

Evaluating an AI Tool for Fetal Heart Rate Measurement in First-Trimester Emergency Ultrasound: Interim Results

Madeleine Mason BS¹, Peter Alsharif MD^{1,2}, Matthew Riscinti MD^{1,2}

1: University of Colorado School of Medicine, 2: Department of Emergency Medicine, Denver Health Medical Center



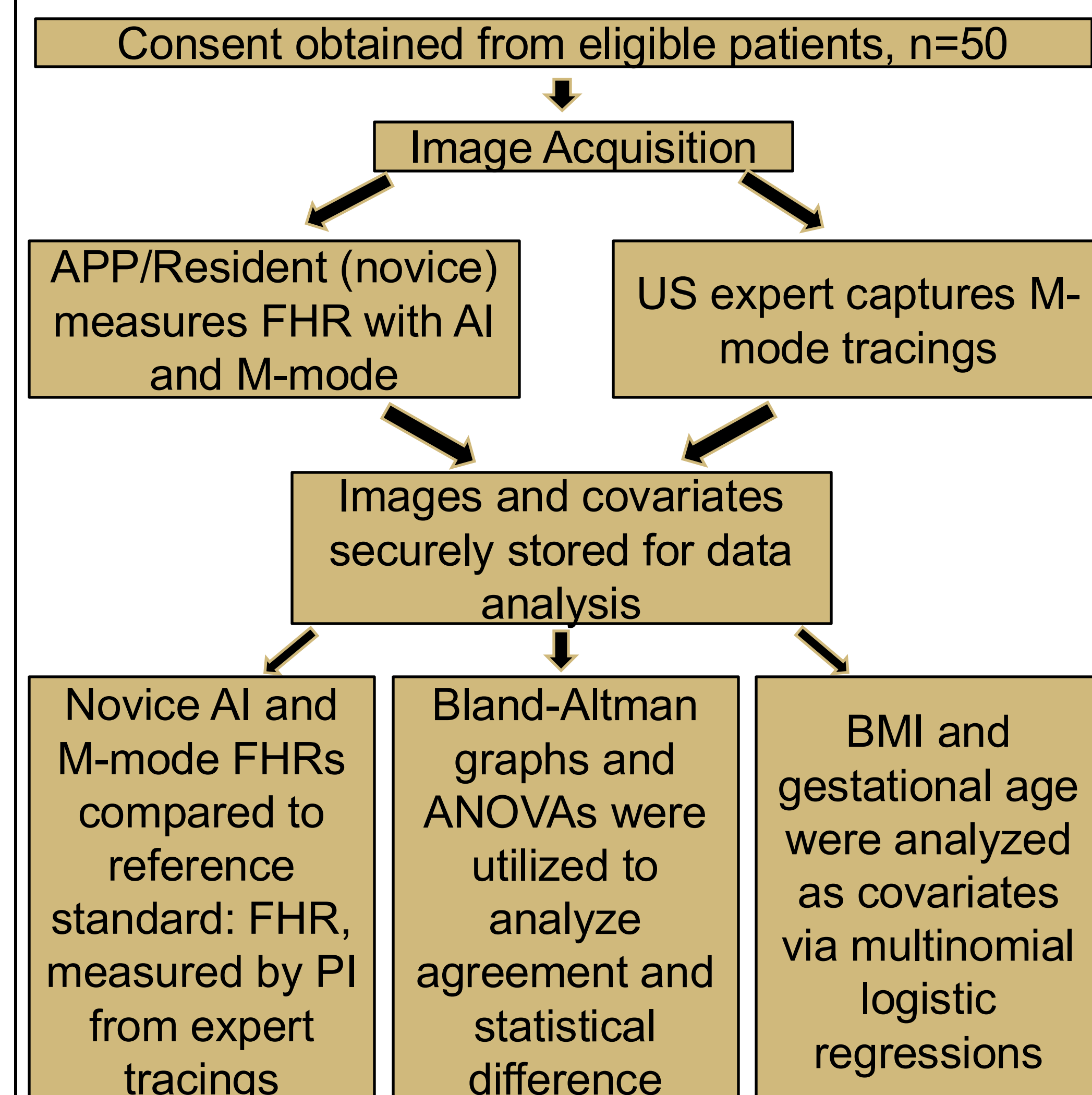
Background

- First trimester pregnancy complications are frequent in the emergency department (ED), with over 1/3 of patients presenting at least once during pregnancy
- Ultrasound (US) evaluation of the first trimester fetus is a core skill for ED physicians
- Fetal bradycardia (heart rate <100 BPM), is a predictor of early pregnancy loss
- The American College of Obstetricians and Gynecologists (ACOG) recommend measurement of fetal heart rate (FHR) to identify pregnancies at high risk for early pregnancy loss
- Measuring FHR can be difficult for novice sonographers

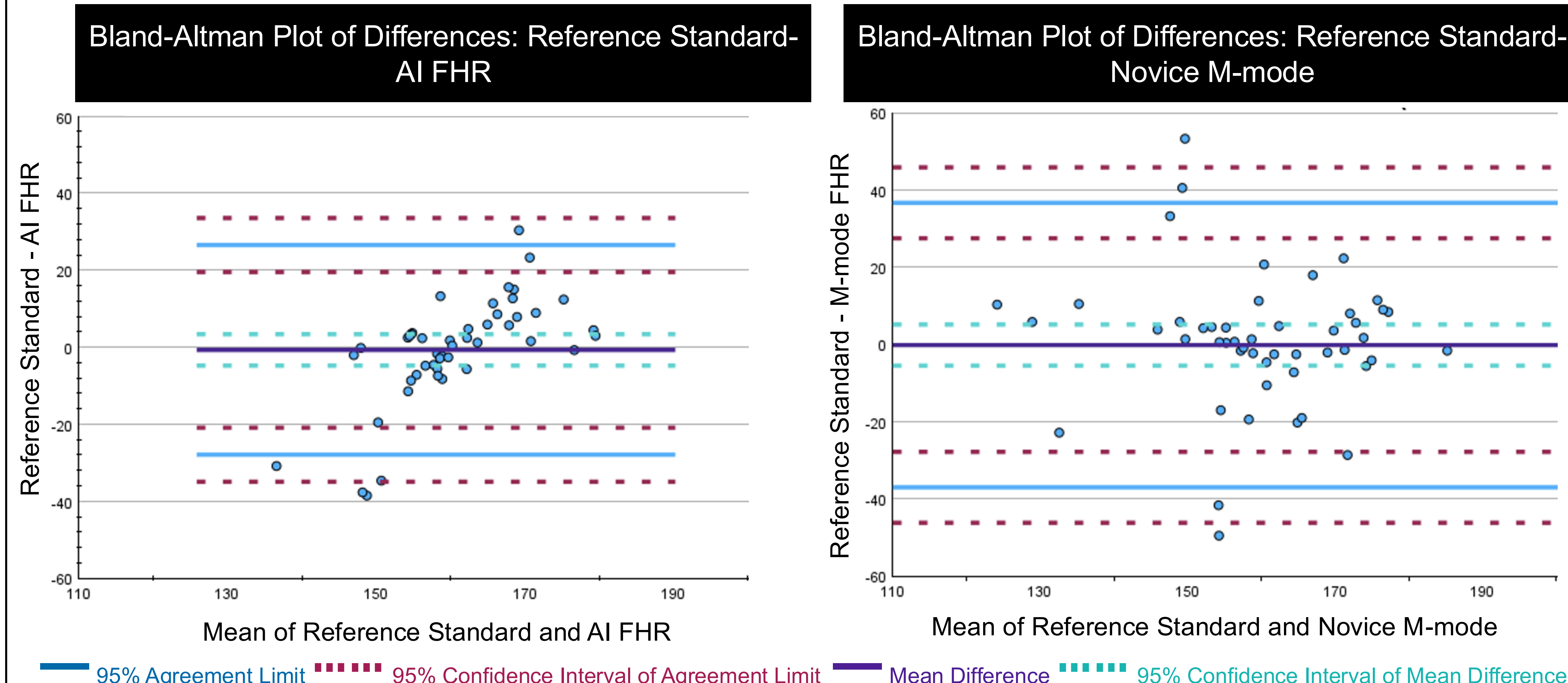
Objectives

- To validate the use of an Artificial Intelligence (AI) instrument to accurately measure FHR in first trimester pregnancies when compared to the gold standard of M-mode analysis

Methods

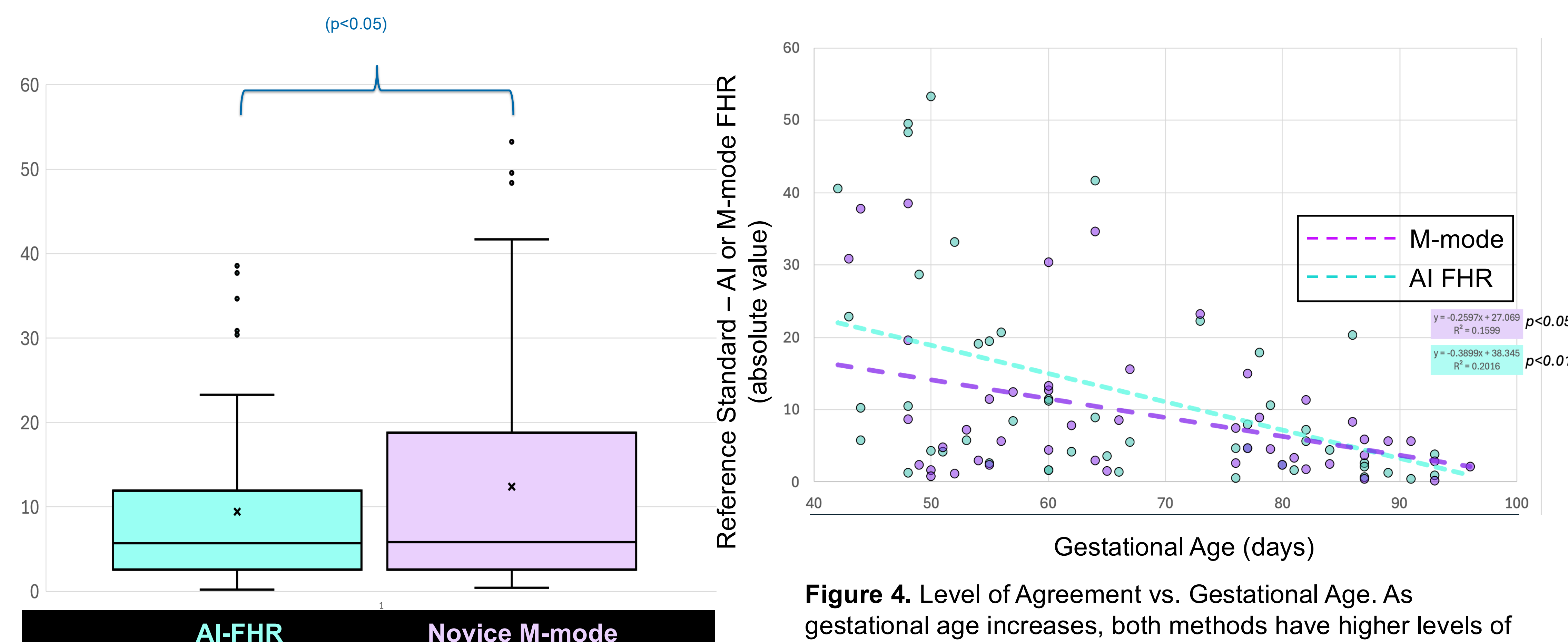


Results



Absolute Mean Level of Agreement Between Reference Standard and AI FHR vs. Novice M-mode

AI FHR and M-mode: Level of Agreement (Absolute Value) vs. Gestational Age



Conclusions

- AI FHR tool has a strong agreement with expert calculated rates, suggesting good preliminary accuracy of the AI tool
- Novice M-mode measurements had wider limits of agreement with the expert reference standard, indicating greater variability and technical difficulty
- Both the AI tool and M-mode measurements were more accurate with increasing gestational age
- These early findings may suggest that the AI FHR tool could improve consistency and efficiency, particularly for less experienced users
- Improving FHR measurement in the emergency setting may facilitate earlier recognition of high-risk pregnancies, helping to optimize emergency care for patients presenting with first trimester complications

Future Directions

- Data collection and analysis are ongoing to confirm these preliminary trends and further evaluate performance
- Future studies should evaluate the clinical workflow impact and potential time savings of AI integration in Emergency Ultrasound

Acknowledgements & Disclosures

Thank you to Peter Alsharif MD and Matthew Riscinti MD for the opportunity to be part of this project and immersed in emergency ultrasound research

References

- Beals T, Naraghi L, Grossestruer A, Schafer J, Balk D, Hoffmann B. Point of care ultrasound is associated with decreased ED length of stay for symptomatic early pregnancy. *Am J Emerg Med.* 2019;37(6):1165-8. <https://doi.org/10.1016/j.annemergmed.2017.06.020>
- Doublet PM, Benson CB, Chow JS. Long-term prognosis of pregnancies complicated by slow embryonic heart rates in the early first trimester. *J Ultrasound Med.* 1999; 18: 537-41. (Level II-3)
- Guidelines for diagnostic imaging during pregnancy and lactation. Committee Opinion No. 723. American College of Obstetricians and Gynecologists.
- Malik, S., Kothari, C., MacCallum, C., Liepman, M., Tareen, S., & Rhodes, K. V. (2017). Emergency department use in the perinatal period: An opportunity for early intervention. *Annals of Emergency Medicine, 70*(6), 835-839. <https://doi.org/10.1016/j.annemergmed.2017.06.020>
- Matenchuk, B. A., Rosychuk, R. J., Rowe, B. H., Metcalfe, A., Chari, R., Crawford, S., Jelinski, S., Serrano-Lomelin, J., & Ospina, M. B. (2023). Emergency department visits during pregnancy. *Annals of Emergency Medicine, 70*(6), 835-839. <https://doi.org/10.1016/j.annemergmed.2017.06.020>
- Prager S, Dalton V, Allen RH. Early pregnancy loss. ACOG Practice Bulletin No. 200. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2018;132:e197-207.
- Saul T, Lewis RE, Rivera Md R. Accuracy of emergency physician performed bedside ultrasound in determining gestational age in first trimester pregnancy. *Crit Ultrasound J.* 2012;4(1):22.
- Ultrasound Guidelines: Emergency, Point-of-Care and Clinical Ultrasound Guidelines in Medicine. *Ann Emerg Med.* 2017;69(5):e27-e54. [doi:10.1016/j.annemergmed.2016.08.457](https://doi.org/10.1016/j.annemergmed.2016.08.457)