

WHO IS THAT CTG ACTUALLY RECORDING?

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Abstract

Cardiotocograph (CTG) monitoring, instituted based upon antenatal or intrapartum risk factors, is a current mainstay of obstetric management of labour.

The ability to accurately record fetal as compared to maternal traces has impacts upon perinatal morbidity and mortality. Inaccurate monitoring has ramifications both medico-legally, and upon best obstetric practice.

Methods

Aim: to evaluate the incidence of inadvertent maternal tracing in second stage of labour.

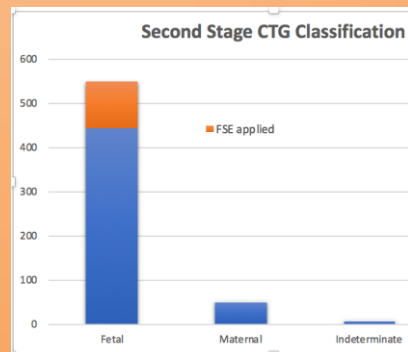
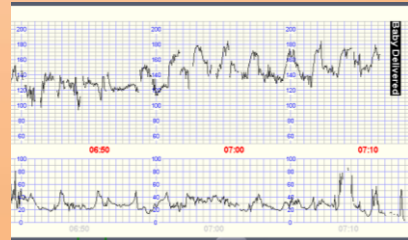
- Retrospective audit of 500 vaginal and operative vaginal deliveries Jan-March 2016
- Second stage CTG analysed retrospectively

Primary outcome: trace classified as fetal, “maternal” or “indeterminate”

Secondary outcomes: FSE application rate, Apgars 1 + 5mins, arterial pH, SCN/NICU admission rates

Results

- 89% fetal trace
- 10% indeterminate
- 1% maternal trace → **11% of traces not fetal**
- FSE utilized in 24% (0% of maternal or indeterminate traces)
- SCN/NICU admissions 11.2%
- Cord gas analysis:
 - **Maternal trace:** collected 50%. Mean arterial pH 7.111 (6.98 – 7.22)
 - **Indeterminate:** collected 42%. Mean arterial pH 7.19 (7.06-7.2)



Conclusion

- Relatively high incidence of maternal and indeterminate traces may reflect the complexities of second stage CTG
- Criticisms: small sample, subjective CTG analysis, low incidence poor neonatal outcomes

References

References list available on request via corresponding author:
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