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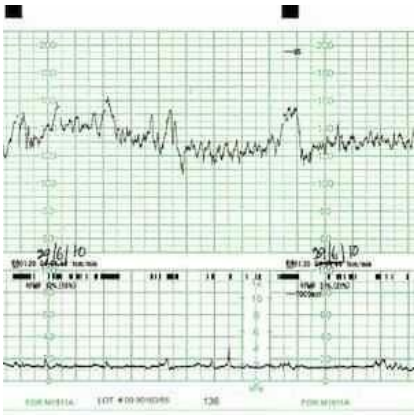
Foetal ECG Offers No Advantage



According to a recent study, foetal electrocardiogram ST segment analysis, or STAN, does not improve outcomes during labour and delivery as compared to conventional foetal heart rate monitoring. It also does not decrease cesarean deliveries. The findings are published in the *New England Journal of Medicine.*

The study was conducted at 26 U.S. Hospitals and looked at 11,108 randomised patients. No significant differences in baseline characteristics between groups were observed. No differences in negative outcomes such as harm to the foetus were found either. There were also no differences by subgroups based type of labor, cervical dilation at entry or time period of the study.

Lead investigator Dr. George Saade, professor and division chief in the chief in the UTMB department of obstetrics and gynecology explains that STAN is a new technology that requires new costs and based on these results, there is no need to use it.

Electronic foetal heart monitoring has been in use for decades. Despite controversy surrounding it and the fact that no evidence exists that its use reduces the rate of poor outcomes, it is commonly used during labour to detect abnormal foetal heart rate patterns.

In 2005, the FDA granted conditional approval of the STAN S31 device for use in addition to the electronic foetal heart rate monitoring. It was believed that this new technology could provide additional information about the well-being of the foetus. Initial studies conducted in Europe suggested that use of STAN technology was associated with a reduction in neonatal acidemia and a decrease in the rate of surgical delivery. However, there were still concerns regarding its use in the U.S.

This new study concludes that there are no differences in either positive or negative outcomes with the use of STAN technology with conventional foetal heart monitoring.

"It was something that seemed to work in Europe, so the next logical step was to use it in the U.S.," Saade said. "But we shouldn't use it just because it works somewhere else. We need to study it to make sure it is something that will have an impact on the care we provide and our results highlight the need to test any intervention or management in well-designed studies."

Source: University of Texas Medical Branch at Galveston

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