Re: Estimation of neonatal outcome artery pH value according to CTG interpretation of the last 60 min before delivery: a retrospective study. Can the outcome pH value be predicted?

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Dear Editor,

I read the article of Kundu et al. [1] with great interest as it generates a very interesting debate among obstetricians.

Clinicians now argue that pattern recognition of CTG should be given more importance and relying less on tools like fetal blood sampling (FBS) in labour [2]. However, on the other hand clinicians argue [3] that intrapartum asphyxia is lowest (0.5–0.6%) in the Scandinavian countries among other developed countries and they give credit to good CTG interpretation and complementing FBS (being scalp pH or lactate) as a predicting tool for fetal well being in labour.

Irrespective of the above debate, there is no doubt whether CTG interpretation is used solely as predictor of neonatal outcome or complemented by additional test, the one common factor between both groups is good training and reliable interpretation of CTG. This study by Kundu et al. [1] after evaluation of 300 CTG by multidisciplinary staff with different skill sets (independent of professional experience), provide us the evidence that; a significant difference was found between the CTG analysis and its correlation with estimated pH pre-delivery and actual pH value in umbilical artery pH post-delivery. So intervention solely on the basis of CTG pattern recognition (even by experienced clinicians) without back up of predicting tool (scalp pH or lactate) in labour may not be a good idea in context of risk management and litigation in obstetrics.

Common assumption is that in the hands of less experienced clinicians, intervention during labour in distressed fetus on the basis of CTG pattern recognition or after FBS will be high and this study [1] provide a common ground to some extent in this regard, since authors found that intraobserver variability in terms of intervention was significantly higher for the resident.

Author contributions Dr. Junaid Rafi is the only author of this letter to editor.

Compliance with ethical standards

Conflict of interest The author declares no competing interest.

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