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EC NEUROLOGY
Editorial

Electronic Fetal Monitoring (EFM) is Not Synonymous with Standard of Care

George Gregory Buttigieg[1,2,3]*

[1]*Professor, University of Malta, Malta*

[2]*University of Rome Tor Vergata, Rome, Italy*

[3]*Plovdiv Medical University, Bulgaria*

***Corresponding Author:** George Gregory Buttigieg, Professor, University of Malta, Malta and University of Rome Tor Vergata, Rome, Italy and Plovdiv Medical University, Bulgaria.

Received: September 03, 2020; **Published:** September 30, 2020

There is a glaring, basic and most serious fault which seems to be incurred universally with hardly the raising an eyebrow. This is amply clear in the medico-legal and even jurisprudential handling of cases adjudicating alleged obstetric negligence in cases of cerebral palsy. Reference is here made to the almost universal hegemony of EFM in retracing and reviewing intra-partum obstetric management.

Let me make my position loud and clear. I am not one who advocates throwing the EFM monitor out of the window. Such deeply and polarised views serve only to cause partisan rifts over the role of EFM. At this stage in obstetric development, EFM, with its good and bad is what is clinically available to monitor the status quo of the fetus in the challenging time of labour. No doubt, and this is old hat, EFM has contributed to unnecessary intervention both in the first and second stages and quite a number of other major drawbacks can be laid at its door. Some of these drawbacks are inherent in the discipline but many others are the result of staff who know not what they do. I will not here enter into any polemics on the subject. But I will re-state my position on the fact that EFM does have a role to play in childbirth. This role has many limitations, is of a screening nature, requires universal and firm classification of abnormalities and its exponents require regular updating and assessment.

Here I speak of the wrongful hegemony of EFM in the medico-legal field. Since the days of the mistaken concepts engendered in the 1960s, EFM has undeservedly assumed a role which is quasi-synonymous with that of Standard of Care. In spite of the destruction of most of the 1960s myth, the wrongful and misleading hegemony of medico-legal EFM has persisted in many Courts on both sides of the Atlantic. It has become a mind-set blessed by all, including, even if without words, by the legal and jurisprudential worlds. Even in the minds of most medical men, EFM is what comes to mind if one wants to know the well-being or otherwise of the unborn in labour. One must bear in mind that retracing and analysing the obstetric management in any case and particularly in cases of cerebral palsy is a multi-dimensional exercise, where EFM is but one parameter for such analysis.

The paradigm shift mentioned earlier will not be easy to achieve. Just as the 1960s cerebral palsy myths originated in the USA, it is the USA again which is holding a torch for all to see and reflect on. For the answer in shearing off the sub-conscious hijacking of the Standard of Care by EFM is the need to shift the limelight on the concept of Hypoxic Ischaemic Encephalopathy (HIE). One should note that in HIE, EFM in the form of intra-partum CTG monitoring is relegated to second rank importance and its use limited to helping in determining the timing of any intra-partum insult contributing to or causing intra-uterine hypoxia.

It is time for the medical world to compensate for the scientific damage inflicted on society by the junk science it gave birth to in the 1960s. EFM monitors must not be cast out of windows. But its wrongful hegemony and posing as undeclared Standard of Care must be shown no such mercy.

Volume 12 Issue 10 October 2020