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MAUDE Adverse Event Report: PHILIPS MEDICAL SYSTEMS SERIES 50 XM FETAL/MATERNAL MONITOR



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PHILIPS MEDICAL SYSTEMS SERIES 50 XM FETAL/MATERNAL MONITOR

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**Model Number** M1350C  
**Event Type** Death  
**Event Description**

The customer reported that the device was a factor in the death of an infant during childbirth.

Manufacturer Narrative

The customer reported that the device was a factor in the death of an infant during childbirth. This adverse event is being considered as reportable since it is a death where an allegation has been made that the device was a factor in the death. The customer used a fetal scalp electrode to monitor the fetal ecg and heartrate, but the fetal monitor showed the maternal hr. The midwife did not regard the fetal scalp ecg or the difference between the fetal scalp electrode and the ultrasound ecg. The midwife did not notice that the fetus died. There is no indication that there was any comparison of the ultrasound fhr to the mother's heart rate as specified in the fetal monitoring instructions for use (ifu). Philips is in the process of obtaining add'l info regarding this event and the complaint is still under investigation. A final report will be submitted once the investigation is completed.

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**Brand Name**SERIES 50 XM FETAL/MATERNAL MONITOR  
**Manufacturer (Section D)**PHILIPS MEDICAL SYSTEMS  
Hewlett-Packard Str. 2  
Boeblingen 7103 4  
GERMANY 71034  
**Manufacturer Contact**Nancy Sayer  
3000 Minuteman Rd.  
Andover , MA 01810  
9786597429  
**MDR Report Key**1545367  
**Report Number**9610816-2009-00207  
**Device Sequence Number**1  
**Product Code**[HGM](#)<sup>24</sup>  
**Report Source**Manufacturer

**Source Type**Health Professional,User facility,Company Representative

**Reporter Occupation**

**Type of Report**Initial

**Report Date**11/09/2009

**1 Device Was Involved in the Event**

**1 Patient Was Involved in the Event**

**Date FDA Received**11/13/2009

**Is This An Adverse Event Report?**Yes

**Is This A Product Problem Report?**No

**Device Operator**HEALTH PROFESSIONAL

**Device MODEL Number**M1350C

**Was Device Available For Evaluation?**Yes

**Is The Reporter A Health Professional?**Yes

**Date Manufacturer Received**11/09/2009

**Was Device Evaluated By Manufacturer?**No

**Date Device Manufactured**06/01/2001

**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: 11/13/2009 Patient Sequence Number: 1**

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Page Last Updated: 03/31/2019

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