

Use of the Oxford Dawes-Redman computerised CTG analysis system around labour

This document address queries frequently received regarding the use of the Oxford Dawes-Redman computerised CTG (DR-cCTG) in labour, latent labour, induction of labour or after the 'Stretch and Sweep' procedure.

Most importantly: The DR-cCTG was **not designed** for use around labour. However, it is clinically difficult to define when labour begins. All professionals can find this difficult to assess at times.

Given this uncertainty, we recommend Dawes Redman **should not be** used in this context, including the latent phase of labour. The relationship between computerised FHR patterns around labour and outcomes is not clearly defined compared to when the woman is certainly not in labour.

The use of vaginal prostaglandins and in the general context of induction of labour:

1. DR-cCTG can be used before the first vaginal prostaglandin is given providing there is **no coordinated uterine activity**. A post vaginal prostaglandin DR-CTG can be performed provided there is **no uterine activity of any description**.
2. DR-cCTG can be used before or after a 'stretch and sweep' procedure provided there are **no signs of latent or early labour**. This also applies to mechanical (non-pharmacological) methods of cervical dilatation e.g. Foley catheters or Dilapan.
3. DR-CTG is particularly useful during induction of labour, in association with fetal growth restriction subject to the caveats above.

Importantly, if previous uterine activity (e.g. contractions) indicative of labour has been observed within the same clinical presentation or visit of the patient, **DR-cCTG should not be used**, even if no uterine activity is currently occurring.

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