Objectives
To assess the association between fetal cerebroplacental ratio (CPR) and intrapartum fetal compromise (IFC) in the setting of induction of labour.

Methods
Prospective observational cohort study in 151 consecutive singleton pregnancies with scheduled induction of labour at term. Pregnancies with estimated fetal weight or abdominal circumference below the 10th percentile for gestation, pre-eclampsia, fetal abnormality or aneuploidy were excluded. Umbilical artery pulsatility index (UA PI), middle cerebral artery PI (MCA PI), CPR, normalized umbilical vein blood flow (nUV) and mean uterine arteries pulsatility index (Ut PI) were assessed within 3 hours before induction of labour. The primary outcome was the need for operative birth (either CS or instrumental) for IFC (persistent class II or III fetal heart rate pattern according to the ACOG classification, not corrected by intrauterine resuscitation). Participants and clinicians were blinded to the ultrasound results.

Results
Graphs show that CPR was not significantly different from controls neither among fetuses delivered for suspected IFC nor in those with acidosis (umbilical artery pH <7.00). Moreover, CPR did not show a significant correlation with umbilical artery pH (r=0.0623, p=0.476). The same applied to the other fetal parameters.

Conclusion
A prediction model to detect intrapartum acidosis in normally grown fetuses at term, before induction of labour, using CPR as surrogate for the development of intrapartum acidosis, is likely to be unsatisfactory.