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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** M1350B

**Event Type** Death

**Event Description**

The user's report states that they were aware that the baby was not alive, but they were able to obtain hr sounds.

#### Manufacturer Narrative

(b)(4). The user's report states that they were aware that the baby was not alive, but they were able to obtain hr sounds. This is being reported only because use of the device was coincident with the stillbirth. There is no allegation or indication that use of the device was a factor in the stillbirth. The ability to obtain maternal hr using the us transducer is expected if the users move the transducer until they obtain hr sounds. The device labeling is clear that users are to verify fetal life before monitoring and that users should use the coincidence detection (ccv) feature to assure that the monitoring is not exclusively maternal.

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**Brand Name** SERIES 50 XM FETAL/MATERNAL MONITOR  
**Manufacturer (Section D)** PHILIPS MEDICAL SYSTEMS  
 3000 Minuteman Road  
 Andover MA 01810  
**Manufacturer Contact** Nancy Sayer  
 3000 Minuteman Road  
 Andover , MA 01810  
 9786597429  
**MDR Report Key** 1904069  
**Report Number** 9610816-2010-00744  
**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**11/09/2010**1 Device Was Involved in the Event****1 Patient Was Involved in the Event****Date FDA Received**11/16/2010**Is This An Adverse Event Report?**Yes**Is This A Product Problem Report?**No**Device Operator**HEALTH PROFESSIONAL**Device MODEL Number**M1350B**Was Device Available For Evaluation?**Yes**Is The Reporter A Health Professional?**Yes**Date Manufacturer Received**11/09/2010**Was Device Evaluated By Manufacturer?**No**Is this a Reprocessed and Reused Single-Use Device?**No**Type of Device Usage**Reuse**Patient TREATMENT DATA****Date Received: 11/16/2010 Patient Sequence Number: 1**

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