

To The Editor:

It should be clarified that Mr. Bloom equates the benefit of a monitoring procedure - fetal pulse oximetry - with a product (Oxifirst®) of a company in a misleading manner. The manufacturer stopped selling this product shortly before this paper was published and an Australian study found quite different results (1,2) though study conditions were comparable. These different judgments are indeed a mystery for obstetricians and midwives. Why should continuous measurement of oxygen saturation in the "unborn patient" be of no value in contrast to critical ill adults or neonates? With a new fetal pulse oximetry system called FetalSAT®, produced by Nonin Medical, first studies in some European countries showed significant advantages in terms of obtaining the desired data (92% versus approximately 74%) and necessity for reapplication. There is reasonable hope that with the new device oxygen saturation will be a valuable parameter not only in anesthesia and intensive care medicine but in obstetrics too.

Literatur:

1. East C.E., Brennecke S.P., King J.F., Chan F. C., Colditz, P.B: The effect of intrapartum fetal pulse oximetry, in the presence of a nonreassuring fetal heart rate pattern, on operative delivery rates: A multicenter, randomized, controlled trial (the FOREMOST trial). Am. J. Obstet. Gynecology (2006) 194; 606-16
2. East, CE., Gascoigne, MB., Doran, CM., Brennecke, SP., King, JF., Colditz, PB.: A cost-effectiveness analysis of the intrapartum fetal pulse oximetry multicentre randomised controlled trial (the FOREMOST trial). BJOG (2006) 113; 1080-1087

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