# Interpretation of CTG

<table>
<thead>
<tr>
<th>Classification</th>
<th>Baseline</th>
<th>Variability</th>
<th>Decelerations</th>
<th>Accelerations</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Normal</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Low probability fetal compromise</td>
<td>GREEN</td>
<td>110–160 bpm</td>
<td>6–25 bpm</td>
<td>Nil</td>
<td>15 bpm&lt;sup&gt;1&lt;/sup&gt; for 15 seconds</td>
</tr>
<tr>
<td>Unlikely fetal compromise</td>
<td>BLUE</td>
<td>100–109 bpm</td>
<td></td>
<td>Early or Variable</td>
<td>Absent&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>May be likely fetal compromise</td>
<td>YELLOW</td>
<td>&gt; 160 bpm or Rising</td>
<td>3–5 bpm for &gt; 30 minutes</td>
<td>Complicated variable&lt;sup&gt;2&lt;/sup&gt; or Late</td>
<td>Correct reversible causes</td>
</tr>
<tr>
<td>Likely fetal compromise</td>
<td>RED</td>
<td>&lt; 100 bpm for &gt; 5 minutes</td>
<td>&lt; 3 bpm for &gt; 30 minutes or Sinusoidal</td>
<td>Persistent YELLOW = RED</td>
<td>FBS or Expedite birth</td>
</tr>
</tbody>
</table>

**Actions**:
- **RED** features = Persistent YELLOW = RED

**References**:

**NOTES**:
1. Significance of accelerations/no accelerations in an otherwise normal CTG is unclear
2. Complicated variable features<sup>2</sup>:
   - Slow return to baseline FHR after the end of the contraction
   - Large amplitude (> 60 bpm) and/or long duration (> 60 seconds)
   - Presence of post deceleration smooth overshoots
3. All abnormal CTGs require further evaluation and management considering:
   - Full clinical picture
   - Identification of reversible causes
   - Initiation of appropriate action including FBS and expediting birth if abnormality persist
4. Follow local escalation procedures to senior midwifery and obstetric staff when CTG is abnormal

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bpm beats per minute; > greater than; ≥ greater than or equal to; < less than; CTG cardiotocograph; FBS fetal blood sample; FHR fetal heart rate