

## Information for Patients

# Irregular fetal heart rhythm or ectopic (extra) beats

An assessment of your baby today has found that they have an irregular heart rhythm. This information leaflet aims to provide information about this condition.

### The normal fetal heart beat

The heart is made up of four chambers: two collecting chambers (atrium) and two pumping chambers (ventricles). The heart's pacemaker is located in the top right sided collecting chamber (atrium); the pacemaker sends electricity through the heart to the ventricle so that the heart fills and contracts in time. The normal fetal heart rate ranges between 120–170 beats per minute (bpm).

### What is causing the irregular fetal heart rhythm?

In babies before birth it is common for the heart rhythm to be irregular, particularly later on in the pregnancy. The irregularity is caused by ectopic or extra heartbeats coming from the upper chamber, these occur out of the normal rhythm. They normally occur soon after a normal beat and then there is a compensatory short pause after the ectopic beat. These extra beats can cause a slightly faster or slightly slower than normal heart rate and make it sound irregular. They can continue with every 2nd or 3rd beat for days or weeks without causing any problems with the heart function or causing any damage to the baby.

### Is any treatment required?

In most cases these ectopic or extra beats stop without any treatment towards the end of the pregnancy. In some babies these continue after birth, again not causing any significant problems.

In a small number of cases (1 or 2 cases in 100) the baby can have an abnormal fast heart rhythm (supraventricular tachycardia) before birth. This heart rate is usually more than 200 bpm. Again this does not usually cause problems and can be treated by giving medication to the mother.

## What monitoring is required during the rest of pregnancy and after birth?

We advise that your local midwife listens to your baby's heart rate every 1-2 weeks to check that a fast rate has not developed (more than 200 bpm). No further specialist scans are needed.

Rarely, if the heart rate remains very irregular during labour, it can be difficult to monitor the baby for signs of distress and a Caesarean section may be advised. For most cases this is not a problem and a normal (vaginal) delivery is possible.

If there is concern that your baby's heart rate is irregular after birth, then the neonatal doctors will arrange an electrocardiogram (ECG) to be performed to confirm the diagnosis and discuss with the cardiology team if needed. If your baby's routine physical check is normal with regular heart rate and rhythm, then no further checks are required.

If you have any further concerns please discuss these with your local obstetric team or the fetal medicine midwives at Saint Mary's Hospital on (0161) 276 6385 (available Monday – Friday, 9.00 am – 5.00 pm).