

CTG check list (attach to start of CTG trace)

Reason for CTG:		
Date:	Date set correctly on CTG? (tick)	
Time:	Time set correctly on CTG? (tick)	
Name:	Paper speed set to 1cm per min (tick)	
Hospital number: (or attach addressograph)	Centralised monitoring commenced (tick)	
	Gestation:	
	Maternal pulse (rate):	
	FH auscultated prior to CTG (rate):	

Attach to end of CTG trace

Mode of birth:	Date of birth:
Signature:	Time of birth:

