

Description

Fresh Eyes on CTG Reviews: What Clinicians Really Think

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Summary

This blog, the second in a series, reports findings from a survey exploring clinicians' experiences of "fresh eyes" cardiotocography reviews. The survey aimed to understand how the practice is perceived, whether it is felt to improve safety, and views on its continued place within the Saving Babies' Lives Care Bundle Version 3.

Findings reveal diverse perspectives. While many clinicians describe "fresh eyes" as reassuring and supportive of shared interpretation, others question its feasibility, added value, and impact on safety. The results contribute to wider discussions about meaningful, evidence-informed intrapartum fetal monitoring practices.

Read part 1: Fresh Eyes on CTG Reviews: Time to Reflect and Rethink?: https://www.all4maternity.com/335855-2/

Introduction

"Fresh eyes" cardiotocography (CTG) reviews were introduced across many NHS maternity services to support safer intrapartum fetal surveillance. The principle is simple: a second clinician reviews the CTG every hour to reduce misinterpretation caused by cognitive bias, fatigue, or habituation.

Despite this intuitive appeal, evidence demonstrating improved clinical outcomes remains limited. Staff experiences are

also mixed, with some clinicians valuing the collaboration and reassurance offered, while others feel the process adds pressure or becomes difficult to maintain during busy shifts. As one respondent reflected: *"Sometimes helpful, sometimes just added pressure depending on the shift."*

The National Institute for Health and Care Excellence (NICE) also references the "fresh eyes" approach. Recommendation 1.3.6 advises that an "in-person review of every hourly CTG assessment should be carried out by another clinician ("fresh eyes") completed before the next assessment takes place". While the guideline endorses the principle of shared interpretation, it does not define how this should be operationalised or audited, leaving scope for variation in local implementation. This lack of operational detail may help explain the differing ways the practice is understood and used across NHS Trusts.

In April 2025, during a national online launch event facilitated by NHS Resolution,[2] the Maternity Incentive Scheme (MIS) Year 7 guidance confirmed that "fresh eyes" reviews would no longer be included as a formal audit requirement for Saving Babies' Lives Care Bundle Version 3 (SBLCBv3) compliance.[3] This prompted renewed curiosity about how clinicians experience "fresh eyes" and whether the practice remains useful or sustainable.

To explore current views, this survey gathered insights from NHS staff engaged in intrapartum care across the UK.

Method

The survey was distributed via professional networks and social media, with NHS sign-in required for participation. Responses were collected anonymously and included closed questions, multiple-choice items, and free-text responses about experiences, perceived benefits, challenges, and views on policy changes.

Quantitative data were analysed descriptively. Free-text responses were reviewed using inductive thematic analysis to identify prominent themes.

A total of 95 respondents completed the survey.

Findings

Who Responded? (n = 95)

- 81% Midwives
- 17% Student midwives
- 1% Obstetrician

Familiarity with "Fresh Eyes"

- 92% Very familiar / use regularly
- 6% Somewhat familiar
- 2% Aware but not involved

Does it Improve Safety?

- 46% Yes, to some extent
- 20% Yes, significantly
- 26% No
- 7% Unsure

Several respondents described value in shared interpretation, one noting:
"Helpful in double-checking interpretation and reassuring for staff."

Others expressed uncertainty, such as:
"It doesn't change outcomes."

Feelings About the Practice

- 35% Neutral / mixed
- 21% Positive
- 15% Negative
- 11% Would change the process
- 5% Feels like policing

Comments reflected this diversity. Some described the process as supportive:
"It provides an opportunity for junior staff to get input without fear of escalation."

Others viewed it more critically:
"Feels like policing practice."

A number expressed ambivalence shaped by workload:
"There's nothing 'fresh' about my eyes when doing six an hour."

Challenges in Using Fresh Eyes

- 65% Yes — challenges encountered
- 35% No challenges

Common issues included workload, staffing, hourly timing, and locating a second reviewer. One respondent summarised:
"It takes you away from your own labouring woman."

Another reflected on inconsistency:
"A review may happen outside and not at the bedside, which limits its value."

Views After Removal from Audit Requirements

- 65% No change in view
- 14% More appropriate to remove
- 12% Concerned by removal
- 10% Unsure

Should Fresh Eyes Remain in SBLCBv3?

- 63% No
- 22% Yes
- 15% Unsure

While the majority felt it should not remain in the care bundle, a significant minority perceived ongoing value.

Discussion

Survey findings indicate that perceptions of "fresh eyes" are shaped by a combination of individual experience, local culture, and wider service pressures. Many respondents valued the reassurance and shared responsibility inherent in the process, while others questioned whether hourly reviews add meaningful benefit compared with other safety interventions.

Following publication of the previous blog on this topic,[4] several midwives from the UK Fetal Monitoring Leads Network (FMLN) contacted me to share that the group had approached the SBLCBv3 team to express concerns about the workload associated with auditing "fresh eyes" compliance. From their perspective, auditing the standard represented a disproportionate use of fetal monitoring leads' time in comparison with other priorities. While there are multiple audits required for organisational assurance, my own view is that if "fresh eyes" is considered an important and integral part of intrapartum care, then meaningful audit should remain in place. A more sustainable approach would be for NHS Trusts

to ensure dedicated audit capacity, such as specialist midwife roles with explicit responsibility for SBLCBv3 audit, rather than locating this work within fetal monitoring lead roles, whose expertise may be better utilised in education, support, and clinical oversight.

More broadly, many of the challenges described by respondents relate not to the principle of shared review itself but to the practical reality of sustaining hourly processes within a highly pressured maternity environment. Staffing, workload intensity, and variation in skill mix all influence how feasible “fresh eyes” feels.

The removal of “fresh eyes” from MIS audit indicators reflects a national pivot towards strengthening training, competency assessments, and outcome-based measures. This shift may allow more time and energy to be directed towards interventions with stronger evidence of impact, while still recognising the inherent value of collaborative interpretation.

Conclusion

This survey offers a rich and balanced insight into the varied experiences of clinicians using “fresh eyes” CTG reviews in practice. While some respondents described the process as beneficial and reassuring, others questioned its feasibility, impact, or continued place within national guidance.

What is clear is that clinicians are deeply committed to improving intrapartum fetal monitoring through approaches that are both evidence-informed and realistic within busy maternity units. As national maternity safety policy continues to evolve, understanding how frontline staff experience these processes will remain essential in shaping practices that are safe, supportive, and sustainable.

Recommendations for Practice and NHS Trusts

1. Ensure adequate workforce capacity to deliver hourly “fresh eyes” reviews as recommended by NICE

NICE advises that every hourly CTG assessment should be reviewed in-person by another clinician. To achieve this consistently Trusts should:

- Staff labour wards and triage areas sufficiently to allow timely shared review.
- Ensure processes support bedside review rather than remote or retrospective checking.
- Consider rostering models that support availability of experienced clinicians for review.

2. Resource dedicated audit capacity rather than placing responsibility on fetal monitoring leads

Since NICE includes “fresh eyes” within its recommendations, meaningful audit becomes an essential component of clinical governance.

Trusts should therefore:

- Establish specialist midwife audit roles, or
- Allocate dedicated SBLCBv3 audit time within existing governance teams,
- Avoid relying solely on fetal monitoring leads, whose expertise is more appropriately used for training, escalation support reviews, and improving practice.

3. Support high-quality CTG interpretation through multidisciplinary training

Survey results showed clinicians value shared interpretation more than the hourly “fresh-eyes” requirement itself. NICE emphas CTG interpretation within the broader context of hourly holistic assessment.

Trusts can strengthen this by:

- Providing regular MDT CTG training, including human factors and situational awareness.
- Using simulation to practice escalation pathways and joint decision-making.
- Ensuring staff are confident to request timely input, not just at hourly intervals.

4. Embed “fresh eyes” review into holistic hourly assessment rather than treating it as a stand-alone task

Clinicians noted that when fresh eyes is separated from bedside assessment, its value diminishes.

Trusts should:

- Incorporate fresh eyes directly into NICE’s hourly maternal and fetal assessment framework.
- Encourage reviews that consider the full clinical picture, not just the trace in isolation.
- Avoid models where the second review is conducted away from the bedside.

5. Review local implementation to improve efficiency, clarity, and staff experience

Even though NICE recommends hourly review, the way it is carried out can vary significantly. Trusts may wish to:

- Clarify local expectations for documentation and escalation.
- Streamline processes to minimise administrative burden.
- Foster a supportive rather than supervisory culture (respondents described feeling “policed”).
- Ensure psychological safety so staff feel comfortable asking for or offering a review.

6. Continue gathering staff feedback and reviewing intrapartum monitoring outcomes

Given the variation in how “fresh eyes” is understood and implemented:

- Trusts should periodically evaluate staff experience and the impact of shared review on intrapartum care.
- Mechanisms such as surveys, debriefs, and case reviews can support this.
- Trusts should also monitor relevant outcome indicators (NICE and SBLCBv3 aligned).

References

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Category

1. News & Views

Tags

1. fetal monitoring
2. intrapartum care
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