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MAUDE Adverse Event Report: PHILIPS MEDICAL SYSTEMS AVALON FM50 FETAL MONITOR



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PHILIPS MEDICAL SYSTEMS AVALON FM50 FETAL MONITOR

[Back to Search Results](#)

Model Number M2705A

Event Date 10/14/2014

Event Type Death

Manufacturer Narrative

(b)(4). A follow up report will be submitted after philips obtains more information concerning this event.

Event Description

The customer reported that a female who has had one pregnancy and no live births presented in active labor ((b)(6)) to labor and delivery with contractions. During the second stage of labor, an emergent c-section was required due to fetal bradycardia that was not apparent on the electronic fetal monitor until an internal fetal scalp electrode was placed. At the time the bradycardia was discovered, the c-section was performed. The baby had a triple nuchal cord, born with no detectible heart rate and neonatal resuscitation program was initiated. The pt was transported to the nicu in critical condition. The infant was resuscitated post-partum, and transferred to (b)(6) where they determined the infant had no brain activity thus transferred back. This was a post-term infant with (b)(6) complete weeks of gestation. The baby was delivered asystolic, and required full resuscitation including intubation, positive pressure ventilation (ppv), chest compression, multiple epinephrine doses and central line placement. Her apgars where 0, 0, and 0 at 1, 5 and 10 minutes. Heart rate was obtained approximately 13 minutes into resuscitation. Severe hypoxic ischemic encephalopathy; the family with drew life support and infant expired two days later.

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Brand NameAVALON FM50 FETAL MONITOR

Manufacturer (Section D)PHILIPS MEDICAL SYSTEMS

Hewlett-Packard Str. 2
 Boeblingen 7103 4
 GERMANY 71034

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 3000 Minuteman Road
 Andover , MA 01810
 9786597844

MDR Report Key4351506

Report Number9610816-2014-00316

Device Sequence Number1**Product Code**HGM²⁴**Report Source**Manufacturer**Source Type**User facility**Reporter Occupation**Other**Type of Report**Initial**Report Date**11/18/2014**1 Device Was Involved in the Event****1 Patient Was Involved in the Event****Date FDA Received**12/15/2014**Is This An Adverse Event Report?**Yes**Is This A Product Problem Report?**No**Device Operator**Health Professional**Device MODEL Number**M2705A**Was Device Available For Evaluation?**Yes**Date Manufacturer Received**11/18/2014**Was Device Evaluated By Manufacturer?**No**Date Device Manufactured**11/01/2009**Is The Device Single Use?**No**Is this a Reprocessed and Reused Single-Use Device?**No**Type of Device Usage**Reuse**Patient TREATMENT DATA****Date Received: 12/15/2014 Patient Sequence Number: 1**

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14. /scripts/cdrh/cfdocs/cfPCD/classification.cfm
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20. /scripts/cdrh/cfdocs/cfClia/Search.cfm
21. /scripts/cdrh/cfdocs/cfTPLC/tpic.cfm
22. <https://www.fda.gov/MedicalDevices/Safety/ListofRecalls/default.htm>
23. <https://www.accessdata.fda.gov/scripts/medwatch/>
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