Initial baseline: rate: ml/hr solutions rate: solution				Primary reviewer (name and role):				Good signal quality:	
Circle all that apply Diabetes				•				Fetal heart Yes / No Contractions Yes / No	
Diabetes >41/40 Meconium liquor Slow progress in labour No preparation No repetitive chemoreceptor Repetitive chemoreceptor Response to fetal scalp stimulation Accelerations No fetal hypoxia If 2 or more concerning features, consider decompensated management No intervention necessary Management Plan:	Risk factors:	MATERNAL	FETA	L	IN	ITRAPARTUM		FOR FIRST CTG ONLY	
Maternal tachycardia Maternal pyrexia >37.5° Other: Other: Positive features	(Circle all that	Pre-eclampsia	IUGR	or LGA	Pr	evious CTG cor	ncerns		
Maternal pyrexia >37.5° Other:	apply)	Diabetes	>41/4	10	М	econium liquor	-	Is there any evidence of chronic	
Other: Other: Other: Other: Other: Other: Ot		Maternal tachycardia	PRON	Л	Slo	ow progress in	labour	hypoxia?	
Positive features		Maternal pyrexia >37.5°	Signif	icant fetal abnormality	Si	gnificant APH		Yes / No / N/A	
Baseline rate Appropriate for gestation Rise >10% from initial baseline Variability S-25bpm Cycling maintained Cycling maintained Response to fetal scalp stimulation Accelerations No response to fetal scalp stimulation Accelerations No fetal hypoxia Compensated Gradually evolving hypoxia If 2 or more concerning features, consider decompensation or infection Clinical management No intervention necessary management Appropriate for gestation Rise >10% from initial baseline Spends most of the time away from baseline Compensated Gradually evolving hypoxia If 2 or more concerning features, consider decompensation or infection Conservative measures Review risk factors Consider escalation Consider delivery if no improvement Agreement with interpretation: Yes / No – If no, escalate Secondary reviewer (name and role):		Other:	Othe	r:		ther:			
Rise >10% from initial baseline		Positive features	Concerning f		featu	atures		Negative features	
Cycling maintained Cycling maintained Cycling maintained Cycling maintained Repetitive chemoreceptor Repetitive chemoreceptor Bradycardia Spends most of the time away from baseling Spends most of the time away from baseling Compensated Gradually evolving hypoxia If 2 or more concerning features, consider decompensation or infection Clinical No intervention necessary Conservative measures Review risk factors Consider decompensation Consider decompensation Consider delivery if no improvement Plan: Agreement with interpretation: Yes / No – If no, escalated Secondary reviewer (name and role):	Baseline rate	Appropriate for gestation					Unstable baseline		
Decelerations No repetitive chemoreceptor Repetitive chemoreceptor Bradycardia Spends most of the time away from baseling approximation and spends most of the time away from baseling Spends most of the time away from baseling approximation ap	Variability	5-25bpm		<5bpm 30-50 mins			<5bpm >50 mins		
Other Response to fetal scalp stimulation Accelerations Impression No fetal hypoxia Compensated Gradually evolving hypoxia If 2 or more concerning features, consider decompensation or infection Clinical management No intervention necessary Review risk factors Consider escalation Plan: Agreement with interpretation: Yes / No – If no, escalate Secondary reviewer (name and role):		Cycling maintained	Cycling maintained				<5bpm during prolonged decelerations		
Response to fetal scalp stimulation Accelerations	Decelerations	No repetitive chemoreceptor		Repetitive chemoreceptor			Bradycardia		
Impression No fetal hypoxia Compensated Gradually evolving hypoxia If 2 or more concerning features, consider decompensation or infection							Spends most of the time away from baseline		
Impression No fetal hypoxia Compensated Gradually evolving hypoxia If 2 or more concerning features, consider decompensation or infection Clinical management No intervention necessary Review risk factors Consider escalation Plan: Agreement with interpretation: Yes / No – If no, escalate Secondary reviewer (name and role):	Other	Response to fetal scalp stimulation		No response to fetal scalp stimulation					
Gradually evolving hypoxia If 2 or more concerning features, consider decompensation or infection		Accelerations							
Clinical No intervention necessary Conservative measures Immediate escalation Consider decompensation or infection	Impression	No fetal hypoxia		Compensated			Decompensated		
Clinical management Plan: Consider decompensation or infection Conservative measures Review risk factors Consider escalation Consider decompensation or infection Conservative measures Review risk factors Consider escalation Consider decompensation or infection Urgent interventions Immediate escalation Consider decompensation or infection Agreement with interpretations Secondary reviewer (name and role):							Acut	e, sub-acute hypoxia, gradually	
Clinical management No intervention necessary Review risk factors Consider escalation Plan: Agreement with interpretation: Yes / No – If no, escalate Secondary reviewer (name and role):					_		evo	lving hypoxia decompensated	
management Review risk factors Consider escalation Consider delivery if no improvement Agreement with interpretation: Yes / No – If no, escalate Secondary reviewer (name and role):				consider decompen	sation	or infection			
Plan: Secondary reviewer (name and role): Consider escalation Consider delivery if no improvement Agreement with interpretation: Yes / No – If no, escalate Secondary reviewer	Clinical	No intervention necessary		Conservative measures				Urgent interventions	
Plan: Agreement with interpretation: Yes / No – If no, escalate Secondary reviewer (name and role):	management			Review ris	k facto	ors			
Secondary reviewer (name and role):				Consider escalation			Cons	ider delivery if no improvement	
(name and role):	Plan:					Agreement v	with interp	retation: Yes / No – If no, escalate	
						Secondary re	eviewer		
						(name and role):			
NB- Chemoreceptor decelerations = late component or prolonged decelerations	NR- Chemorece	entor decelerations = late com	onent	or prolonged decelerat	ions	-			