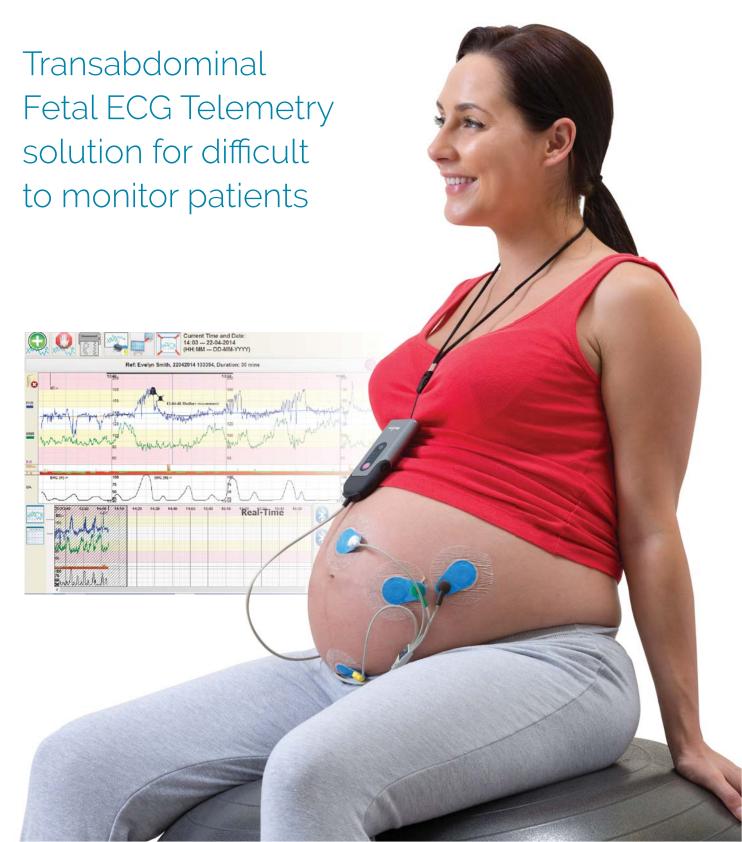


Monica AN24



Patient Care

The Monica AN24 when combined with the Monica VS program* offers an additional solution to conventional fetal monitoring.

Having the option to monitor women with Monica, provides confidence and reassurance that you are providing the best care to even the most high risk and challenging patients.

Additional benefits

- On-screen help and support
- Auto catch-up when patient goes in and out of wireless range

Monica VS

The Monica AN24 communicates via Bluetooth® – *no* cables – with a PC or Tablet running the VS program, allowing the FHR, MHR and UA data from the Monica AN24 to be viewed in real time on the computer screen. In addition the VS program simplifies the AN24 set up at the start of monitoring and provides simultaneous real-time viewing of 4 AN24's (patients), FHR analysis and a digital storage solution, as shown on the left.



Connectivity

Communicate with up to four (4)

Monica AN24 devices In real-time (via Bluetooth®) or retrospectively upload stored data on your AN24 via USB.

Store traces locally or on any networked PC or Server. View real-time and stored traces and with the network viewer, any PC on the hospital network can view real time monitoring episodes or stored traces.

Collect or feed data to third party monitoring systems e.g. central station.

Real-time analysis of the FHR

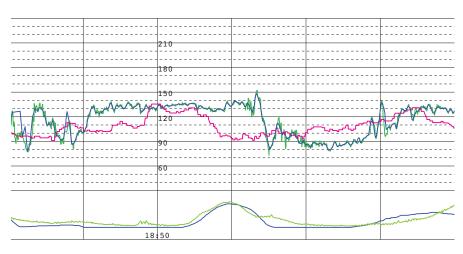
Supports antenatal clinical interpretation, based on and validated against the FHR analysis originally developed by Professor Dawes and Redman with printed reports.

BELTLESS

PAPERLESS

FHR Confidence

The Monica AN24 uses the abdominal fECG and mECG wave shape to uniquely identify and separate the maternal and fetal heart rates. The fetal QRS complex has a width less than 10% of the maternal QRS. This and other differences between the maternal and fetal ECG allow the Monica AN24 to be reasonably certain that the true FHR has been detected. (Ref 3, Ref 4). You can be confident that you are monitoring the fetal heart even in challenging circumstance as shown below. In addition, the uterine EMG4 is used to extract the UA trace and has been shown in a clinical study to be equivalent to TOCO UA (Ref 5).



Scalp FHRMonica FHRSpO2 MHR

Monica UAIUPC UA

This is data from the multi-center clinical trial (Ref I) showing the FSE FHR, IUPC UA and SpO2 MHR traces used to manage the patient. Superimposed are the simultaneously monitored Monica UA and FHR.

The Monica UA and FHR trace was not seen by the Doctors and Nurses managing the patient.

Helps to Mitigate Risk

In some patients, especially high BMI, finding the ideal transducer placement can be difficult. Because the Monica AN24 uses electrical signals, it is not impacted by maternal weight. This translates into more reliable tracings and equal level of care. In addition, the AN24's ability to simultaneously monitor and differentiate between the fetal and maternal heart rate, can significantly reduce the likelihood of maternal/fetal confusion.

Mobility and Freedom

With *no* cables, *no* belts and *no* re-positioning, the Monica AN24 System allows real freedom and mobility which can help the birthing process (Ref 6). The system's line of sight range of 30m (90 feet) allows the women to move about the room freely.

With no transducer cables between the patient and the fetal monitor, the working environment around the bed is kept clear and safe. The patient is free to get up without asking for assistance.





Intermittent Monitoring

The AN24 patient lead can be quickly disconnected from the 5 electrodes, allowing the patient to take a shower (the Monica approved electrodes are waterproof), or take a monitoring break. Then when ready snap the lead connectors back onto the electrodes to re-start the monitoring, no belts or transducer re-positioning. Intermittent monitoring has never been easier.





Accuracy

Monica's FHR, MHR and UA waveform have been validated against fetal scalp electrode, SpO2 and IUPC. The Monica AN24 and VS software has CE approval (from 20 weeks through to delivery), FDA clearance (Intrapartum term maternal/fetal monitoring) and the Monica AN24 is approved for use in Brazil, Russia, India and China.

References

Ref 1 - Cohen WR, et al. Acta Obstet Gynecol Scand. 2014 Jun; 93 (6): 590-5. Ref 2 - Graatsma EM, et al. Am J Perinatol. 2010 Aug; 27 (7): 573-7. Ref 3 - Cohen WR, et al. Acta Obstet Gynecol Scand. 2012 Nov; 91 (11): 1306-13. Ref 4 - Stampalija T, et al. J Matern Fetal Neonatal Med. 2012 Aug ; 25 (8) : 1517-20. Ref 5 - Hayes-Gill B, et al. Clinical Medicine Insights: Women's Health 2012:5 65-75. Ref 6 - Lawrence A, et al. Cochrane Database Syst Rev. 2009 Apr 15; (2): CD003934. Ref 7 - Reinhard J, et al. J Perinat Med. 2010 Mar; 38 (2): 179-85. Ref 8 - Rauf Z, et al. PLoS ONE 2011 6 (11): e28129.



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Patient Friendly and Convenient

The Monica AN24 is a comfortable alternative to transducers with belts, which can cause irritation for some patients. The electrodes only need to be placed once, which means that the patient does not need to be disturbed for repositioning and since it is leadless, the patient can be allowed greater flexibility in the room.

Studies have shown (Ref 7, Ref 8) that patient satisfaction is higher while being monitored on the Monica AN24 compared to traditional transducers and the VS program provides help and support as shown below.



Help screen to support electrode placement and confirm good electrode/skin application



Database for viewing, printing and exporting/ importing stored traces



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