

Is CTG after term useful to avoid stillbirths?

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Objective. To establish a possible link between intrauterine fetal death in fetus > 36 weeks in low risk pregnancies and the use of antepartum CTG.

To evaluate the correct timing of first access to GAT (ambulatory for full-term pregnancy) for patients with a low-risk pregnancy (currently at about 37-38 weeks after telephone evaluation).

To assess medical checks (at present at 40 week+1 day and 41 week+1 day with eco office TA and CTG) and timing of induction of labor after term.

Materials and Methods. We selected all patients with a low-risk pregnancy afferent to the Gynecology and Obstetrics Department of the University of Chieti, from 1st June 2018 to 31st August 2022 from 37-38 weeks of pregnancy. After a first

check at 38 week we planned a medical check at 40 week+1 day and 41 week+1 day with eco office TA and CTG. Then from 1st June 2018 to 31st August 2022 patients were selected from hospital discharge records using Code v271 (stillborn). Women with low risk pregnancy who received a diagnosis of intrauterine fetal death after 36 weeks were included.

Results. 5103 Deliveries, 33 stillborn (0.64%), 9 over 36 weeks (27%), no one after 40 weeks, only 6 with no comorbidities (18%).

Conclusions. Retrospectively we observed that intrauterine fetal death happened for the majority of cases in women who had not logged in to GAT before 36 weeks of pregnancy.

Should we anticipate GAT access? Are two antepartum CTG in low-risk pregnancies enough for fetal well-being surveillance? We need to evaluate if a change in management is required.