ABSTRACT

TITLE OF THE ABSTRACT: Intrapartum fetal monitoring and perinatal outcome

DEPARTMENT: Obstetrics and Gynecology

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DEGREE AND SUBJECT: MS, Obstetrics and Gynecology

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OBJECTIVES:

(I) To identify intrapartum abnormal fetal heart rate patterns using Cardiotocography and categorize according to NICHD 3-tier classification

(II) To identify CTG patterns associated with increased risk of neonatal depression

(III) To evaluate route of delivery among these women.

METHOD:

This study was prospective observational study where 191 antenatal women with singleton pregnancy ≥37 weeks, cephalic presentation, in labour, with CTG pattern categorized as Category II and III, were recruited. Interpretation was done by principal investigator. Routine management according to hospital protocol was continued. At delivery these babies were followed, 5 minutes Apgar, cord pH, NICU admission and neonatal problems were recorded.
RESULT:

Of total babies, 2 (1%) had an Apgar ≤ 7 and had category II CTG trace. Three babies had cord pH <7, 2 from category II and 1 from category III (P values >0.05). Sixteen babies required NICU admission, out of it 9 had category III trace (p value <0.0001). Neonatal problems were comparable in both categories (p value 0.8). Association between operative delivery and abnormal CTG was significant (p value 0.03).

CONCLUSION:

Possibility of depression at birth in case of both categories is comparable. Reduced variability and severe variable decelerations irrespective of the category are independent risks for neonatal depression.

KEY WORDS:

Intrapartum CTG patterns, cord pH, NICU admission, neonatal problems.