

# Do the right thing... ...at the right time

**SonicaidFetalCare provides an objective, quantitative, and consistent assessment of fetal condition - physicians can rely on a large database of collective experience to support their own visual assessment.**

**SonicaidFetalCare** measures and displays short-term variation (STV) of FHR which cannot be determined visually but has been shown to correlate with the development of acidaemia and intra-uterine death.

Full recording at a glance, a compressed trace provides a complete overview with statistical results and acceleration / deceleration indications.

Trend graphs for easy to read results and progress means that subtle changes in serial recordings are easier to identify.

Full twins monitoring for added reassurance in higher risk multiple pregnancy.

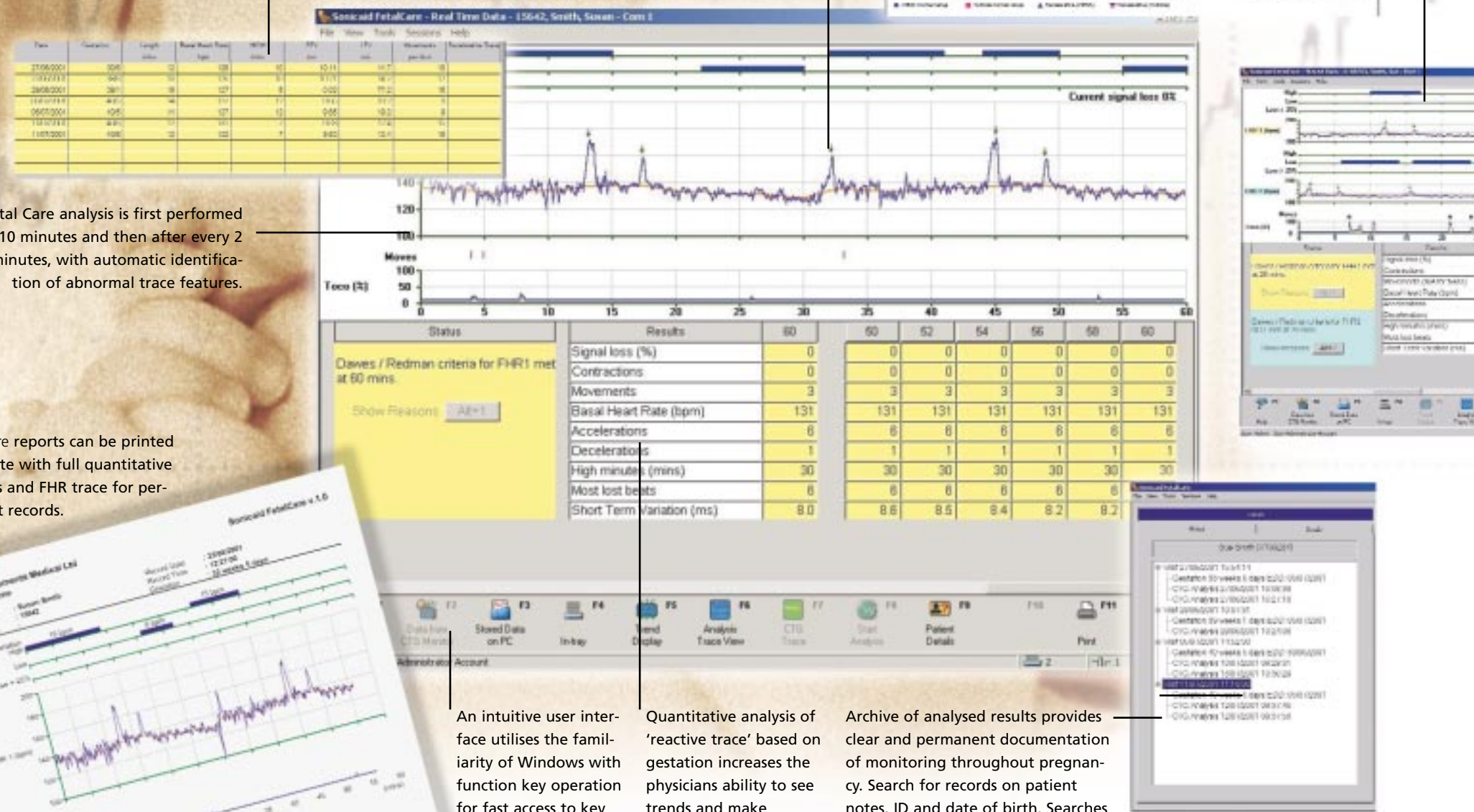
Fetal Care analysis is first performed at 10 minutes and then after every 2 minutes, with automatic identification of abnormal trace features.

FetalCare reports can be printed complete with full quantitative analysis and FHR trace for permanent records.

An intuitive user interface utilises the familiarity of Windows with function key operation for fast access to key tasks.

Quantitative analysis of 'reactive trace' based on gestation increases the physicians ability to see trends and make informed decisions.

Archive of analysed results provides clear and permanent documentation of monitoring throughout pregnancy. Search for records on patient notes, ID and date of birth. Searches can be date filtered eg. "last two weeks".



## FHR Monitoring

Up to four FHR monitors can be connected simultaneously (2 via modems) to **SonicaidFetalCare** for either singleton or twins monitoring. Previously recorded traces can be viewed with real time FHR to enable easy comparison using any **SonicaidTeam** monitor.



## Remote Monitoring

For at-risk mothers still based at home, a remote monitoring capability enables FHR analysis without the need for relocation to the antenatal clinic. When receiving a suspect trace, clinicians are able to take immediate action based upon accurate clinical assessment of the fetus using **SonicaidTeamDM**.



**Sonicaid**  
FetalCare

## Remote Access

Obstetricians away from the antenatal clinic can 'dial in' to consult on recorded traces increasing departmental flexibility and efficiency.

## Criteria for normality (Dawes / Redman)

1. The recording must contain at least one episode of high variation.
2. There must be no decelerations larger than 20 lost beats if the recording is shorter than 30 minutes, or larger than 100 lost beats if the recording is longer than 30 minutes and all other criteria are met.
3. The basal heart rate must be 116-160bpm if the recording is shorter than 30 minutes.
4. There must be at least one fetal movement or three accelerations > 10bpm.
5. There must be no evidence of a high-frequency sinusoidal rhythm.
6. The Short Term Variation must be greater than 3.0ms, but if it is less than 4.5ms their must be at least one episode of high variation for which the mean minute range is above the third centile for gestational age.
7. There must be at least one acceleration > 10bpm, or a fetal movement rate of at least twenty per hour and an episode of high variation for which the mean minute range is above the tenth centile for gestational age.
8. The STV must be within three standard deviations of its expected value given the Long Term Variation, or the STV must be greater than 5.0ms and there must be at least 0.5 fetal movements per minute during an episode of high variation.
9. There must not be a deceleration in the final minute of the recording.
10. There must be no signal loss or errors at the end of the recording.