

## **The use and interpretation of cardiotocography (CTG) in intrapartum fetal surveillance**

The 8<sup>th</sup> RCOG Evidence-Based Clinical Guideline, adopted by the National Institute of Clinical Excellence (NICE), was published in May 2001.

The main conclusions and recommendations were:

- Fetal heart rate (FHR) monitoring as a predictor of intrapartum fetal hypoxia has limitations
- There is insufficient evidence to recommend the use of the 'Admission CTG' in all labours [GRADE B]
- For women at low risk of intrapartum fetal hypoxia, intermittent auscultation (every 15min and over 60sec following a contraction in the first stage; every 5min and over 60sec following a contraction in the second stage) is the recommended method of fetal monitoring [GRADE A]
- For women at high risk of intrapartum fetal hypoxia, insufficient numbers of women have been studied to come to clear conclusions about the role of EFM. Until that data is available, continuous CTG is recommended [GRADE B].
- Units using EFM should have ready access to fetal blood sampling facilities [GRADE A]
- Recommendations for clinical practice are provided in the form of a management algorithm
- Recommendations for education, training and risk management were also included [ALL GRADE C]

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