Element 4: Effective fetal monitoring during labour

Carol Axon: Head of Midwifery
Does it include ensuring that all staff who care for women in labour undertake an annual training and competency assessment on cardiotocograph (CTG) interpretation/intermittent auscultation?

- Maternity annual mandatory training includes:
  - Completion of K₂ either acid base or CTG chapters
  - 5 cases from the training simulator. If score is <75% then discussion with individual
- Not always consensus with staff and CTG interpretation of cases.

- Personal experience of ‘testing’ knowledge following training – don’t concentrate on training – know a ‘test’ is coming. Challenging when very senior staff ‘fail’. Difficult to establish whether it makes a difference.
making use of a fresh eyes/buddy system to review cardiotocograph (CTG) interpretation/intermittent auscultation?

- Local guideline in place which includes:
  - the use of hourly systematic CTG review using a sticker or if there are changes to the CTG
  - the use of ‘fresh eyes’ every 2 hours or if there are changes to the CTG

Audited following clinical incidents.
a protocol for escalation if concerns are raised?

- Part of the local guideline – part of ‘fresh eyes’ approach
- Escalation to LW coordinator/SpR/Consultant

Challenges when the professional the concern is escalated too, does not agree or ‘act’ on the concerns – how do we ensure that staff are confident enough to escalate further?
Just a thought....

• Our experience
  • Primip attended stand alone birth unit in the latent phase – went home – when returned – no FH. History of good fetal movements
  • Primip attended LW in labour – no FH. History of good fetal movements

Fetal monitoring was not a factor and would not have prevented these SB’s.

• Prevention of morbidity – are we doing enough – how can we do better?