

## **A00 Survey of CTG interpretation and training amongst obstetric anaesthetists**

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**Introduction:** A cardiotocograph (CTG) records fetal heart rate (FHR) either measured from a transducer on the abdomen or a probe on the fetal scalp. Possible effects of regional blockade during labour on the fetus which can be detected by CTG have been described.<sup>1</sup> It is essential that anaesthetists have adequate knowledge of intrapartum fetal assessment in order to comply with the Royal College of Anaesthetists guidance on competency-based training requirements.<sup>2</sup> There is currently no standardised CTG training module or methodology available for anaesthetists. This survey aimed to explore the level of knowledge and to quantify the extent of CTG training amongst OAA members.

**Methods:** We conducted an OAA approved, national survey, sent electronically to 1722 OAA members. Questions examined how confident respondents were in interpreting CTG, whether they had seen regional block affecting CTG in their clinical practice, and what training, if any, in analysing CTGs they had received. Respondents were also asked to give feedback on which training modalities might best address any deficits in knowledge.

**Results:** 692 responses were received (40.2% response rate). The majority of respondents were consultants (74.8%). 89.4% of respondents agreed that obstetric anaesthetists should have basic knowledge to interpret CTG but only 57% had any confidence in basic CTG analysis. 55.6% of respondents had undergone training sessions on how to analyse CTG. Of the 44.4% who had not received training, 77.1% would like to be trained. The sort of training felt to be most valuable in clinical practice was during rounds (31%), lectures (26.9%) and courses (23.2%).

**Discussion:** Most anaesthetists commented that basic knowledge of CTG is essential to allow an understanding of urgency of caesarean sections, crisis management, prioritisation of workload and aid communication between labour ward teams. While obstetricians always maintain the primary responsibility for making clinical decisions based on CTG abnormalities in obstetric emergencies, it is essential that we understand the obstetric context of our anaesthetic practice. Our survey respondents suggested an OAA approved e-learning module would be an innovative learning tool but the value of integrated learning with obstetricians and midwives during clinical work on the delivery suite cannot be underestimated. As the role of anaesthetists expands into the realms of perioperative medicine, obstetrics cannot lag too far behind.

### **References**

1. Abrao KC, Francisco RPV, Miyadahira S, et al. Elevation of uterine basal tone and fetal heart rate abnormalities after labor analgesia: a randomized controlled trial. *Obstet Gynecol* 2009;113: 41-7.
2. Royal College of Anaesthetists. Curriculum for a CCT in Anaesthetics. OB\_BK\_04: Recalls/describes how to assess fetal well being in utero. CCT in anaesthetics 2010. Edition 2. Version 1.6. pg B-52.