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**Information as requested**

1 message

**Brough Dave (RVW) Medical Electronics** <David.Brough@nth.nhs.uk>

12 July 2018 at 10:42

To: "steve.nixon@viamed.co.uk" &lt;steve.nixon@viamed.co.uk&gt;

Cc: "lascott@ntlworld.com" &lt;lascott@ntlworld.com&gt;, "david.brough@virgin.net" &lt;david.brough@virgin.net&gt;

Handbook of Biomedical Instrumentation Second Edition.

R.S. Kanpur

Hi Steve

As per our telephone conversation yesterday. As I mentioned the CTG monitors are designed to reject foetal heart beats below 50 BPM.

This is to prevent maternal movement etc (Low frequency) being interpreted as a foetal heart rate. So the 30bpm setting on the V1000 can be used to verify this rejection of bpm

Below 50bpm. This would not be possible with out the V1000. Also the V1000 generates a waveform of double bursts this corresponds to the contraction and relaxation of the heart wall. The CTG's are designed to actively reject the second burst otherwise a double beat would be recorded and the foetal heart rate would be incorrect (twice actual rate). So due to the V1000 generating the true double burst signal, the CTG's ability to reject the second burst can be verified and hence this vital aspect of the CTG's correct performance can be verified. This would not be possible with out the V1000.

Please refer to the attached pages from the book shown above for confirmation of this.

Regards

Dave

David Brough

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253K


26/09/2018

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