

Benefit vs. Risks of Electronic Fetal Monitoring:

- thoughts from Clinicians Perspective

LMU Frauenklinik | 14.03.2023 | Teresa Starrach, Uwe Hasbargen, Martin Daumer



One Year ago.....

First experience with fetal home monitoring

Clinical Obstetrics, Gynecology and Reproductive Medicine



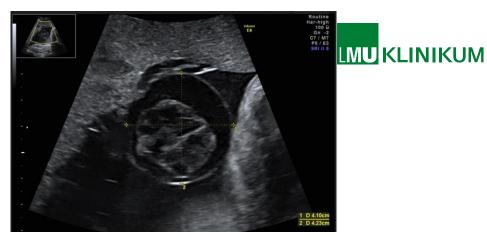
Case Report

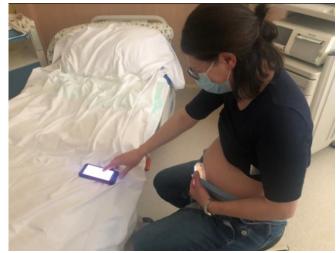
ISSN: 2059-4828

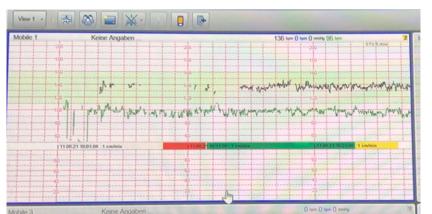
Telemedical monitoring of a high-risk pregnancy with placental cyst in times of Corona: A case report

T Starrach^{1*}, M Daumer^{2,3}, A Hesse¹, M Rudelius⁴, F Pfaller¹, J Kappeler⁵, A Huber⁶, C Hübener¹, S Mahner¹ and U Hasbargen¹

¹Department of Obstetrics and Gynecology, University Hospital, LMU Munich ²Computational Medicine, Department for Electrical and Computer Engineering, Technical University of Munich ³Trium Analysis Online GmbH, Munich ⁴Department of Pathology, University Hospital, LMU Munich ⁵Division of Neonatology, Dr. v. Hauner Children's Hospital and Perinatal Center Munich, LMU Munich ⁶Prenatal Diagnostics Practice and DEGUM II. Munich









One year ago.....Planned study

Fetal home monitoring in pregnant women with SARS-CoV-2 infection

Objective

- Close monitoring of pregnant women during and after SARS-Cov-2 infection
- Reduction of clinic visits by infectious patients to protect other pregnant women and clinic staff

Inclusion criteria

- Acute or resolved SARS-CoV2 infection during pregnancy
- ≥24+0 weeks of pregnancy

Exclusion criteria

- Twin pregnancy
- High-grade obesity
- Language barrier



Planned study – first idea

Fetal home monitoring in pregnant women with SARS-CoV-2 infection

Objective

- Close monitoring of pregnant women during and after SARS-Cov-2 infection
- Reduction of clinic visits by infectious patients to protect other pregnant women and clinic staff



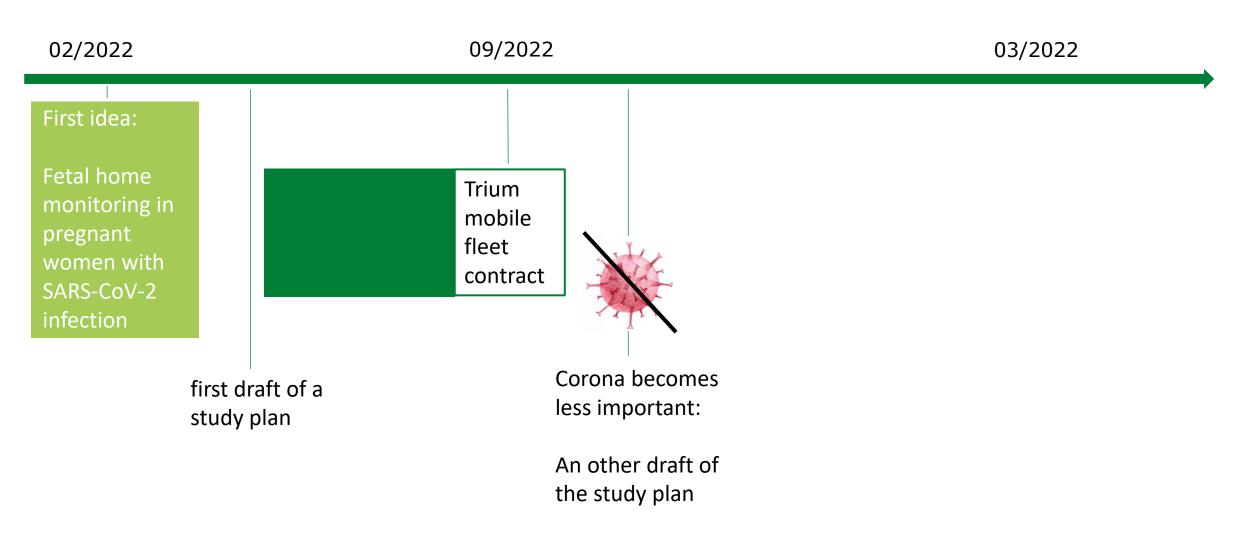
- How is it ensured that every CTG is seen by clinic staff in real time?
- Who is responsible if the pregnant woman writes a CTG outside the agreed time window?







The long road to starting a study





Second draft of a study plan

Telemedical monitoring of high-risk pregnant women to reduce hospital visits

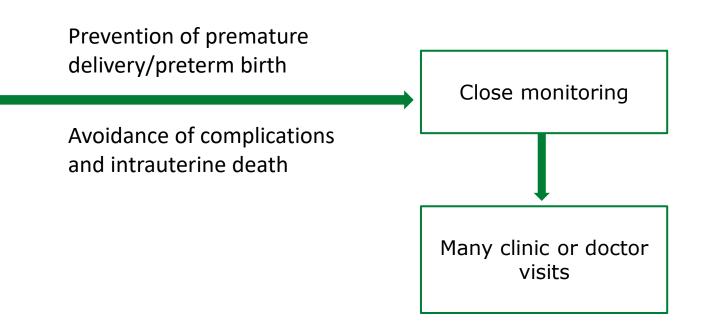
Increased risks in the 3rd trimester

- Post-term pregnancy
- Maternal age>40
- Hypertension
- Preeclampsia

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- Gestational diabetes
- Status after still birth





Telemedical monitoring of high-risk pregnant women to reduce hospital visits Study Design

Inclusion criterion:

- Need for more closely monitored care than provided by maternity guidelines
- ≥18 years
- ≥24 weeks of gestation

Exclusion criterion:

- Twin pregnancy
- Language barrier
- Pathological CTG at study inclusion
- Indication for delivery



Randomization into 2 groups:

home-monitoring versus controls in the clinic



Telemedical monitoring of high-risk pregnant women to reduce hospital visits Project Goals

Primary objective:

Does pregnancy monitoring at home using Trium mobile fleet have the same quality as controls in the clinic?

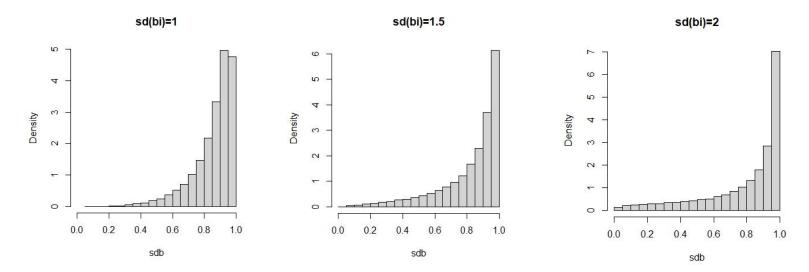
Secondary objectives:

- What is the patient satisfaction with telemedical pregnancy monitoring?
- Does telemedical monitoring have a positive effect on the outcome of pregnancy?
- Are CTG datasets applicable to the development and testing of AI or machine learning (ML)-based applications?
- Will there be a reduction in the number of staff required?



Sample size calculation/power analysis

The histograms show the individual probability of whether CTG recording at home is successful.

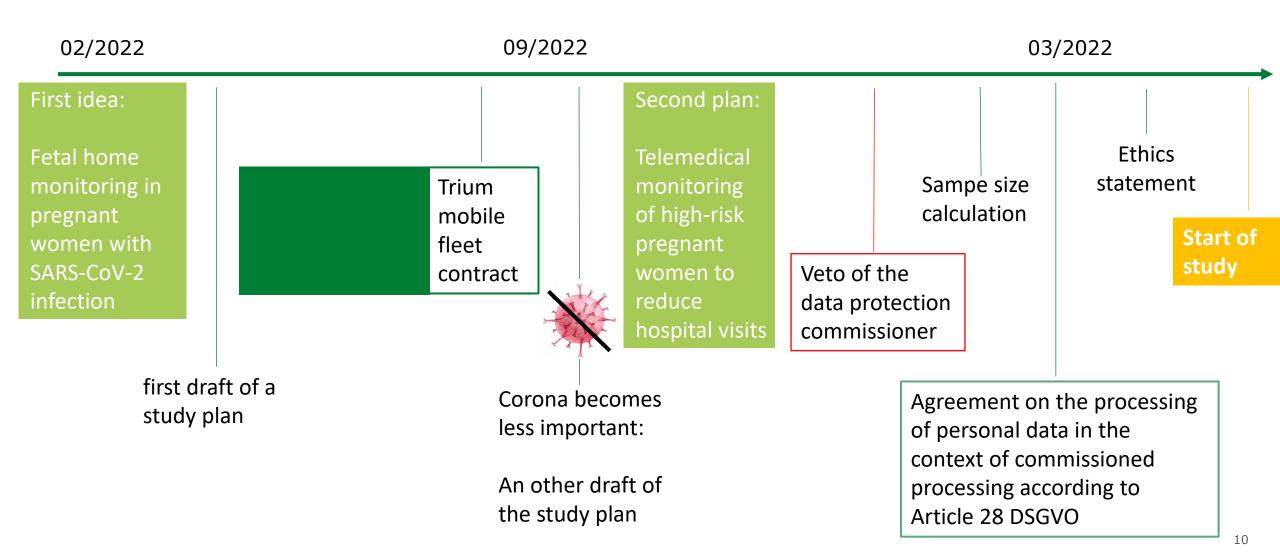


With Var(bi)=1 the majority of pregnant women have a success rate > 0.5 With Var(bi)=2 there are also some who almost never succeed in producing an evaluable CTG.

	Power	Type-1-Fehler
N=74	0.7950	0.0514
N=75	0.8048	0.0510



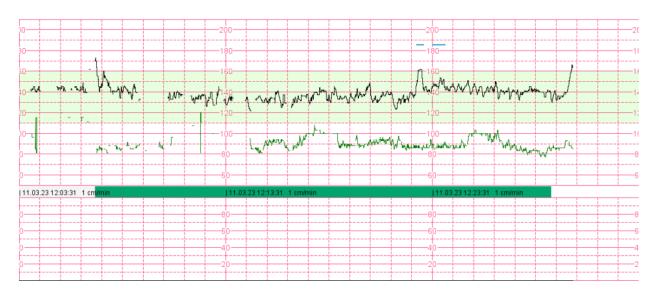
The long road to starting a study





Current case

- 36-year-old pregnant woman
- Premature rupture of membranes at 30+0 weeks of pregnancy
- Antenatal steroid prophylaxis
- Currently 34+6 weeks of pregnancy
- CTG home monitoring
- Blood drow at home by patient's husband (physician)
- 1x/week check-up in the clinic with ultrasound and vaginal smear test





Thank you for your attention!



teresa.starrach@med.uni-muenchen.de