

Re-Visiting Intra-Partum Electronic Fetal Monitoring and Fetal Brain Damage

George Gregory Buttigieg*

University of Malta, Malta

***Corresponding Author:** George Gregory Buttigieg, Consultant Obstetrician and Gynaecologist, Malta.

Received: September 26, 2017; **Published:** October 16, 2017

The role of electronic intra-partum fetal heart monitoring and its association with any resultant fetal brain damage at birth is an extremely crucial to examine, one both clinically and medico-legally.

Firstly, one must admit that in the current clinical status quo, intra-partum fetal monitoring may *not* be dispensed with, in any high risk labour. Anybody who is ready to dismiss the role of such monitoring is being short sighted, at best. Having stated this, there is no doubt that the oft witnessed assumption that CTG monitoring may casually predict the intra-partum well-being of the child in utero, may be equally misleading. Also misleading may be the conclusion that a CTG pattern, out-with normally accepted parameters, explains the causation of a brain damaged neonate. This may also include those cases where such a CTG tracing is backed by fetal blood acid-base studies. It may well be that an abnormal CTG tracing, backed by an abnormal fetal acid base status, *does* imply negligence at law, but, still, such evidence of hypoxia may not be the causative factor of, say, Cerebral Palsy.

Lawyers might interpret this as double talk to save an obstetrician's skin. Far from it. I have repeatedly published Court case examples, where the specific jurisprudential conclusion leaves much to be understood, in cases where liability seems clinically likely, *contrary* to the venerable Court's final conclusion. However, there are other situations where the Court recognises that negligence is proved on the basis of abnormal CTG tracings and abnormal fetal acid-base studies and subsequently, the "link" is casually and causally made to Cerebral Palsy.

An obstetrician may indeed deserve severe censure for negligence, but the "link" may not withstand scientific scrutiny. An indication of this point may be gleaned from the advice published by the American College of Obstetricians and Gynaecologists Task Force reports of 2003 and 2014. In its official criteria of establishing Hypoxic Ischaemic Encephalopathy (HIE), the ACOG stresses the need of evaluation of other parameters such fetal brain neuro-imaging and the effects of hypoxia on other fetal organs. CTG monitoring is not even included in the core group of establishing HIE, but forms part of the second tier of evidence.

Intra-partum CTG monitoring is likely to be with us for the foreseeable future. This does not mean that the "link" should not be questioned both at clinical and medico-legal levels. In fact, applying the ACOG Task Force criteria at a pre-trial stage, would go a long way in preventing long, expensive and damaging Court cases. Guaranteeing justice is difficult in a world shackled by human limitation, but, such a step comes closer to it.

Volume 8 Issue 4 October 2017

©All rights reserved by George Gregory Buttigieg.