Abnormal CTG

Abnormal FHR auscultated ➔ Confirmatory CTG

Normal CTG
- Baseline FHR 110-160 bpm
- Baseline variability 6-25 bpm
- Accelerations present
- Decelerations absent

Normal?
Yes ➔ Continue CTG
No ➔ Assess for reversible causes

Initiate corrective actions
Continuous CTG

Problem resolved?
Yes ➔ Individualised care
Consider IA
No ➔ Reversible causes & actions may include:
- Cord compression/reduced placental perfusion due to:
  - Maternal position
  - Maternal hypotension
  - Recent VE, vomiting, epidural, ROM or bedpan use
- Check maternal pulse
- Position left lateral
- Check BP
- Give IV fluids if hypotensive
- Consider VE to exclude cord prolapse

Uterine hyperstimulation (tachysystole or hypertonus) due to:
- Oxytocin infusion
- Vaginal prostaglandins

Maternal pyrexia/tachycardia due to:
- Maternal infection
- Dehydration
- Anxiety/inadequate pain relief

Inadequate CTG quality due to:
- Poor contact from external transducer
- FSE not working or detached

Individualised care
Consider IA

Assessment
- Review CTG in 30 minutes
- Palpate maternal pulse with FHR
- Identify CTG features:
  - Contraction
  - Baseline FHR
  - Baseline variability
  - Accelerations
  - Decelerations
  - Category
- Note intrapartum events
- Confirm findings
- Escalate if not normal
- Document all findings and actions

Fetal Blood Sampling Guide
Normal:
- pH ≥ 7.25
- Lactate < 4.2

Borderline: repeat in 30 minutes
- pH 7.21-7.24
- Lactate 4.2-4.8

Abnormal: expedite birth
- pH ≤ 7.20
- Lactate > 4.8

Consider:
- Continuing CTG
- Obstetrician consult
- FBS if available
- Expediting birth

Confidential
- No

IA Intermittent auscultation, BP blood pressure, bpm beats per minute, CTG cardiograph, FHR fetal heart rate, FSE fetal scalp electrode, FBS fetal blood sampling, IV intravenous, ROM rupture of membranes, T temperature, VE vaginal examination, ≥ greater than or equal to, < less than, > greater than, °C degrees celsius