

## Appendix 1 – Intrapartum CTG Classification Sticker

INTRAPARTUM CTG REVIEW						Hywel Dda University Health Board
Date:		Time:		Primary midwife name: Role:		Reviewers name: Role:
Risk Factors						
Maternal HR:		Initial Baseline Rate:	Contractions/10 min:	Oxytocin Rate	Liquor Colour	
Baseline Rate	110-160bpm Appropriate for gestational age	Stable baseline / Rise in baseline >10%	Rise in baseline >10% / Unstable baseline	More time spent decelerating than at the baseline		Higher baseline than expected for gestational age
Variability	5-25bpm Cycling Digital scalp stimulation response present	5-25bpm Cycling	<5 or >25bpm (saltatory pattern)	<5 or >25bpm (saltatory pattern)		<5bpm for >50min Absence of cycling
Decelerations	No repetitive decelerations	Present (repetitive, variable or late)	Present (repetitive, variable or late)	Present (usually late)	Prolonged deceleration >3min	Shallow decelerations
Impression	No fetal hypoxia	Gradually evolving hypoxia (compensated)	Gradually evolving hypoxia (Decompensated)	Subacute hypoxia	Acute hypoxia	Chronic hypoxia
Clinical Management	No intervention necessary	Conservative measures, regular reviews 30-60 minutes	Immediate escalation Urgent intervention: Expedite birth if no improvements within 15 minutes	Immediate escalation. Correct reversible causes; birth if irreversible cause		Immediate escalation, consider expediting birth
<b>Other Diagnosis</b>		<b>Clinical Management</b>		Agreement in interpretation between first and second reviewer? Sign to confirm		
Chorioamnionitis (rise in baseline, reduced variability, possible lack of decelerations, loss of cycling.		Escalation, Sepsis 6 screening, antibiotics, consideration of the whole clinical picture		Yes		
Sinusoidal pattern >30 minute		Immediate escalation, no improvement; expedite birth		No: Additional senior review and discussion is required		
Poor signal quality		Consider application of an FSE				