

Documentation audit on CTG from a large single tertiary hospital in India



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Background

CTG is the most commonly used method for monitoring fetal heart rate and uterine contractions . Correct documentation of CTG is crucial for effective clinical decision-making , improving patient outcome , early detection of potential risk and ensuring compliance with clinical guidelines

Aims

- Assess our compliance to the NICE and FIGO guidelines on documentation aspect of CTG recordings
- Identify potential gaps or deficiencies
- Provide recommendations
- To improve quality of care

Gold Standard

- NICE and FIGO guidelines on CTG documentation to determine the compliance level.

Audit Methodology

- 50 random CTG recordings were reviewed prospectively at Max Smart Saket Hospital, Delhi,India
- Audit was done from 1st October to 31stDecember 2024.
- We set at at-least 90% adherence as our minimum standard.

Audit Checklist	Compliance
1)Name / ID / Age of the patient noted	100%
2)Paper scale/min noted	100%
3)Starting & Finishing time of the CTG noted	100%
4)Maternal pulse noted	100%
5)Doctor signature noted on paper CTG	100%
6Plan of care documented in the electronic clinical notes	100%
7)Period of gestation noted with term or preterm noted	65%
8)Indication for CTG recorded	60%
9)Induction medication noted	60%
10)CTG interpretation noted	50%
11)Contraction noted in CTG	50%
12)Baseline of fetal heart rate noted	50%
13)Variability noted in CTG	50%
14)Acceleration noted in CTG	50%
15)Deceleration noted in CTG	50%
16)Maternal temperature and blood pressure noted	20%
17)Doctor name and designation recorded on paper CTG	10%
18)Maternal position noted	0%
19)Plan of care documented on CTG paper record	0%
20)Place where CTG stored documented	0%

Actions And Recommendations

- **Integration** of manual **paper CTG** recordings with existing **electronic clinical notes** for seamless clinical handovers and improved quality of care.
- Standardized integrated electronic checklist for CTG documentation.
- Daily QC machine check by designated staff .
- Doctor Stamps with name and designation for accurate documentation in paper CTG records.
- All paper CTGs to be stored in the designated place in hospital along with digital copies.
- Staff education and periodic audits.

Conclusion

- Suboptimal documentation of CTGs can contribute to poor fetal /maternal outcomes.
- In countries like India lacking dedicated midwifery care, identifying knowledge gaps is key to developing targeted interventions that improve outcomes and reduce emergency caesarean rates
- Additional serve as a valuable data resource for education and research.