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Foetal electrocardiograph (ST-analyser or STAN) for intrapartum foetal heart rate monitoring: a friend or a foe?

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Abstract

Cardiotocograph (CTG) is associated with a high false positive rate of up to 60% which may increase the risk of unnecessary intrapartum interventions (emergency caesarean sections or operative vaginal deliveries) without any significant benefits. A recent study on variation of caesarean section rates in England has concluded that there was a very wide variation even in the adjusted rates of caesarean section from 14.9% to 32.1%. Cochrane Systematic Reviews have concluded that the use of FBS does not reduce caesarean section rate or any pre-specified neonatal outcomes. Fetal ECG (ST-Analyser or STAN) has been used in the clinical practice for more than 20 years. Although, initial randomised controlled trials (RCTs) showed great promise regarding the role of STAN in reducing operative delivery rates (instrumental vaginal births and emergency caesarean sections) and neonatal metabolic acidosis, subsequent studies have questioned the role of STAN in clinical practice. A recent meta-analysis which included six randomised controlled trials (a total of 26,446 women) has concluded that there was a 36% reduction in the rate of neonatal metabolic acidosis. Practising clinicians currently face a dilemma as to whether STAN has a place in contemporary obstetric practice or whether it?s use should be discouraged and discontinued.

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