**Mode of fetal heart rate monitoring**

### Risk Factors

#### Antenatal
- Abnormal antenatal CTG
- Abnormal Doppler studies and/or biophysical profile
- Suspected/confirmed FGR
- Multiple pregnancy
- Breech presentation
- Known fetal abnormality requiring monitoring
- Reduced fetal movements within week preceding labour

#### Maternal
- Oligohydramnios/polyhydramnios
- APH
- PROM ≥ 24 hours
- Gestation ≥ 42 weeks
- Previous caesarean section or uterine surgery
- Essential hypertension or preeclampsia
- Diabetes on medication or poorly controlled or fetal macrosomia
- Current/previous obstetric or medical conditions
- Morbid obesity (BMI ≥ 40 kg/m²)
- Age ≥ 42 years
- Abnormal PaPP-A (≤0.4 MoM)
- Vasa praevia

#### Intrapartum
- IOL with Prostaglandin
- Abnormal auscultation or CTG
- Oxytocin induction/augmentation
- Post PV Prostaglandins at onset of contractions
- Regional analgesia/paracervical block (obtain baseline trace prior to insertion)
- Abnormal PV bleeding
- Pyrexia T ≥ 38°C
- Meconium or blood stained liquor
- Absent liquor following amniotomy
- Prolonged first stage of labour
- Prolonged 2nd stage where birth not imminent
- PTL < 37/40
- Uterine hyperstimulation/hypersystole

### Other
#### Multiple (≥ 2 conditions)
- Gestation 41+0 to 41+6 weeks
- Gestational hypertension
- GDM without complicating factors
- Obesity (BMI 30-40 kg/m²)
- Age ≥ 40 and < 42 years
- Pyrexia T = 37.8°C or 37.9 °C

### Flowchart

1. **Review clinical picture**
2. **Risk factors**
   - Continuous CTG when in established labour
     - **Normal**
     - **Consider:**
       - Management of reversible causes
       - FBS
       - Assisted birth or caesarean section
     - **No**
   - Intermittent auscultation
     - **Normal**
     - **Yes**
     - **No**