European Market Report for Fetal and Neonatal Monitoring 2016

Description:
Conventional antepartum fetal monitoring was performed mostly through the mother’s experience and judgment of fetal movements. Heart sounds were monitored through a fetal stethoscope as well. As technology evolved within this market, phonocardiographs (PCG), with the use of sensors, were developed to electronically monitor fetal heart rate (FHR) at a more accurate level. Antepartum monitoring includes non-stress tests as well as the contraction stress tests. The main purpose of intrapartum fetal monitoring is to monitor FHR in order to assess brain injury.

Antepartum monitoring may occur in the hospital or private practice setting. Intrapartum monitoring during labor is important as severe complications such as brain damage can occur. This type of monitoring occurs in the hospital labor ward. A cardiotocograph (CTG) monitors FHR, beat-to-beat, as well as uterine contractions in order to properly monitor for brain injury. This technique utilizes ultrasound probes or an external contraction sensor. Invasive techniques allow the physician direct exposure to intra-uterine pressure, and are performed using a catheter-tipped pressure sensor or an external transducer connected to a water-filled cannula.

Monitors with ST waveform analysis capabilities allow physicians to analyze fetal electrocardiographs (ECG) in addition to heart rate. Neonatal monitoring includes high-acuity neonates that are typically monitored in a neonatal intensive care unit (NICU). Neonate patients most commonly result from premature births and require access to specialized equipment and resources such as temperature support, feeding, respiratory assistance and isolation to prevent infection. Neonatal monitors are standard high-acuity monitors that employ specialized algorithms, different alarm limits and measurements as well as an event and alerting packages specific to neonates.

In less critical cases, neonate patients may be monitored in low-acuity settings, often using pulse oximetry. Both fetal and neonatal monitoring may be done invasively and non-invasively. Each method has advantages and disadvantages. Invasive methods for fetal monitoring have traditionally been used and are able to directly reveal genetic abnormalities in the fetus. Invasive monitoring is often believed to be more accurate than non-invasive methods; however, complications can occur. Invasive techniques may cause damage to fetal and maternal tissues, as well as trauma, pain and in some cases, miscarriage. The advantages of non-invasive techniques are significant ranging from decreased trauma, pain and tissue damage, to lower costs for patients.

Neonatal monitoring is shifting toward more non-invasive methods. Due to small patient size, invasive techniques are usually harmful and damaging to the patient. Recent advances in monitoring technologies allow for a greater number of physiological parameters to be monitored non-invasively such as blood gas, cerebral blood flow, EEG, end tidal CO2 and biochemical characteristics.

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