifically with an unassisted birth.

So all of these questions in the last week or two have kind of given me fuel for this. And it's not really my place as you listen to this to say whether or not you should listen to your baby's heart beat or to really tell you what it could mean at any given moment. I really want you to question, however, as you listen both to this podcast and to your baby what you're listening for. We're going to go through some reasons. And your reason could just be connection to your baby. That's a perfectly legitimate reason. And there are many legitimate reasons, and they only have to be legitimate to you. So it's not that it's bad or good necessarily. But I question it from my perspective because it is a routine procedure for even normal healthy women planning home births. Having been a

home birth midwife, it was very much part of my routine at least a couple years ago when I would go to see women for their prenatal visits.

So in other words, listening to the baby's heart beat is just part of the prenatal and then that follows for most other care providers as well. That's just something that's always done. And, again, whether it's with fetoscope or Doppler, it's just part of our medical treatment of pregnancy. And then, of course, once we get into labor, it's even more so. And there is lots of fear hinging on listening to that heart rate and interpreting it. So I feel like because it's a pretty mainstream routine thing, at least in the U.S., right now with prenatal care, we really should question it. So, again, whether or not you decide to do this in your own birth, that's your business. But just some food for thought to question why you're doing it. And if it's something you really believe in, or if it's just something you're doing because you think you should.

So everything has risks and benefits anyway, right? And whether those are procedures or tests or interventions that we may very consciously choose, we have to always keep in mind that pretty much everything—I can't really think of much that doesn't have risk and benefit especially just for each individual person. So either—even if it's not a risk or benefit that maybe is documented or studied, each one of us will come up with our own. And that's a whole other talk really. How we assess risk. But my point in saying that is just as we get into the detail, again, not wanting you to think there really is a right or wrong, but nothing should be done in pregnancy, in my opinion, without good reason.

So we're mostly going to talk again about pregnancy and labor. Why do we listen? Why? Why would we listen to the baby's heart rate? What does it tell us? What does it not tell us? So listening to the fetal heart rate, which is the fancy way of saying baby's heart beat, is not a diagnostic tool. So that means that what you hear whether it's the rate or how it changes or where you even hear it on your belly is not definitive of either nothing being wrong or something being wrong. It does not diagnose much. In fact, I'm digging back in my brain right now as I sit here trying to think. Is there anything it does actually diagnose? Well, this might sound silly, but for sure if you're hearing a fetal heart rate, it does diagnose you as being pregnant. And that's a very real thing too when babies are small and someone might be wondering or not sure if their pregnancy is viable, for example.

So it does diagnose pregnancy, but there is really nothing else that listening to the baby's heart rate can diagnose you with even if it's out of range, even if there is something that quote on quote sounds funny. There is nothing. Even the lack of a heart rate doesn't mean anything for sure because it could just be faulty equipment. It could be listening in the wrong spot. So anyway, I'm saying that because it reminds me a lot of ultrasound in that women, in particular, think that an ultrasound really does tell them something definitive. And, of course, that can go both ways. So an ultrasound

that doesn't report any kind of problem with the baby, that cannot always be the case. Sometimes there are what we call false positives. Or maybe that's false negatives. I guess false positive would be when there is something seen that could be wrong with the baby, and then it turns out to be there wasn't anything wrong. So sorry about that. My point, again, is that you can't always use these kind of technology tools to tell you anything for sure. If there is something that comes up that's concerning whether it would be on an ultrasound or on the lines of today's talk, the fetal heart rate, it just warrants further investigation.

So that's where we're starting from. It is only one piece of information. So, again, hopefully, if you're listening and expecting to get the full picture just from listening to the heart rate, you probably won't. There's lots of other things to consider. And then also if someone else is listening for you whether it's a doctor or a midwife, it may come up with some kind of concern or problem. Just remember it's just one piece of information. There should be other bits of information gathered before really any sort of diagnosis is put on you or your baby.

Okay. So the basics here. Why would we listen? The first is what I've already said. Hearing an actual heartbeat, which, again, is super exciting and confirms pregnancy. And for pretty much any woman, I think, it's exciting. For women that have miscarried or had maybe other issues getting pregnant, hearing that heartbeat for the first time is really special. It may provide a connection to the baby in pregnancy. And I've certainly felt that myself. Before you can hear with the fetoscope, which is about at 18, 19 weeks, there is still that feeling of, "Is this real?" Maybe your symptoms are less. you don't feel as nauseous. You don't really feel too many kicks or anything yet. So it's sort of this in between time. When listening with a fetoscope can really provide that connection.

So dating is another way that we might use listening. Now that one is a little bit more complicated because if we're using a Doppler we know that we can hear at about 9 weeks of pregnancy is the earliest. So, again, that can really help in the sense of maybe you think you're 12 weeks. Maybe you're thinking yourself, "Am I either 8 weeks or 12 weeks? I really don't know. I don't know exactly when I got pregnant." Well, again, the Doppler would hopefully pick it up at about 9 weeks. So you would just kind of use that information and either keep listening or adjust your dates or—and/or feel your uterus. A couple things you could really do there. But, again, when women are struggling with dating sometimes we can retrace our steps and say, "Okay. When did we first hear with the Doppler? Or when did we first hear with the fetoscope?" And just see that it makes sense.

The quality of sound might be a reason that we listen. And I say that as a midwife. I don't really think most women that haven't been through midwifery school probably

have any idea what I'm talking about. But I'm just mentioning that because if you have someone else listening just letting you in on that's the kind of thing we listen for. So as the baby gets more mature, the heartbeat changes sound in a good way specifically with the fetoscope. And we can actually hear the valves of the heart opening. If you're pretty good with a fetoscope as well, you could also hear cord sounds. So, again, just going through the different things we could hear. Of course, when we're listening to baby, we may also note where the placenta is and hear those sounds as well. So that's another reason listening may be helpful for some women.

Specifically when you have someone else listening, they're listening for what the heart rate is. And that's a whole big topic. And there's research all over the place and probably will continue to be what's normal. How should it vary? How many beats per minute? And, of course, these things fluctuate. They fluctuate from the gestation that you are. So really early pregnancy babies' heart rates are usually pretty fast. And then they'll kind of settle in to a lower rate later in pregnancy but still high. Between let's say 110, 160 beats per minute. In that range. So definitely most of the time like twice as fast as our adult pulses. So the other more technical things that someone else might be listening for that I'm not going to go into great detail about is just what we call baseline, which I've kind of already touched on. So what's normal for your baby?

We also can listen for what we call variability. So to see how the baby's heart rate reacts and responds especially as the baby gets older. So a 10-week baby really doesn't have that variability yet. The maturity isn't there. But a baby that's approaching full term will. So we can sometimes get a sense maybe—maybe one clue—as to how the baby is doing in there. Is the baby sleeping? Does the baby seem to respond to movement or being touched? Again, just a bunch of clues. But kind of cool to know especially if you have someone else listening once a month or whatever it is that you have a little bit more information on what they're listening for. And there's no reason you couldn't ask. Many midwives will just listen and share the sound, and that's one way to do it. I've always tried to kind of explain a little bit especially to interested parties, so you could do the same asking, "What did you hear today? And did you hear the heart rate change?" And you can listen yourself and count if that's important to you.

As much technical information as you want from somebody else, I think is a legitimate request. And you don't have to necessarily be interested in any of that either. But just so you know, most of the time when someone else is listening, it's not just simply to hear that the heart is beating. And that might sound silly, but I referenced being on these groups and all that kind of thing. And I don't mean any disrespect to the women planning unassisted births. Not everybody has chosen midwifery as their path, right? So I'm perfectly okay with people not knowing how to really monitor a heart rate. But I think the context has been really misunderstood. So, again, you're not listening just to see if the heart is beating. Perhaps you are early in pregnancy like I mentioned. But

once we get into later pregnancy and labor unless you were seriously worried about the condition of your baby, you wouldn't just plunk on the Doppler to hear that the heart was beating. That doesn't make a whole lot of sense, and someone else listening would do more interpretation is all I'm saying.

You can tell a little bit about the location of the baby. So how the baby is laying in your uterus. And you can do that with listening with a fetoscope. Now I'm not pro Doppler, but I'm also not going to say that there is absolutely no time and place. I wish women doing their own care wouldn't purchase Dopplers off the Internet and just blindly use them. They are dangerous. They do use the same technology that ultrasound does. And that is heating up the cells and probably disrupting some amount of brain activity especially in young babies during pregnancy. So I'm not advocating the use of Doppler at all. And just really be cautious and understand what the risks are.

But fetoscope is really the best bet anyway. Not only is there absolutely no risk from technology, but they're cheap and easy to buy even just on Amazon. Margo and I did a YouTube video on listening to your baby's heart rate, and you can just Google that if you want to see it. I think it's just DIY heart rate or palpation or both of those words. And it's just free. It's just out there free for you to see and watch, so you can look at how to do more hands on because, again, the location of the baby, whether the head is up or down, whether the baby is front towards your front or your back, we can piece together what the baby might be doing in there using the fetal heart rate. So, again, it can tell us if the baby is alive. It may be some sort of dating tool. It may give us some clue as to the baby's position. And it may give us a general sense of the baby's health.

Now I say that all really generally and with a grain of salt because there's just not a whole lot known in my research. Yes, we know what seems to be a normal, healthy heart rate. But certainly, things fall outside of that and babies are fine and vice versa. Sometimes there is a baby with some legitimate health problem that we have no idea about in pregnancy. At least when we're examining their heart rate. So the things it does not tell us, well, again, they're just a bunch of clues. So if we're looking for anything really long term into the future—and this might sound sort of negative or sad—that doesn't really tell us much. Now it is true that once we detect the fetal heart rate at about nine or 10 weeks—and, again, that can only be done that early with Doppler—gosh, don't quote me. But it's like 90 plus percent—I mean it's pretty high—of those pregnancies will go on to term. So that's all to say that a baby with a heartbeat is probably going to stick around. When miscarriage does happen, in many cases, there was never a heartbeat.

So hearing that heartbeat is a great sign. It means that everything is probably great and fine and will proceed as normal. But it doesn't guarantee it anymore than we can guarantee waking up tomorrow morning. That's the truth. All it means when we hear it

is the heart is beating right now. It does not tell us often about heart defects or anything like that. Because the baby's heart works differently in utero with the blood being redirected, they have fetal circulation. So I haven't listened to thousands and thousands of fetal heartbeats. If I were to do that, maybe in a high risk clinic, maybe I would hear some stuff that was really different. And maybe I would hear in utero babies that did have legitimate defects or whatever. I don't have that experience, and I can tell you sort of the opposite which is I've heard really weird things both on myself when pregnant and other women's babies in utero and has, luckily, turned out to be nothing. So that's that.

We definitely can use the fetal heart rate, again, as determining how old a baby or fetus might be. And that kind of goes back to the dating. And another thing it does not tell us is anything about how the baby will handle labor. So listening in pregnancy is really a completely different animal because the baby is just in there, obviously, floating around and just kind of doing normal baby things. But in labor, it is a different scenario, and we'll talk a little bit about what we might listen for in labor. So other things we might hear when listening to our own baby's heart rate, we may hear our own emotional state reflected in the baby. Now that sounds really hippy midwife, but think about it for a minute. And actually think about how that really applies to labor as well.

So if you're really worked up and emotional or really stressed or sick or dehydrated, you're probably going to hear that reflected in the baby's heart rate especially when you're not very newly pregnancy. So maybe 28, 30 weeks, the heart rate can be really fast if you were possibly feeling that way. And vice versa. If you're really relaxed and calm and everything is going great, then you might really get to know this baby by listening and hear that reflected. Maybe the heart rate is slower. And it just feels more relaxed. A lot of these images that come to mind when you're listening to a baby whether yours or someone else's almost defy words. At least in my experience. I know even for my own babies and other people's, put the fetoscope on and just kind of close my eyes and get more of a feeling for what's going on with the baby than maybe the actual rate.

So, again, this is a way to communicate with the baby. And that's probably the main way that I would love to see women using this technology, if they're going to use it. And, again, not to go overboard especially with the Doppler, but to learn to use a fetoscope and to practice every day and maybe you don't count. Maybe there is nothing real clinical going on, but it's a way to get to know your baby. And I found that to be pretty amazing. And, again, even in listening to other people's babies just having that connection. It's really a heart to heart connection.

So who can listen to the baby's heart rate? Well, of course, you can as the pregnant mom. Just get a fetoscope off of Amazon. Make sure the tubing is pretty long, and then you'll be able to reach your own belly and listen as much as you want. And you

can pass that fetoscope to children in your household and teach them how to listen. You can pass it to your partner or your mom or whoever is around and teach them how to listen. Obviously, if you have a care provider, they're going to listen probably at every visit. And, again, this isn't to tell you whether that's right or wrong. Just for you to decide what you want. So now that you know some reasons that someone might listen you can decide. Is that something you want someone to do every time they see you? Do you need them to do that? Or maybe you could listen and ask questions?

Remember that when we're listening to the fetal heart rate for 30 seconds to a minute maybe once a month with—as a midwife listening to someone else's baby, that's just a tiny, tiny, tiny little snapshot. So, again, it just makes me think—huh—what are we really listening for. What are we trying to get out of it? And what does the woman want? What do you want from listening? Because you have the most access to your baby. If something came up while listening, you would be the one to know if you're listening more often. Again, listening for one minute every month, doesn't off a ton of information based on the checklist we've gone through other than yes, the heart is beating. Yes. It sounds normal. Whatever that means. And in that minute, there wasn't anything else to really say which is usually a good thing.

So I do believe that the fetal heart tones or the baby's heartbeat is the voice of the baby before they can talk, before they can look at you on this—in the outside world. It's a direct link to what's going on with the baby and their personality. So I love that idea. But I think it definitely makes it less definitive. So, again, when you hear something concerning, say the heart rate is really fast and first of all you're going to consider is that fast for my baby. Or is my baby always kind of up there? Am I dehydrated? Is there something going on with me that is making this baby's heart beat really fast? Or is there something going on with the baby? And being able to have that connection, if you're indeed concerned, to have that conversation with your baby.

I think because most women with low risk normal, healthy pregnancies aren't going to hear a problem. Most of the time it's more of a looking for a problem. And I don't necessarily mean that women intend to do that. Listening to your baby seems like a really innocent and fun thing to do until you know just enough to cause yourself worry or concern. So, again, maybe the heart rate sounds really fast to you, and you count it. And it's 180. And you get worried because you've heard that that's really high, and it means something or this or that. So, again, information is great. Sometimes a little information or too much information can lead you astray and away from your intuition. So listening is really one piece of the puzzle.

So let's talk a little bit before we go here about listening to the baby's heart rate in labor. Specifically home births assuming maybe you're having a free birth or unassisted birth or maybe you just plan on laboring alone for awhile before your midwife comes or

maybe before you go to the hospital. Should you listen? Is there a time to? Why would you? Hmm. Really good questions. Well, I think a lot of this is just going to be my opinion, but, hey, you're listening to my podcast. So I'm just going to give it to you. I think midwifing yourself in that way by attempting to do something clinical while you should be in a very relaxed emotional space and headspace can be very detrimental especially when you really don't know what you're listening for.

And, again, that's not to insult anyone's intelligence. I've spent 10 years attending births, and I still feel like I have a ton to learn about listening to fetal heart tones just because, again, like I said the research is kind of all over the place. And we only know certain things. We don't know other certain things. So in nine months of a pregnancy to assume that you would be enough of an expert to (a) listen to your own baby in your own baby and (b) make some kind of master interpretation, I think, would be highly unusual.

So perhaps listening in labor would be that connection with the baby. And I can totally see that. I can make sense of that in my mama brain. That someone planning an unassisted birth might want to listen in labor just to be reassured, just to have that connection and feel that the baby is fine and to hear that heartbeat. I think that makes sense. However, going on to listen through a labor, I think can be very, very distracting because, again, you have to ask yourself, hopefully before labor—because these aren't the kind of big issues I think you want to be figuring out while you're in labor is why would I listen during labor. Why? And, again, like I mentioned at the beginning, if it's simply just to hear the baby's heart is beating, really think about that. Because if you're really in question of that during your labor, then I don't know. Maybe the baby does need some kind of medical help or you do, if you're really, really concerned that the baby's heart is not beating.

And, again, if it's just to make you feel better, I guess I would say that can go either way. Sometimes heart rates are hard to find especially in labor. And, again, if you're the one in labor, I can't imagine how hard that is. So I'm saying you could unnecessarily freak yourself out as well not being able to find it and solely relying on that piece of information to feel confident. So let's see. So I'm not going to go into real clinical stuff here. But my other vote for not listening if you're planning a free birth or, again, if you're just home alone before your midwife gets there is in the interpretation. So let's assume we're on the same page. We don't want to listen to the baby's heart rate just to see that it's beating because that doesn't feel like the right thing to do. What are you listening for? And even if you had someone else hold the Doppler on maybe your husband or someone, are they counting? Do they know how to count? Are they really listening before a contraction all the way through to the next one? Because that's really the only way, allegedly, that we can tell the baby's condition in handling



contractions which is the whole point of listening in labor, right? Because labor is somehow a different situation. It's not like pregnancy.

Every minute or every five minutes rather lasting for about a minute the baby is having something kind of different happen. Of course, the baby is totally ready for it and able to do it. But getting that squeeze by the uterus is something different. So if you were truly wanting to know how the baby was handling that, then that's how you'd want to listen. And, again, I can't imagine, personally, putting that responsibility on my husband. That would be funny almost. And that would be stressful, I know for me, to try to do on myself. And you just don't have that objectivity when you're in your own labor. I don't care what it is. What you do have is, again, the intimate connection with your baby. So I guess my advice would be over counting heart rate through a contraction, trying to interpret, use your inside knowledge. Connect with that baby in other ways. You probably would have the information needed if something was wrong probably way before a Doppler or fetoscope would pick it up. That's what I think anyway.

So if you were to hear something concerning, whatever that means to you in labor or not, again do you know what it means? is there something wrong? or is this a normal response? Something that comes up a lot in birth stories, in particular, will be a woman recounting her story, and there will be a big focus on how the fetal heart rate has started to decelerate or what we call decels. Now that sounds really scary both literally sometimes when you hear it beating like that and just sort of as a detail of a story. It adds that little bit of fear and suspense. Why would the baby's heart rate slow down? And that's a part, again, of so many stories. But, of course, there are good reasons for that happening. And without going into more and more detail about interpretation, it really is about the interpretation especially if they're minor decels. We're looking to see how the heart rate recovers and how fast and when during the contraction. So I'm telling you all this, so that you know there's a lot to take into consideration. And if you're somebody that really has to have that information and that's neither good nor bad. Maybe you really do want your baby monitored during labor. That is important to you. You feel that that is valuable information. Maybe there is some kind of trauma or loss that even makes this really important to you. That's totally valid. And I would just say in that case having someone else—some kind of professional there to do that for you would be ideal.

And not only because they know more textbook wise than you, but if you can find someone you trust then it allows you to stay in the space of that limbic brain, of that labor brain. Counting, interpreting, those things are not part of the ideal situation in labor. It can slow our bodies down and actually shut our bodies down, if we're fearful and in that sort of brain enough. So listening to the baby in labor, I think, should be completely up to the mom. Again, if you've hired someone to be there with you, they

may have stipulations that require them to listen at certain intervals. I still think there should be a great deal of variety with that. But you'll have to decide for yourself if you're going to keep to a schedule or request that someone only listen when you require. Both are—either one is really up to you. And then, again, if there is heard to be something concerning or strange assuming you have someone else doing that for you, in most cases—in very, very most cases when there is something to pay more attention to with the fetal heart rate, with most healthy babies, nothing terrible is going to happen immediately.

And so that may be reason to listen more often, if that's what you want to do. Just because hearing something funny can be the first sign of a problem, or it can be nothing. But in any case, it usually gives people plenty of time to just kind of look at other factors and maybe positions and different things to try and remedy a problem before rushing off to the hospital or anything like that. Let's see if I missed anything. Oh, one more sort of subtopic is just that listening to the fetal heart rate is definitely an interference. Now some would call it an intervention. Some would call it neither. Some would call it a necessity. I'm choosing interference for now. I don't think it's often as interventive as an intervention. But I definitely don't think it's completely benign as in no big deal and more harm than good. I think that you have to know, again, why you'd want to listen. Why you'd want to hear it. What you would hope someone to do with that information. You really have to be aware of how your emotional and physical state does impact the baby.

So I can think back to a couple hospital births I witnessed where they hook the mom up to the continuous monitoring which, in my opinion, is really awful and stressful to hear absolutely every heartbeat and just to really see on the monitor how connected the baby is to the mom. So she gets scared. Maybe a group of people walk into the room. They turn on the lights. And literally, you can hear it reflected in the baby's heartbeat. So these are things most people don't talk about. I think it's just part of our consideration when we're thinking about introducing these sort of things into our births. So back to it—excuse me—being an interference. I think another reason I would call it an interference especially at routine intervals during a labor, in particular, is because it can snowball. So you listen, and everything is great. And that's wonderful. But then the minute there is something that may or may not anything at all, maybe it's a decel. Who knows what it is? You can feel the panic in the room. And if you're listening with a Doppler, everybody else can hear it. And just collectively, things get a little tense. And I say that based on personal experience.

Now the truth is, again, research wise there's so many variations. And there's so many variations things we don't know. So when we hear one decel, that's still in range for that baby and maybe recovers quickly. We don't know exactly. Maybe the baby squeezed the cord. Maybe the baby just got in a funny position. Who knows? But in other words,

if you have someone there with you, really I think anyone worth their salt would follow up with that, right? Because that's why we're listening. We're really listening to detect any sort of potential problem. So if there is one or potentially one, then it's the responsible thing to do, I think, to keep listening. And so one thing piles on top of another and before you know it, it's kind of snowballed. And you're listening and listening. And at some point, a decision needs to be made. And it doesn't mean that it's wrong or right to be in that space of, "Okay. What do we do now? Do we go to the hospital? Is there something wrong?" It's just that it's only one piece of the information.

So I still come back to fetal heart rate or not, that you, as the mom, have a really big part of the decision making process and a really strong connection to your baby that you've practiced all through pregnancy. So that in moments like that, you're not, hopefully, just swept away by the fear. No one likes to think of something going wrong during a labor or a baby not tolerating labor. But, again, listening to the fetal heart rate is just one piece of information, which may or may not be helpful. The studies that have been done, for example, will look at the fetal heart rate patterns and how the labor ended. And it goes both ways. So really concerning fetal heart rate patterns during labor, baby is fine. And vice versa. Absolutely nothing to hear, baby is not fine. So I think we should just take it all with a grain of salt. And, again, ask ourselves those initial questions. Why? Why do I want this? What do I know? What do I think it can do? Am I aware of the limitations? Am I aware of the risks and benefits to the best of my ability?

So that's it for me today. Hope you enjoy this podcast. I think we have close to 50 podcasts now on physiological birth, undisturbed birth, doing your own prenatal care, pretty much every topic in between that first pregnancy sign and the postpartum. So thanks so much for listening today. Don't forget to check out the Indie Birth site for new webinars. And, of course, our five-week online class called *How to Have an Indie Birth*. Thanks so much. Have a great day.

(closing music)