



The Royal Australian and New Zealand College of
Obstetricians and Gynaecologists

"Excellence in Women's Health"

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Audit Tool for Intrapartum CTG Fetal Surveillance

Date: _____ Patient ID: _____

1. What was/were the indication(s) for CTG monitoring?

a. antenatal risk factors Yes* No

*If yes please specify: _____

b. intrapartum risk factors Yes* No

*If yes please specify: _____

2. If the indication for CTG monitoring was not medical, who initiated the monitoring?

Doctor initiated

Midwife initiated

Patient initiated

3. Was admission CTG performed? Yes* No

*If yes, was the CTG Normal Abnormal

4. Was the use of a CTG in line with RANZCOG clinical practice guidelines?

Yes No

Please turn over →

-
5. Was there clear documentation on the CTG of:
- a. the patient's name? Yes No
 - b. the patient's hospital number? Yes No
-

6. Does the date and time on the CTG correlate with the date and times in the patient's/client's medical history? (ie. Are the date and time settings on the CTG machine correct?)
- Yes No
-

7. Is the CTG of generally high quality:
- a. with well recorded fetal heart rate? Yes No
 - b. with well recorded uterine activity? Yes No
-

8. Was the CTG : Normal Abnormal
-

9. If the CTG was abnormal:
- a. did it influence management? Yes No
 - b. did it influence/affect delivery? Yes No
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10. In the patient's history, is a written/stamped report of the CTG :
- a. present Yes No
 - b. appropriate/accurate Yes No
 - c. signed Yes No
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