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MAUDE Adverse Event Report: PHILIPS MEDICAL SYSTEMS AVALON FM30 FETAL MONITOR



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PHILIPS MEDICAL SYSTEMS AVALON FM30 FETAL MONITOR

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Model Number M2703A

Event Type Death

Event Description

The customer reported an incident where the ctg tracing for the fetal heart rate (fhr) was picking up the maternal heart rate (mhr) during labor and showing false positives. The hosp may have detected that the baby died in utero.

Manufacturer Narrative

The customer reported an incident where the ctg tracing for the fetal heart rate (fhr) was picking up the maternal heart rate (mhr) during labor after the hospital had detected that the baby died in utero. The clinicians verified that the fetus had no fhr by performing an ultrasound. The available info indicates that, during the verification of fetal viability that is normal clinical practice for fetal monitoring, the clinicians applied the internal fetal scalp electrode to the mother instead of the baby and derived the mhr instead of the fhr. In addition, the fetal monitoring by ultrasound also only could detect the mhr. The product labeling (instructions for use) warns clinicians to verify fetal life before beginning monitoring. There is no indication of any malfunction of the monitoring equipment or labeling (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. (b) (4).

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Brand NameAVALON FM30 FETAL MONITOR
Manufacturer (Section D)PHILIPS MEDICAL SYSTEMS
Hewlett-Packard Str. 2
Boeblingen 7103 4
GERMANY 71034
Manufacturer ContactNancy Sayer
3000 Minuteman Rd
Andover , MA 01810
9786597429
MDR Report Key1618342
Report Number9610816-2010-00041
Device Sequence Number1
Product Code

[HGM](#)²⁴**Report Source**Manufacturer**Source Type**Health Professional,User facility,Company Representative**Reporter Occupation**Other**Type of Report**Initial**Report Date**02/01/2010**1 Device Was Involved in the Event****1 Patient Was Involved in the Event****Date FDA Received**02/26/2010**Is This An Adverse Event Report?**Yes**Is This A Product Problem Report?**No**Device Operator**Health Professional**Device MODEL Number**M2703A**Was Device Available For Evaluation?**Yes**Is The Reporter A Health Professional?**Yes**Date Manufacturer Received**02/01/2010**Was Device Evaluated By Manufacturer?**No**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: 02/26/2010 Patient Sequence Number: 1**

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