



INTRAPARTUM CARDIOTOCOGRAPHIC ANALYSIS IN WOMEN WITH CONFIRMED CHORIOAMNIONITIS ON PLACENTAL HISTOPATHOLOGY

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INTRODUCTION:

Chorioamnionitis is often an unrecognised condition in labour. It is associated with poor maternal outcome including increase in caesarean section rate and poor neonatal outcome including increased admission of the babies to special care baby unit .
Physiological interpretation of CTG is an important tool in identifying CTG changes in chorioamnionitis.

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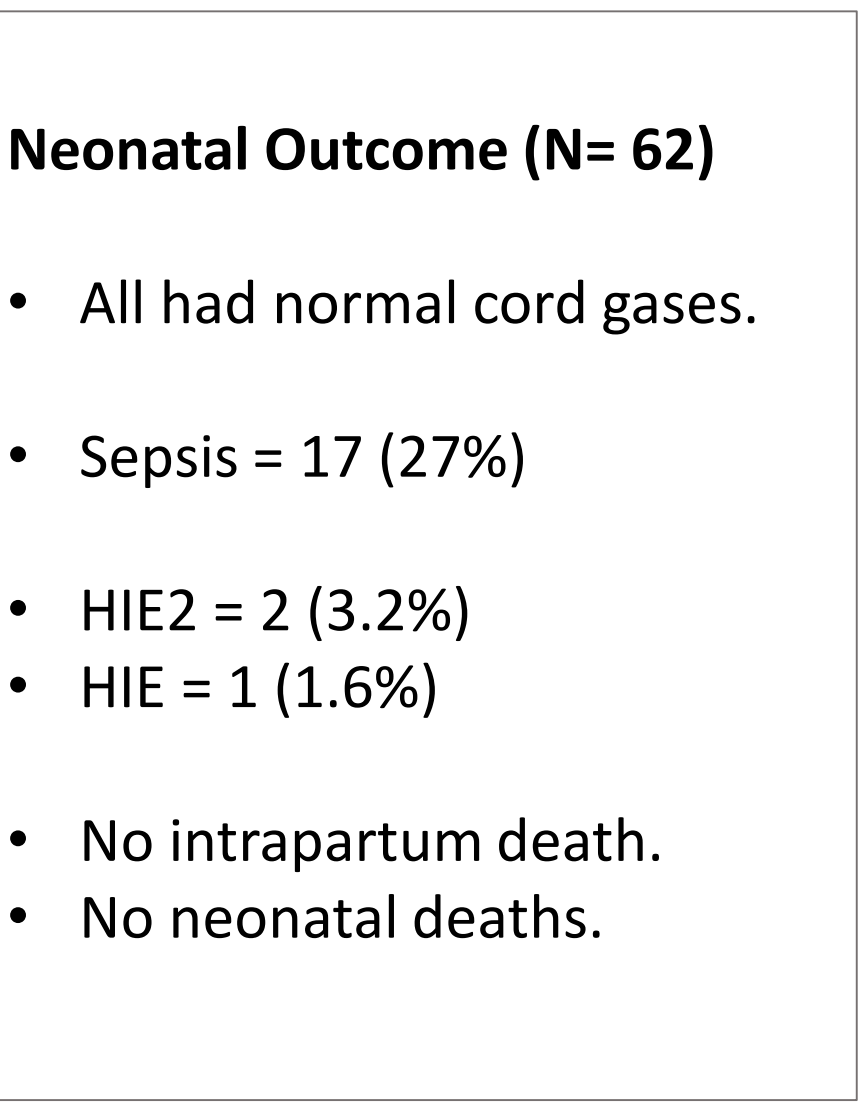
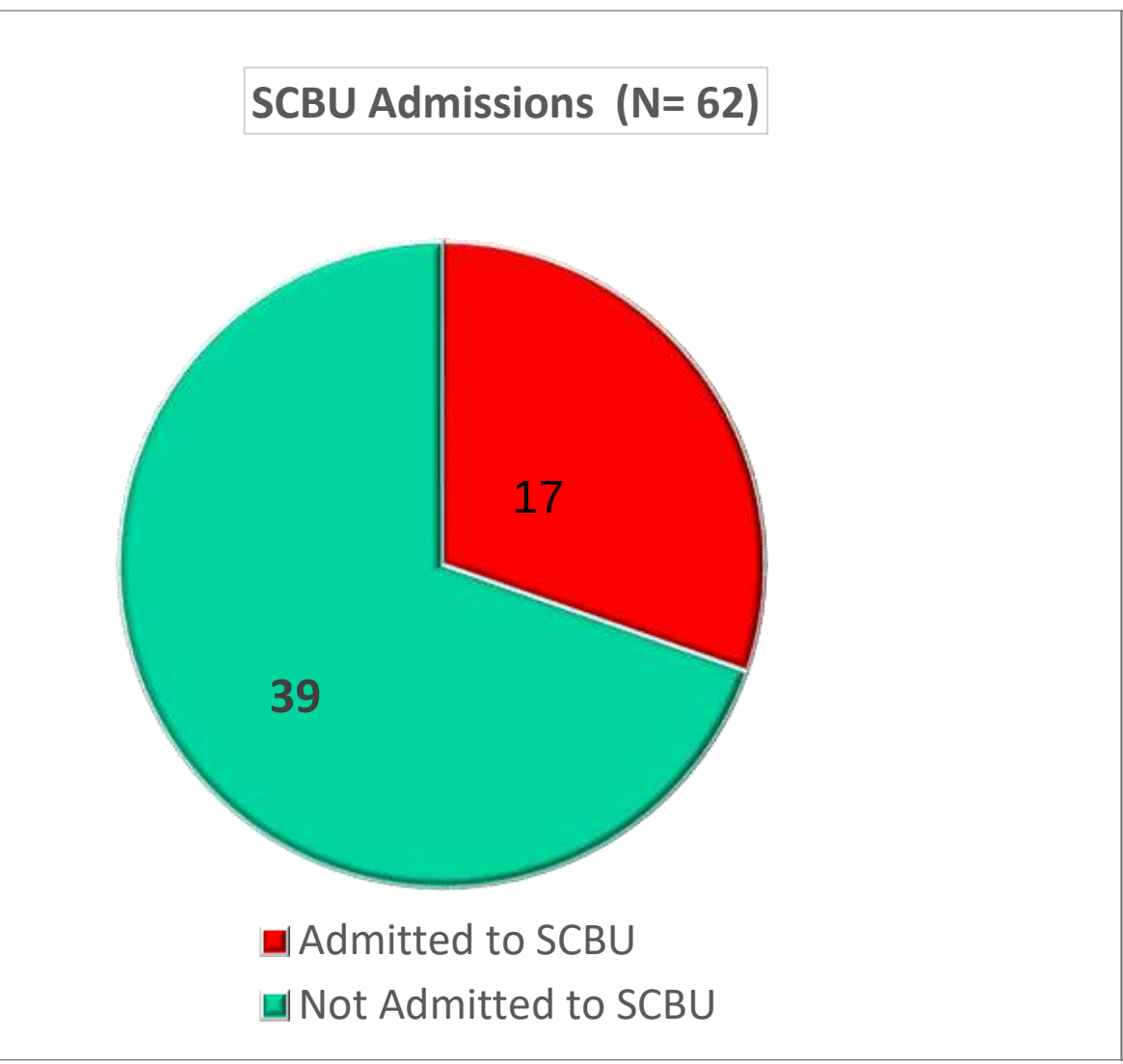
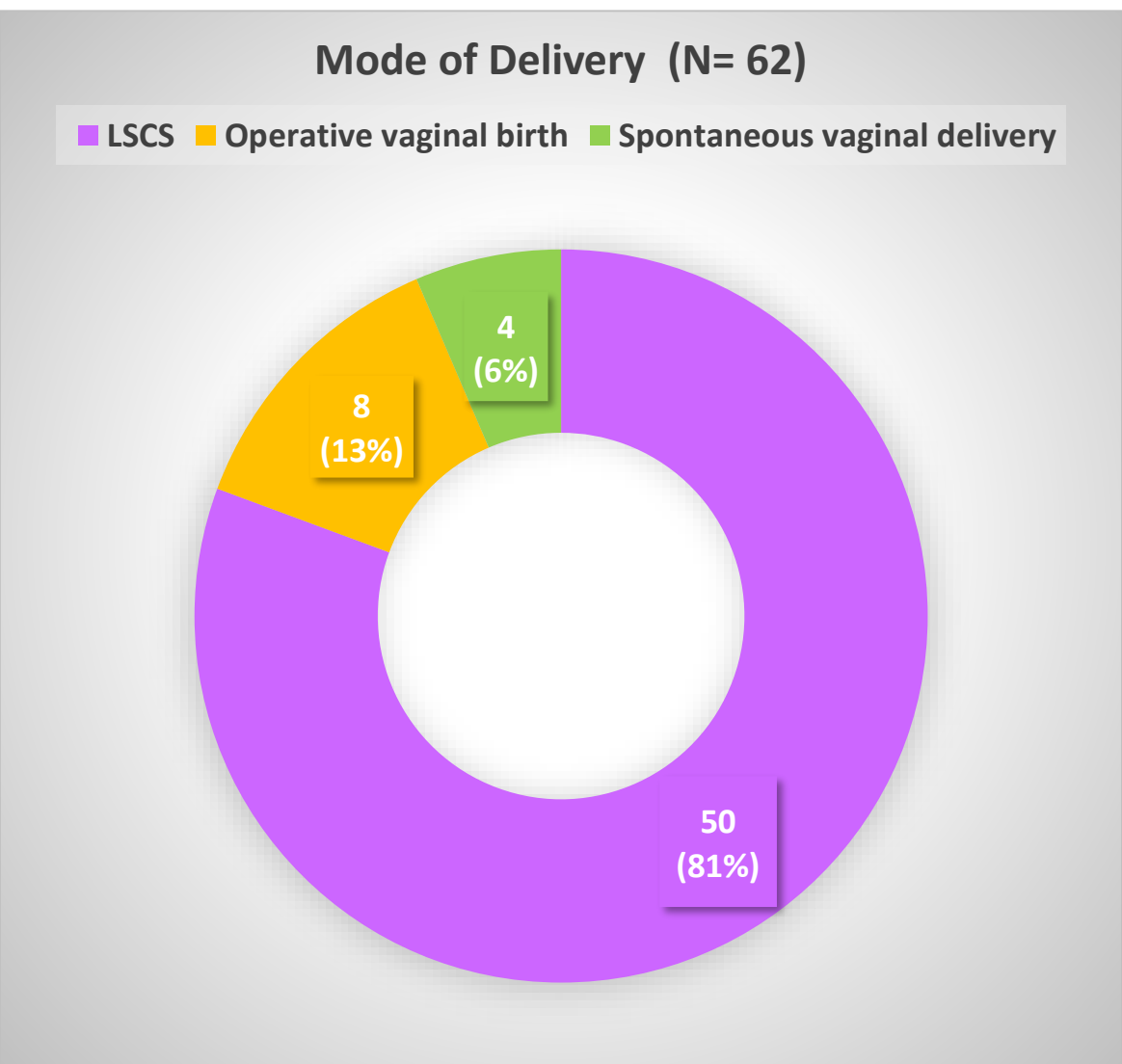
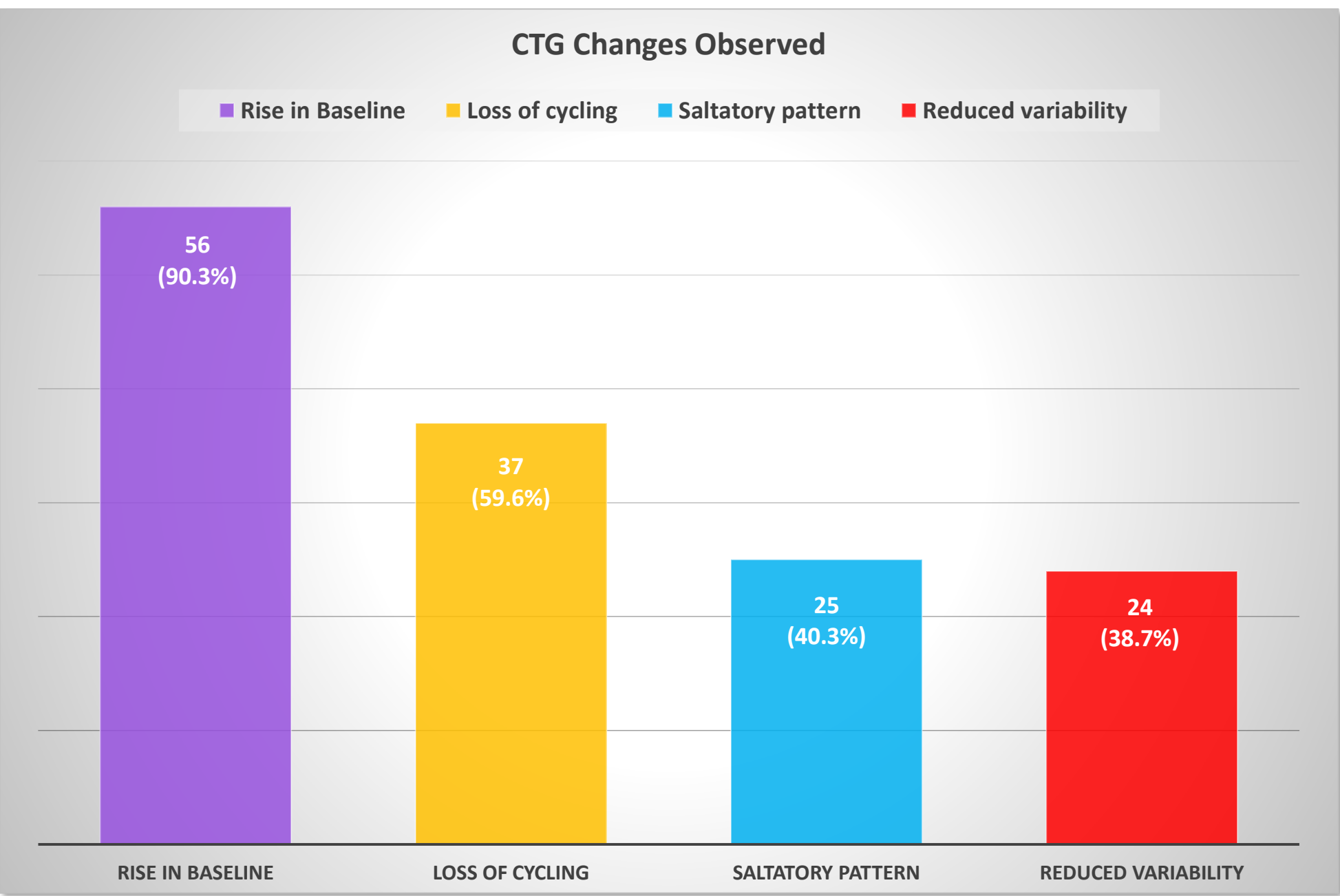
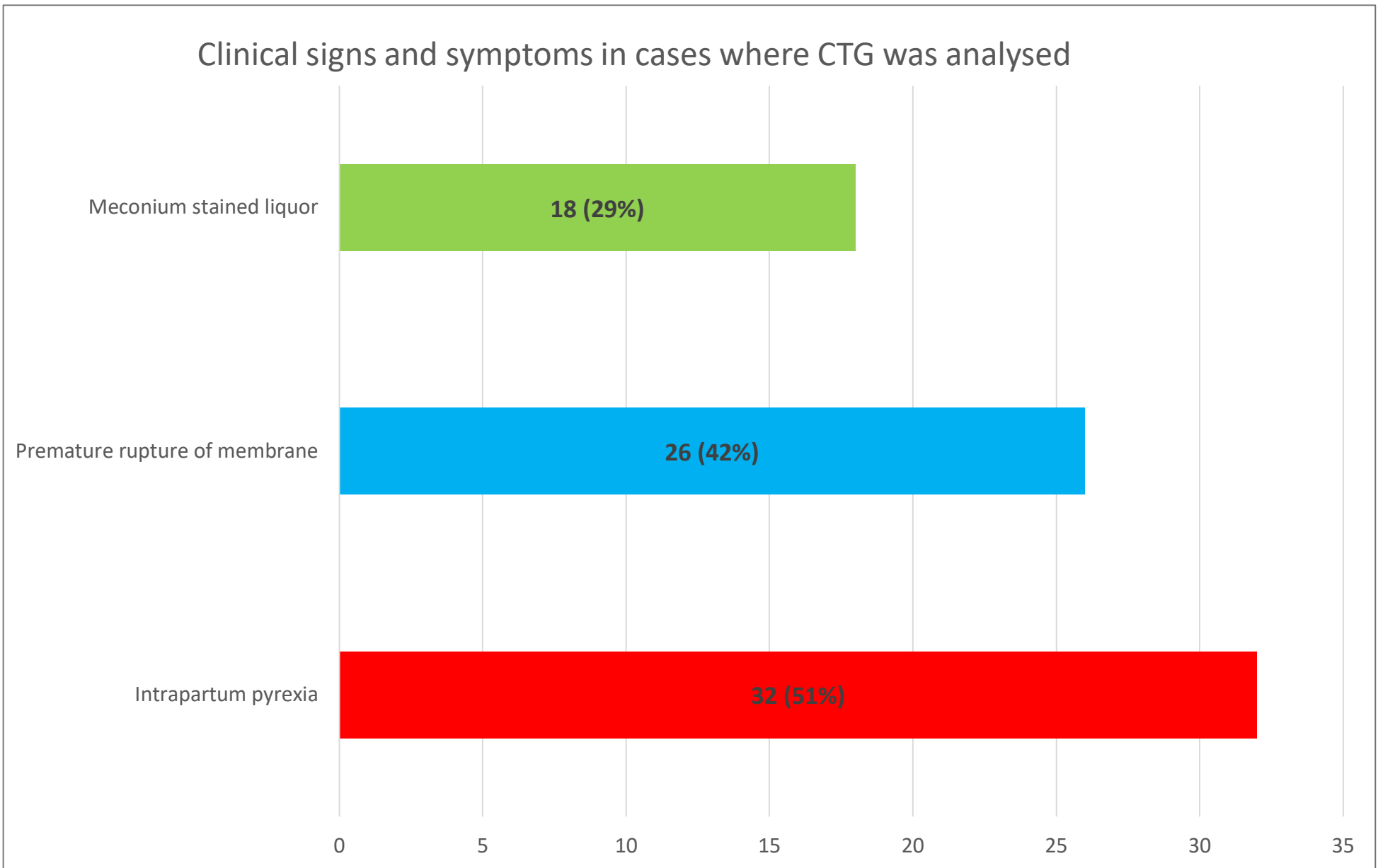
To evaluate Intrapartum cardiotocographic changes in women with confirmed chorioamnionitis on histopathology.

METHOD:

A Retrospective observational cohort analysis carried out in Aneurin Bevan University Health Board (which has an average delivery of 5500 per year) during a period of 5 years from January 2016 to June 2021.

Exclusion criteria : all preterm deliveries <28 weeks.
Intrapartum CTG has been analysed by two obstetricians.

The CTG features of chorioamnionitis are a persistent rise in baseline fetal heart rate of >10%, reduced variability, loss of acceleration, saltatory pattern and loss of cycling.



RESULTS:

We had 161 cases of confirmed chorioamnionitis on placental histopathology. 62 CTGs were analysed. Of these 32 (51%) women had intrapartum pyrexia, 26 (42%) had premature rupture of membrane and 18 (29%) had meconium-stained amniotic fluid.

56 (90.3%) women had >10% increase in baseline FHR, 37 (59.6%) had a loss of cycling, 25 (40.3%) had a saltatory pattern and 24 (38.7%) had reduced variability. 50 (80.6%) women had caesarean section and 17 (27.4%) babies were admitted to the special care baby unit.

CONCLUSION:

The CTG changes of chorioamnionitis in our study was similar to other existing literature on chorioamnionitis.
An increase in baseline fetal heart of >10% with loss of cycling was the most common CTG feature observed in women with confirmed chorioamnionitis.
High clinical suspicion of chorioamnionitis with physiological interpretation of CTG has helped in the timely delivery of these women with improved perinatal outcomes.

REFERENCE

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- 2) Intrapartum CTG patterns observed in suspected clinical and subclinical chorioamnionitis in term fetuses, The JOURNAL OF Obstetrics and Gynaecology Research, Vol 45, Issue 12, December 2019, Pages 2343-2350