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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 Date** 06/01/2011  
**Event Type** Death  
**Event Description**

The customer reported that while monitoring with a philips avalon fm30 fetal monitor, a fetus was stillborn.

**Manufacturer Narrative**

(b)(4). The customer reported that while monitoring with a philips avalon fm30 fetal monitor, a fetus was stillborn. According to the doctor, the system functionality is not according to specification as there were heart sounds although the fetus was stillborn. The available information gives no indication that these users verified fetal life before initiating monitoring (as specified in device labeling). Philips is in the process of obtaining additional info 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 Ataide  
3000 Minuteman Road  
Andover , MA 01810  
9786597429  
**MDR Report Key**2129896  
**Report Number**9610816-2011-00324  
**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**06/01/2011**1 Device Was Involved in the Event****1 Patient Was Involved in the Event****Date FDA Received**06/08/2011**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**06/01/2011**Was Device Evaluated By Manufacturer?**No**Date Device Manufactured**02/01/2007**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: 06/08/2011 Patient Sequence Number: 1**

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1. <http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdomain>
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5. <https://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/Databases/default.htm>
6. </scripts/cdrh/devicesatfda/index.cfm>
7. </scripts/cdrh/cfdocs/cfPMN/pmn.cfm>
8. </scripts/cdrh/cfdocs/cfpmn/denovo.cfm>
9. </scripts/cdrh/cfdocs/cfRL/rl.cfm>
10. </scripts/cdrh/cfdocs/cfMAUDE/TextSearch.cfm>
11. </scripts/cdrh/cfdocs/cfRES/res.cfm>
12. </scripts/cdrh/cfdocs/cfPMA/pma.cfm>
13. </scripts/cdrh/cfdocs/cfHDE/hde.cfm>
14. </scripts/cdrh/cfdocs/cfPCD/classification.cfm>
15. </scripts/cdrh/cfdocs/cfStandards/search.cfm>

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18. /scripts/cdrh/cfdocs/cfAssem/assembler.cfm
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>
23. <https://www.accessdata.fda.gov/scripts/medwatch/>
24. ../cfPCD/classification.cfm?start\_search=&ProductCode=HGM

Page Last Updated: 01/31/2019

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13. /scripts/cdrh/cfdocs/cfHDE/hde.cfm
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