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Management of Suspected Fetal Ectopic Heart Beats

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Target Audience:

People who need to know about this document in detail	All Midwives, Obstetricians and obstetric sonographers working in CTM UHB
People who need to have a broad understanding of this document	As above
People who need to know that this document exists	All staff involved in the development of Health Board Policies.)

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date: October 2025
	Outcome: no negative impact
Welsh Language Standard	Choose an item.
Date of approval by Equality Team:	(00/00/0000)
Aligns to the following Wellbeing of Future Generation Act Objective	Choose an item.



Disclaimer:

If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or [CTM Corporate Governance@wales.nhs.uk](mailto:CTM_Corporate_Governance@wales.nhs.uk)

CHANGE HISTORY

Version	Date	Author Job Title	Reasoning
1	April 2022	H. Marx	CTM UHB policy
2	October 2025	L.Little	Review existing guideline

AUTHORSHIP, RESPONSIBILITY AND REVIEW

Author	H. Marx	Ratification Date	April 2022
Job Title	Consultant Obstetrician	Review Date	April 2025
Author	L Little	Ratification Date	October 2025
Job Title	Fetal surveillance midwife	Review Date	October 2028

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BACKGROUND

Guideline Definition

Clinical guidelines are systemically developed statements that assist clinicians and patients in making decisions about appropriate treatments for specific conditions.

They allow deviation from a prescribed pathway according to the individual circumstances and where reasons can be clearly demonstrated and documented.

Purpose

Guideline for the antenatal management of suspected fetal ectopic heart beats/ arrhythmia. This guideline provides the appropriate referral and care pathways for those women who may have suspected fetal ectopic heart beats.

Scope All Health Care Professionals caring for pregnant women who may have suspected fetal ectopic heart beats.

Roles and Responsibilities

In seeking further advice on any uncertainties contained in this document, or if you feel that there is new or more updated advice it is your responsibility to contact the guideline author or Approval Group manager so that any amendments can be made.

The guideline Approval Group is responsible for disseminating this guideline to all appropriate staff.

The guideline author or a named alternative is responsible for updating the guideline with any amendments that they become aware of or are highlighted to them.

All health professionals are responsible to ensure that the guideline is utilised effectively, and to ensure that they are competent and compassionate in the implementation of it.

Training Requirements

Monitoring of Compliance

- By audit and review of complaints
- The Governance Department will collate any complaints and distribute to the relevant individuals for comments, and share any learning points.
- The Service Lead will oversee any governance issues, make relevant recommendations to the directorate, and advise the Clinical Director or the directorate of any matters that require implementation.
- The Health Board reserves the right, without notice, to amend any monitoring requirements in order to meet any statutory obligations or the needs of the organisation

Complaints

All complaints should try to be resolved with the patient during any contact to avoid escalation. There concerns should be listened to and documented. If it is not possible to address any concerns at the time, or if the complaint is of a serious nature, the patient's complaint should be discussed with the consultant in charge for the day, or the patient should be given details of how to raise a formal complaint via the local governance department.

Guideline for management of suspected fetal ectopic beats

Antenatal management of suspected fetal heart irregularities / ectopic beats

Please see Flowchart

Referral

- Not all women with a fetus with an ectopic fetal heartbeat need referral to the fetal medicine consultant.
- This referral to fetal medicine is only necessary if there is a concern with the fetal heartrate or fetal heartrate irregularity. If an ectopic fetal heartbeat is present, weekly scans will need arranging. This is to check for hydrops and check the presence of the ectopic beat and rate.
- If a woman is under midwife led care, referral to consultant led care within their geographical boundary is needed next available date.
- ANC appointments are required at least fortnightly, as the interim scans can be arranged and reviewed by the Maternity Day Assessment Unit. If the woman is consultant led care, ensure a follow up appointment is in place within the next week.

When to stop surveillance:

Surveillance of an ectopic or irregular fetal heartbeat can stop once there is one ultrasound scan where the ectopic fetal heartbeat is **no longer found**. The community midwife should auscultate the week after and if no longer heard return to normal surveillance of the pregnancy. If the ectopic fetal heartbeat or irregularity is heard again, refer back to the flow chart.

Advice from Fetal Medicine University Hospital Wales

- “On the basis of ectopic beats or irregular heart rate we would not recommend a routine cardiac referral, but an obstetric heart rate check twice weekly, once by the community midwife and once by antenatal ultrasound monitoring on a weekly basis”.
- Simple reassurance and advice should be given to women.
- Abstain from smoking.
- Avoid consuming excess amount of calcium containing foods (milk products).
- Avoid stimulant beverages (excess caffeine, tea, coffee, hot chocolate, coke, energy drinks) and food (excess vanilla, chocolate etc).
- Avoiding stimulant medications (Ephedrine, Salbutamol, nasal sprays, Otrivine etc).
- Reduction of maternal stress would suffice in resolving these benign ectopic beats in the majority of cases in fetal life.
- Women should be advised to monitor fetal movements, if concerned inform woman to contact hospital immediately if fetal movement is significantly reduced or altered pattern.
- We would advise that patients with irregular heart rate in their fetus should be simply reassured and weekly obstetric ultrasound be performed, just to make sure that there is no emerging sustained bradycardia (less than 110 bpm) or tachycardia (more than 180 bpm) or development of fetal hydrops.
- In such cases where there is genuine obstetric concern about the wellbeing of the fetus or the mother and, in the case of sustained arrhythmia, we would strongly recommend that the individual consultant should ring the on-call paediatric cardiologist to discuss the best type of action, investigation and recommendation.

References:

AHA Scientific Statement (2014): Diagnosis and Treatment of Fetal Cardiac Disease.

Available online at:

<http://circ.ahajournals.org/content/early/2014/04/23/01.cir.0000437597.44550.5d>

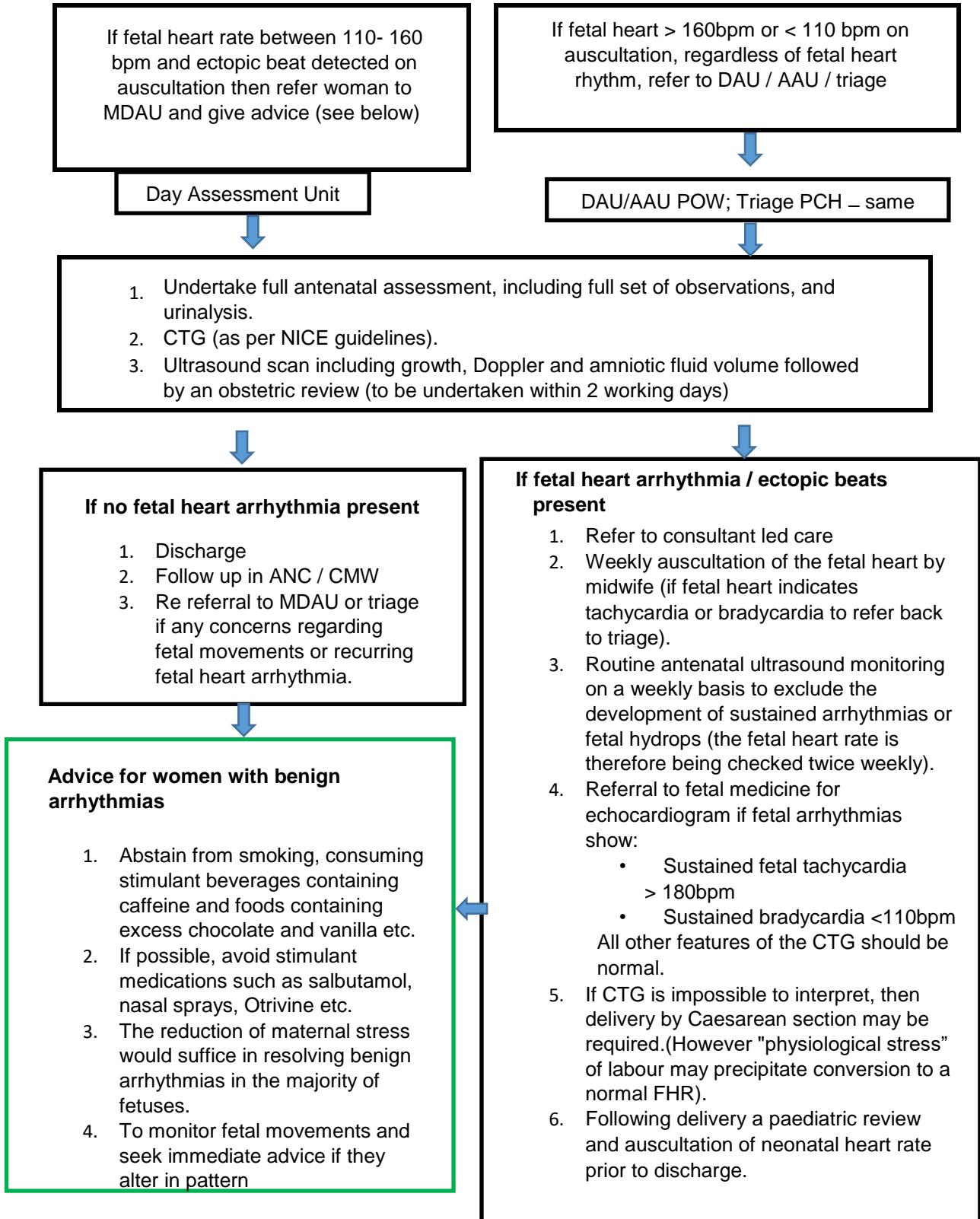
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Bowden, J. (2019) Management of Fetal ectopic or irregular fetal heartbeat. Swansea Bay University Health Board. Available on Wisdom.

Appendices:

- 1) CTMUHB Flowchart for suspected fetal ectopic beats
- 2) Patient information leaflet

Flowchart for Initial Antenatal Management of Suspected Fetal Heart irregularities / Ectopic Beats



Patient Information Leaflet : Ectopic or Irregular Fetal Heartbeat

We have scanned your baby's heart and found that there is no abnormality of the structure or function of the heart.

What is an irregular fetal heartbeat?

Occasionally when your midwife listens to your baby's heartbeat she may hear an irregular beat or rhythm. This is commonly caused by extra beats. These beats are called ectopic beats, which are of no significance to your baby and are caused by the heart's immaturity.

Why do they occur?

A small area of baby's heart sends out electrical impulses, which regulate a normal heart rate. These impulses spread throughout the heart muscle and cause it to contract in a regular rhythm. However, sometimes another area of the heart sends out an extra electrical impulse, which will cause an extra heartbeat. The heart then rests while the heart muscle gets back to a normal rhythm. This can make your baby's heart sound irregular. An irregular heartbeat is not associated with any abnormalities in the way a baby's heart is formed. We would expect it to settle as pregnancy progresses, but it occasionally persists until birth.

What will happen during my pregnancy?

Your midwife will listen to your baby's heart rate when you attend for your antenatal appointments. You will also be scanned weekly whilst the ectopic beat or irregularity is noted. It is very rare but occasionally your baby's heartbeat may develop a continuous fast rhythm. This is called tachycardia*.

Cutting down on your intake of tea, coffee and Cola/energy drinks is advisable. The caffeine content in these drinks can stimulate the electrical activity of the baby's heart. You can also reduce your intake of chocolate and vanilla. Some medications can contribute to the heartbeat such as salbutamol for asthma. We also advise you avoid undue stress and smoking.



What will happen when baby is born?

This is usually a condition that has no significance for baby in future life. The paediatrician will listen to your baby's heartbeat before you are discharged from hospital and perform further tests if necessary. *If your baby's heartbeat remains at a fast rhythm for a long period of time it could rarely damage baby's heart or other organs. Your obstetrician may recommend a referral to a fetal medicine specialist if this occurs.

What else do I need to do?

You will be advised to keep an eye on the pattern of your baby's movements and if you are concerned to contact the hospital. Also, please refer to our fetal movement leaflet.