

Physiological CTG abnormalities, misinterpretation rates and delays in decision to delivery interval in neonates with HIE

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Objectives:

- 1.To study the patterns of physiological CTG abnormalities in neonates affected with HIE
- 2.To study the misinterpretation rates and delays in decision to delivery interval

Design:

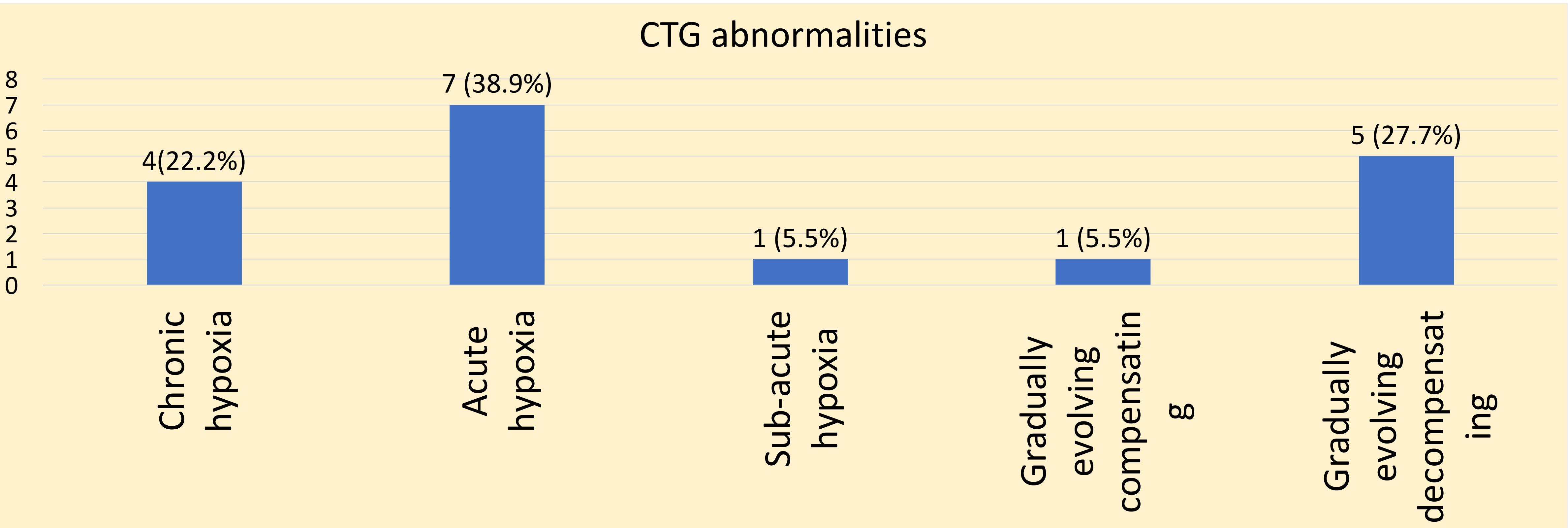
Retrospective audit (January 2021 to December 2023).

Method:

Data was collected through electronic case records. Out of 15,909 there were 19 babies with HIE born after 36 weeks of gestation. CTG was available for 18 patients. Therefore, 18 neonates with HIE and CTG abnormalities were included.

Results:

- 1. HIE rate in our hospital was 0.1% compared to the National standard of 0.1- 0.3% (1)
- 2. CTG abnormalities were observed in all 18 cases (100% vs 100% in Pereira et al) (2).
- 3. Misinterpretation rates in our audit was 4/18 (22.2%) vs 29 % national data (3).There was no delay in decision to delivery interval for Category 1 LSCS. 25% of Category II Caesareans were delayed



Recommendations:

- 1.All doctors and midwives need 100% compliance in attending fetal monitoring study days
- 2.Midwives to participate in weekly CTG teaching sessions,
- 3. To implement clear escalation protocols for delayed decision-to-delivery intervals
- 4. To open second theatre promptly in cases of delays.

Re-audit: One year

References: 1.RCOG, Each baby Counts progress report. 2018.
2.Pereira S, Patel R, Zaima A, Tvarozkova K, Chisholm P, Kappelou O etal. Physiological CTG categorization in types of hypoxia compared with MRI and neurodevelopmental outcome in infants with HIE. J Matern Fetal Neonatal Med. 2022; 35 (25): 9675-83.
3.RCOG. Each baby counts 2020. Final Progress Report (2021).

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