

## **Proper documentation of Cardiotocograph (CTG): A retrospective audit in Mullaitivu DGH**

Raguraman S<sup>1</sup>, Niruthan T<sup>2</sup>, Kanagalingam A<sup>2</sup>  
*Faculty of Medicine University of Jaffna, <sup>2</sup>DGH Mullaitivu*

### **Introduction**

Cardio Toco Graph (CTG) plays a pivotal role in fetal heart rate and uterine contraction monitoring during antenatal and intrapartum periods. It is available and used by all Obstetric units in Sri Lanka. Proper documentation and interpretation are the mainstays of CTG monitoring.

### **Objective**

To evaluate proper documentation and interpretation of CTG by medical officers at DGH Mullaitivu.

### **Methods**

An institutional-based retrospective audit was carried out in DGH Mullaitivu. The samples comprised of intrapartum and antenatal CTG traces for three months duration. Data were collected from bed head tickets after informed consent and permission from the hospital administration. Data was analyzed and presented in a simple proportion. NICE guidelines on intrapartum care were used as a standard review tool. Since it is the first audit, the level of performance was set at 80%.

### **Result**

There were 449 CTG traces recorded during were analyzed. Documentation of date, time and name of the mother were present in all traces (100%). None of the records had recorded the maternal pulse rate. (0%). Quality of the trace in terms of fetal heart rate and toco were excellent in all CTGs. BHT number was documented in 80% (362) of traces, and baseline heart rate, variability, accelerations and decelerations were documented in 28.5% (128). The final interpretation was written only in 5.35% (24) CTGs. Action Plan was written only in 2.45% (11) CTGs. The responsible medical officer signed 46.10% (207) of CTGs.

### **Conclusion**

Documentation of Cardio Toco Graph was not satisfactory in this preliminary audit, but essential patient identification documented in all CTG traces.