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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

[Back to Search Results](#)

**Model Number** M2703A

**Event Type** Death

**Event Description**

The customer alleged that the fm30 fetal monitor is not reliably monitoring and recording the fetal heart rate (fhr).

#### Manufacturer Narrative

(b)(4): the customer made an allegation that the avalon fm30 fetal monitor is not reliably monitoring and recording the fetal heart rate. The customer also reported that the avalon fm30 fetal monitor recorded a fetal heart rate despite the fact that the fetus was dead. The ccv feature was not being used. Maternal spo2 was not being measured. This complaint is being reported only because there was a fetal death and the monitor was in use. The available information does not indicate whether the fetal death occurred after the initiation of monitoring. Philips is in the process of obtaining additional information regarding this incident and the complaint is still under investigation. A final report will be submitted once the investigation is completed.

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**Brand Name**AVALON FM30 FETAL MONITOR  
**Manufacturer (Section D)**PHILIPS MEDICAL SYSTEMS  
 3000 Minuteman Rd  
 Andover MA 01810  
**Manufacturer Contact**Nancy Sayer  
 3000 Minuteman Road  
 Andover , MA 01810  
 9786597429  
**MDR Report Key**1966936  
**Report Number**9610816-2011-00023  
**Device Sequence Number**1  
**Product Code**[HGM](#)<sup>24</sup>  
**Report Source**Manufacturer  
**Source Type**Health Professional,User facility,Company Representative  
**Reporter Occupation**Other

**Type of Report**Initial**Report Date**01/06/2011**1 Device Was Involved in the Event****1 Patient Was Involved in the Event****Date FDA Received**01/13/2011**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**01/06/2011**Was Device Evaluated By Manufacturer?**No**Date Device Manufactured**09/01/2007**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: 01/13/2011 Patient Sequence Number: 1**

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6. </scripts/cdrh/devicesatfda/index.cfm>
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8. </scripts/cdrh/cfdocs/cfpmn/denovo.cfm>
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10. </scripts/cdrh/cfdocs/cfMAUDE/TextSearch.cfm>
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15. </scripts/cdrh/cfdocs/cfStandards/search.cfm>

16. /scripts/cdrh/cfdocs/cfCFR/CFRSearch.cfm
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19. /scripts/cdrh/cfdocs/Medsun/searchReportText.cfm
20. /scripts/cdrh/cfdocs/cfClia/Search.cfm
21. /scripts/cdrh/cfdocs/cfTPLC/tplc.cfm
22. <https://www.fda.gov/MedicalDevices/Safety/ListofRecalls/default.htm>
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Page Last Updated: 01/31/2019

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