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Electronic fetal monitoring in developing nations: An ethically misguided approach

James C. Johnston, Thomas P. Sartwelle, Mehila Zebenigus ,Berna Arda

[1]*Global Neurology, Texas, USA and New Zealand*

[2]*Department of Neurology, College of Health Sciences, Addis Ababa University, Ethiopia*

[3]*Hicks Davis Wynn, LLP, Texas, USA*

[4]*Yehuleshet Higher Clinic, Addis Ababa, Ethiopia*

[5]*University of Ankara Medical School, Turkey*

Developing nations in sub-Saharan Africa are increasingly seeking electronic fetal monitoring (EFM) as a means of reducing the high perinatal mortality and morbidity. This call for EFM is predicated on the outdated causal concept that cerebral palsy (CP) is synonymous with birth asphyxia or neonatal encephalopathy. The truth, published in worldwide medical journals for the last four decades, is just the opposite. The signs thought to represent the outmoded term 'birth asphyxia' are nonspecific signs more likely reflecting chronic longstanding pathologies such as infections, genetic mutations, altered fetal inflammatory response, placental and umbilical vessel thromboses, and other pathologies. The belief that EFM and a quick C-section are the cure for 'birth asphyxia' and the high birth morbidity and mortality is a myth. EFM has no proven efficacy in childbirth, but increases the C-section rate and is a significant source of harm to mothers and babies. It is an ineffective modality with a 99.8% false positive rate, and does not predictCP, acidemia, neonatal neurological injury, stillbirths or neonatal encephalopathy. Despite 50 years of continuous use, the CP rate and rate of other neurological birth related maladies remains unchanged. EFM will not help sub-Saharan Africa. It will waste money desperately needed for prenatal and post-partum care for mothers and babies, and add another layer of undesirable morbidity and mortality to an already critical situation.

info@GlobalNeurology.com