SCOPE DEFINITION

Guideline Title: *Intrapartum fetal surveillance (IFS)*

Scope framework	
Population	*Which group of people will the guideline be applicable to?* Pregnant women during the intrapartum period
Purpose	*How will the guideline support evidence-based decision-making on the topic?* Identify relevant evidence related to: • Risk factors (antenatal and intrapartum) indicative of the need for IFS • Clinical surveillance during the intrapartum period
Outcome	*What will be achieved if the guideline is followed?* *(This is not a statement about measurable changes / not SMART goals)* Support: • Accurate assessment of antenatal and intrapartum risk factors • Implementation of best practice IFS protocols
Exclusions	*What is not included/addressed within the guideline* • Operation and maintenance of CTG machines • Antenatal fetal surveillance • Other methods of IFS o Computer assisted interpretation of CTG o ST segment analysis and fetal pulse oximetry o Fetal electrocardiogram including ST analysis o Fetal pulse oximetry o Near infrared spectroscopy o Short-term variability measurement • Elements specific to Queensland Clinical Guideline *Standard care* • Elements included in other Queensland Clinical Guidelines

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Clinical questions

Question		Likely Content/Headings/Document Flow
Introduction		Communication
1.	What factors may indicate an increased risk for intrapartum fetal compromise	• Antenatal risk factors • Intrapartum risk factors
2.	What intrapartum fetal surveillance (IFS) recommendations are indicated for women with no risk factors?	• Intermittent auscultation o Indications o Modes (including equipment) o Auscultation o Frequency of monitoring o Management of abnormal findings
3.	What IFS recommendations are indicated for women with risk factors?	• Cardiotocography o Indications o Admission cardiotocography (CTG) o Modes (External, telemetry, internal)
4.	What is best practice with regards to CTG interpretation and subsequent action?	• Systematic method for interpretation • Review overall clinical picture • Frequency of review • Normal CTG features • Abnormal CTG features • Considerations for managing CTG: o Second stage of labour o Multiple pregnancy o Preterm labour o Intrauterine pressure catheter • Safety considerations • Management of abnormal CTG o Reversible causes o Further actions
5.	What adjunct testing may support identification of a fetus at risk during the intrapartum period?	• Fetal blood sampling • Fetal scalp stimulation • Paired umbilical cord blood testing o Indications o Collection methods and timing o Cord blood values o Interpretation and reporting of results

Potential areas for audit focus (to be refined during development)

Audit items will relate to the desired outcomes and the clinical questions

- What proportion of women with identified risk factors were recommended a CTG during labour?
- What proportion of women without identified risk factors were recommended IA during labour?
- What proportion of women had CTG interpretation included in bedside handovers?
- What proportion of neonates had paired (arterial and venous) umbilical cord blood gas analysis taken after birth based on identified criteria?