

Date: November 27, 2020

To: Physicians, Midwives, Nurses, and Perinatal Program Directors

From: BC Fetal Health Surveillance Advisory Committee

RE: Philips Fetal Scalp Electrode (FSE) – LIMITED SUPPLY

Philips Fetal Scalp Electrodes (FSE) shortage has been identified nationally due to issues with production. Currently, Philips is unable to predict when distribution of the Fetal Scalp Electrode can be resumed.

PHSA Supply Chain, in collaboration with each Health Authority, is monitoring the availability of this product and have put processes in place try to manage the backorder until the manufacturer returns to normal production. Information on the Philips FSE status, availability, and its alternatives will be provided directly by PHSA Supply Chain. In the interim, an alternate product from Cardinal has been identified, however is in limited supply (Note: Cardinal FSEs are NOT compatible with Philips cables without an adaptor). Other options are also being explored and information will be made available as it is received.

To support these processes, we encourage all sites and health care providers to consider taking conservation steps where possible to reduce any wastage.

Product:

Phillips: 3 components required for system:

- FSE (code 989803137631)
- Attachment Electrode (code 989803139771)
- Reusable cable (various -dependent on monitor)

A fetal scalp electrode (FSE) is a spiral wire placed directly on the fetal scalp. The FSE plays a key role in intrapartum fetal health surveillance when external fetal heart rate monitoring is uninterpretable. The FSE is used to evaluate fetal heart rate and variability between beats, especially in relation to the uterine contractions of labor.



Recommended Conservation Strategies:

While the shortage of the Philips FSE persists all health care providers are asked to consider the following measures. Remember that electronic fetal health monitoring (EFM/IFM) is indicated when patient risk factors are present.

Do	Do Not
Apply FSE when unable to obtain an interpretable tracing (i.e. due to contact issues after troubleshooting manoeuvres are unsuccessful)	Do not use for patient mobility when EFM tracing is normal/interpretable
Have the most experienced provider apply the FSE	Do not let learners apply a FSE at this time
Use all other methods available to trouble shoot prior to application of FSE (Leopolds, reposition, O ₂ sat monitor or toco for maternal pulse)	Do not use for teaching/training in class and practice settings at this time or for demo of FSE
Use IA when there is no indication for EFM	