

Interpretation of CTG

Fetal compromise classification			Baseline	Variability	Decelerations	Accelerations	Actions
Normal Abnormal ²	<i>Low probability</i>	GREEN	• 110–160 bpm	• 6–25 bpm	• Nil	• Present	• Nil
	<i>Unlikely associated when occurring in isolation</i>	BLUE	• 100–109 bpm	• Reduced or reducing 3–5 bpm (for up to 40 minutes ³)	• Early • Variable	• Absent ¹	• Continue CTG • Obstetric/midwifery review • Correct reversible causes
	<i>May be associated requiring further action</i>	YELLOW	• More than 160 bpm or rising	• Reduced or reducing 3–5 bpm (for 40 minutes or more ³)	• Complicated variable • Late • Prolonged		• Continue CTG • Obstetric/midwifery review • Correct reversible causes • FSS/FBS/review birth timing
	<i>Likely associated requiring immediate action</i>	RED	2 or more YELLOW features = RED				Persistent YELLOW = RED
			• Bradycardia for more than 5 minutes	• Absent (less than 3 bpm) • Increased • Sinusoidal	• Complicated variable (with reduced or absent variability) • Late (with reduced or absent variability)		• Continue CTG • Urgent obstetric/midwifery review • Expedite birth

NOTES:

Aligned with the classifications from Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Intrapartum fetal surveillance (C-Obs 1) clinical guideline. 2026.

1. Significance of accelerations/no accelerations in an otherwise normal intrapartum CTG is unclear
2. Follow local procedures for timely review and escalation of care for abnormal findings of CTG
3. Consider duration of reduced variability in the context of the individual clinical circumstances. Lesser durations may be clinically significant and require action

bpm beats per minute, CTG cardiotocography, FBS fetal blood sampling, FHR fetal heart rate, FSS fetal scalp stimulation

Queensland Clinical Guideline. *Intrapartum fetal surveillance*. Flowchart: F25.15-3-V8-R30

Queensland Clinical Guidelines: www.health.qld.gov.au/qcg



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