



Cardiotocography (CTG) Monitoring Policy

1. Purpose

The purpose of the *Cardiotocography Monitoring Policy (policy)* is to mandate minimum requirements for cardiotocography (CTG) monitoring and interpretation of CTGs, and staff education for Health Service Providers that provide maternity services.

The aim of CTG monitoring is to identify signs of suspected fetal compromise to initiate management that may reduce or prevent fetal morbidity and mortality in pregnancies with identified clinical risk factors. This policy aims to improve perinatal outcomes and reduce the risk of adverse events associated with CTG monitoring clinical practices within Health Service Providers that provide maternity services.

This policy must be read in conjunction with the following:

- [MP 0175/22 Consent to Treatment Policy](#)
- [MP 0145/20 Information Storage Policy](#)

This policy is a mandatory requirement for Health Service Providers under the *Clinical Governance, Safety and Quality Policy Framework* pursuant to section 26(2)(c) of the *Health Services Act 2016*.

2. Applicability

This policy is applicable to Health Service Providers that provide maternity services.

The requirements contained within this policy are applicable to the services purchased from contracted health entities where it is explicitly stated in the contract between the contracted health entity and the State of Western Australia or Health Service Provider. The State of Western Australia or Health Service Provider contract manager is responsible for ensuring that any obligation to comply with this policy by the contracted health entity is accurately reflected in the relevant contract and managed accordingly.

3. Policy Requirements

Health Service Providers must develop local procedures in compliance with the Cardiotocography Monitoring Standard which include the following:

- minimum mandatory CTG monitoring education requirements which align to section 3 of the Cardiotocography Monitoring Standard
- maintaining a database capable of audit and reporting of individual clinician compliance with the mandatory CTG education requirements of the Cardiotocography Monitoring Standard

- maintaining a record of multidisciplinary clinical practice review meeting outcomes
- minimum mandatory CTG monitoring standards as outlined in sections 4.1 – 4.3 of the Cardiotocography Monitoring Standard
- use of documentation and terminology for interpreting and reporting of CTG recordings that is consistent with the minimum mandatory CTG recording and reporting standards in section 4.4 of the Cardiotocography Monitoring Standard
- CTG care management escalation requirements as indicated in section 4.5 and Appendix A of the Cardiotocography Monitoring Standard.

4. Compliance Monitoring

Health Service Providers are required to monitor their compliance with this policy using the Cardiotocography (CTG) Monitoring Compliance Audit Tool provided in the Standard.

The Chief Nursing and Midwifery Office (CNMO), on behalf of the System Manager, will require Health Service Providers to demonstrate that relevant staff have undertaken the required education and provide evidence that they meet the policy requirements using the audit tool provided. This data is to be provided at the end of January each year. The information will be used to evaluate the effectiveness of the policy.

Information on the number of Severity Assessment Code 1 and 2 incidents related to CTG interpretation and the actions taken to address the recommendations must also be provided.

The System Manager may also request additional information on compliance to ensure alignment with policy requirements.

5. Related Documents

The following documents are mandatory pursuant to this policy:

- [Cardiotocography \(CTG\) Monitoring Standard](#)

6. Supporting Information

The following information is not mandatory but informs and/or supports the implementation of this policy:

- [Intrapartum Fetal Surveillance Guideline Fourth Edition 2019. RANZCOG](#)
- [ACM National Midwifery Guidelines for Consultation and Referral 4th Edition](#)
- [Australian Commission on Safety and Quality in Health Care. The Australian Charter of Healthcare Rights: a guide for healthcare providers. 2nd Edition. 2019](#)
- [Australian Commission on Safety and Quality in Health Care. Shared Decision Making. 2019](#)
- [Australian Commission on Safety and Quality in Healthcare. Recognising and Responding to Clinical Deterioration Standard. 2019](#)

7. Definitions

The following definition(s) are relevant to this policy.

| Term | Definition |
|----------------------------------|---|
| CTG monitoring | Monitoring and assessment of fetal heart rate and uterine activity using cardiotocography. Can be conducted in the antepartum and intrapartum periods. |
| Identified clinical risk factors | Antenatal and intrapartum factors that increase risk of fetal compromise where intrapartum cardiotocography is recommended: Intrapartum Fetal Surveillance Clinical Guideline RANZCOG 2019 . |
| Maternity services | Specialised services that include the assessment and treatment of women and babies during pregnancy, labour, birth and the postnatal period. |
| WA health system | The WA health system is comprised of: (i) the Department; (ii) Health Service Providers (North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, WA Country Health Service, East Metropolitan Health Service, PathWest Laboratory Medicine WA, Quadriplegic Centre and Health Support Services); and (iii) contracted health entities, to the extent they provide health services to the State. |

8. Policy Contact

Enquiries relating to this policy may be directed to:

Title: Principal Midwifery Advisor
 Directorate: Chief Nursing and Midwifery Office
 Email: CNMO.CED@health.wa.gov.au

9. Document Control

| Version | Published date | Review date | Amendment(s) |
|---|-----------------|-------------|---|
| MP 0076/18 | 10 January 2018 | March 2021 | Original version |
| MP 0076/18 v.2.0 | 16 June 2021 | June 2024 | Policy review and amendments as listed below. |
| <ul style="list-style-type: none"> • Policy transitioned to the current Policy template. • Clarification provided on interpretation practices and audit requirements. | | | |
| MP 0076/18 v.2.1 | 1 October 2021 | June 2024 | Minor amendments as listed below. |
| <ul style="list-style-type: none"> • Update to Supporting information and policy contact email. | | | |
| MP 0076/18 v.3.0 | 16 August 2024 | August 2027 | Policy review and amendments as listed below. |
| <ul style="list-style-type: none"> • Policy title amended to include the abbreviation CTG. • Purpose section refined. The inclusion of Health Service Providers and mandatory policies to be read in conjunction with policy. • Applicability section amended for consistency with other CNMO policies. • Policy requirements updated and condensed. Inclusion of a new requirement for | | | |

multidisciplinary meetings. Audit information moved to compliance section 4.

- Compliance monitoring section updated to align with other CNMO policies and ensure clarification on what/how monitoring will occur.
- Related document: Cardiotocography (CTG) Monitoring Standard updated to clarify documentation and escalation processes.
- Definitions section: inclusion of a definition for 'WA health system.'
- Policy contact amended to reflect new policy ownership with the Chief Nursing and Midwifery Office.

Note: Mandatory policies that exceed the scheduled review date will continue to remain in effect.

10. Approval

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| Approval by | Dr David Russell-Weisz, Director General Department of Health |
| Approval date | 20 December 2017 |

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