## **Appendix 3 – Troubleshooting for Intrapartum Continuous Fetal Heart Recording**

Troubleshooting for Intrapartum Continuous Fetal Heart Recording	
Problem	Action
No fetal heart rate before the CTG is commenced	<ul> <li>The Senior Obstetric Doctor and Coordinator should be informed immediately</li> <li>A portable US machine should be brought to the bedside.</li> <li>Visualise fetal heart beating with ultrasound.</li> <li>Confirm fetal life</li> <li>Reposition US transducer</li> </ul>
Erratic recording, loss of contact with external transducer	<ul> <li>Perform Leopold's manoeuvres to locate fetal back</li> <li>Reposition US transducer over fetal back</li> <li>Readjust belt and apply enough gel over US transducer</li> <li>If recording still suboptimal, locate fetal heart with ultrasound and reposition US transducer</li> <li>If membranes ruptured and there are no contraindications, apply fetal scalp electrode.</li> </ul>
Erratic or no recording with FSE	<ul> <li>Confirm presence of fetal heart beat with ultrasound or auscultation using pinard or sonicaid</li> <li>Check that FSE wire is attached to the leg plate</li> <li>Check FSE connection to fetus and replace it if detached</li> <li>Check that external monitor is discontinued</li> <li>Transcutaneous Electrical Nerve Stimulation (TENS) may interfere with the acquisition of FHR signal.</li> <li>Call Senior Obstetrician and Senior Midwife and give full history and labour events to this point.</li> <li>Consider expediting birth if fetal wellbeing cannot be adequately confirmed</li> </ul>