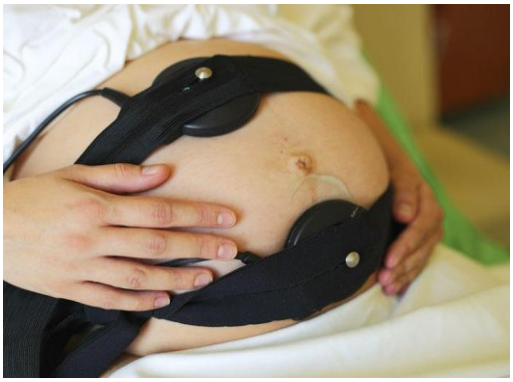
Rhwydwaith Mamolaeth a Newyddenedigol Cymru
Wales Maternity and Neonatal Network

All Wales Intrapartum Fetal Surveillance Standards



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Introduction

Effective fetal monitoring in labour and prompt intervention when needed is essential in reducing the number of stillbirths in Wales. There is also a need to reduce avoidable fetal harm such as hypoxic ischemic encephalopathy, as well as minimise unnecessary intervention. In order to achieve improved outcomes for babies and their families, there is a need for all staff involved in intrapartum care to undertake regular, high quality training.

In 2016, a recommendation from an all-Wales expert reference group was that the Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists (RCM/RCOG) online electronic package did not satisfy the training requirements for midwives and obstetricians within Wales.
In response, in 2018, the Wales Maternity Network together with an all-Wales expert reference group developed standards for electronic fetal monitoring (EFM) and intermittent auscultation (IA), within the context of intrapartum fetal surveillance.

The Standards have been mandated since 2018, yet there remains variation in practice throughout NHS Wales. These Standards have been updated by the Wales Maternity & Neonatal Guideline Group in order to support a standardised approach to practice and high quality training and have considered the views of colleagues across NHS Wales maternity services.

These Intrapartum Fetal Surveillance Standards represent a consensus which were updated and ratified during July 2023.

1	Intermittent Auscultation (IA) should be offered to all women who meet the criteria following an appropriate risk assessment, regardless of birth setting.[1]
2	CTG interpretation throughout NHS Wales should be based on robust understanding of physiology of mother and baby in labour and any of the standard interpretation guidelines for example NICE[2], FIGO[3], or Physiological could be adopted as per preference of the Health Board.
3	Training in IA, CTG (or ST analysis [STAN] where used) should be equitable for all midwives and obstetric clinicians practicing within NHS Wales.
4	All midwives and obstetric doctors should attend a full day of multidisciplinary fetal monitoring training annually[4]. The study day should incorporate: • Fetal physiology in labour • IA • CTG interpretation (and STAN where used) • Maternal co-morbidities • Existing and evolving maternal and fetal risk factors for example, prematurity, meconium, pyrexia, infection, duration of membrane rupture and fetal growth restriction • A standardised approach to documentation of the hourly holistic review and the 'fresh eyes' review • Use of the All Wales Clinical Pathway for Normal Labour when using IA • The impact of human factors including situational awareness, teamworking, communication and escalation All midwives who use IA should complete an additional e-learning training package on IA. An example of a package which may be considered is the eLearning for Healthcare (e-lfh) Intelligent Intermittent Auscultation in Labour.[5] The IA e-learning package can be undertaken in lieu of one local reflection/teaching session (as per standard 5). ***Please note**: These Standards do not recommend one IA counting technique over another.*
5	All midwives and doctors should participate in the review of 6 cases via local education sessions on fetal surveillance (including CTG and IA) annually. This should be made up of local Health Board multidisciplinary reflection/teaching sessions.[4] Where appropriate antenatal CTGs may be included. These sessions should follow a standardised format to ensure a quality learning experience with a focus on multi-professional reflection and discussion. Good practice would be that all obstetric units should aim to provide these sessions weekly. Reflective discussion in the clinical area is regarded as good practice and should be encouraged.
6	The midwife caring for a woman in labour using CTG should perform and document a full holistic risk assessment at least hourly with 'fresh eyes' performed ideally within 1 hour or a maximum of 2 hours (or sooner if any concerns). The assessment must include documentation on: Reason for CTG Maternal: Evolving risk factors, contractions, pulse, progress in labour Fetal: Evolving risk factors, gestation, liquor, baseline FHR, variability, accelerations, decelerations, and presence of cycling. The baseline should be appropriate for gestation and compared to a previous CTG to appreciate any rise in baseline (antenatal if available, or onset of labour) Decision: Classification of CTG and action taken Review: Date and time of review, signature, and status of both reviewers. It should specify if reviewers agree with provision of escalation or the seeking of a senior review in the case of disagreement or uncertainty Women receiving IA should have an hourly holistic assessment (or sooner if clinical situation evolves) as per the All Wales Clinical Pathway for Normal Labour, and this should be clearly documented.

Using a tool to record a CTG review

Training in obstetric emergencies within the PROMPT programme highlights that when a team who are responding to an emergency or unexpected situation use an algorithm or checklist, this improves collective decision making and enhances compliance with guidelines.

The use of a tool to document the findings of a CTG holistic review is a commonly used system across the healthcare sector. An interpretation and decision making tool which guides midwives and obstetricians through the analysis of observations and findings, supports decision making and meets the requirements of Standard 6 should be used.

References

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