

POSSIBLE CAUSE

ACTION & SOLUTION¹



The patient is ambulating

- **Return patient to bed**
- **Consider using a maternity belt to support pannus during ambulation or upright position**

HELP/TIP

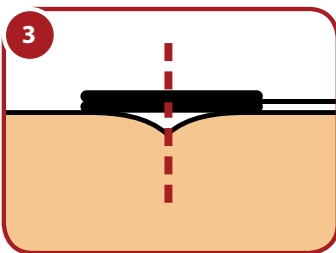
- Allow 10-15 minutes of monitoring before starting ambulation.
- The patient should not be encouraged to ambulate unless the FHR trace is good and the signal indicator on the Novii Interface shows 3 green squares.

Signal 



Patient position/posture

- **Use a pillow behind back or head to make patient more comfortable**
- **Return patient to a position where Novii worked well**
- **Encourage patient to lie on left or right**
- **If patient on side, support abdomen with a pillow/rolled blanket to re-position abdomen so that the Patch is centred over the uterus**

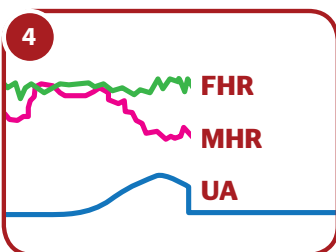


Electrode 'detached' or makes poor contact with skin

- **Check electrodes and move or stick back down**
- **Re-position Patch or electrode to avoid the skin problem**

HELP/TIP

- The Interface will alert user with a visual message, but only when electrode is fully detached.
- Check electrodes after a shower, clinical procedure, ambulation or position change.
- Electrode(s) should not be placed over a skin lesion, skin fold, umbilicus, stretch mark, pronounced linea nigra.
- If necessary use a strip of micropore tape to prevent electrode lifting or detachment.



Lost MHR and UA as well as FHR

- **Check Interface for help message**
- **Interface is off**

HELP/TIP

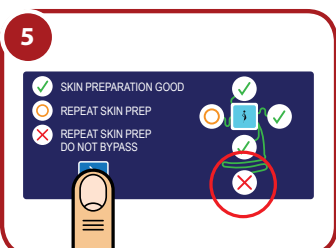
- If Interface has lost power **Bluetooth pairing with POD is lost**.
Remove POD from Patch, place in charging bay and start new monitoring episode when power is returned.
- Interface does not have a battery back-up.**

- **Start-Screen is displayed**

HELP/TIP

POD has switched off - remove POD from Patch and place in charging well. Start new monitoring session with other POD.

- **Faulty 'Y' Connector - replace**



Bypassed red X on electrode/skin checkscreen

- **Exfoliate skin under 'bad' electrode**

HELP/TIP

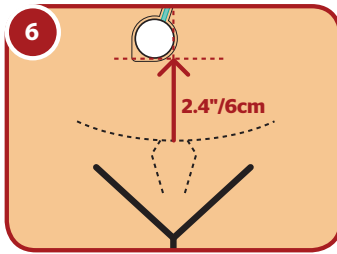
- Peel the **X** electrode back, remove excess gel from skin and finish with alcohol wipe. Wait until skin is dry then exfoliate skin and reapply electrode.
- May need to use micropore tape to hold in place.

- **Restart the monitoring session if location of 'bad' electrode not known**

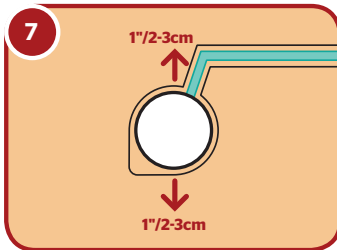
HELP/TIP

Remove POD from Patch, place in charging bay and start new monitoring episode.

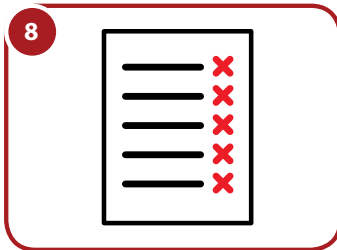
POSSIBLE CAUSE



Lower electrode is not 2.4"/6cm above the symphysis pubis



Lower electrode may not be optimally placed²



None of the above

ACTION & SOLUTION¹

● Re-position electrode

HELP/TIP

- Peel the electrode back, remove excess gel from skin and finish with alcohol wipe. Wait until skin is dry then exfoliate skin again and reapply electrode in correct position.
- May need to use micropore tape to hold in place.

Pannus covering Symphysis Pubis

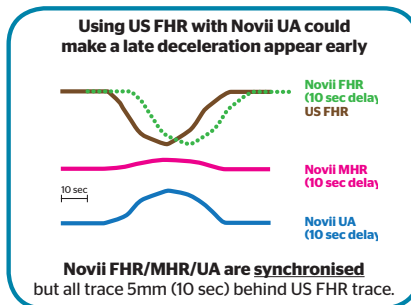
- Remove electrode and place it lower or higher on the abdomen
- Alternatively place electrode just below the point where the surface curves back on itself ensuring that the electrode is not folded

● Plug in US transducer for short FHR 'filling' and reassurance

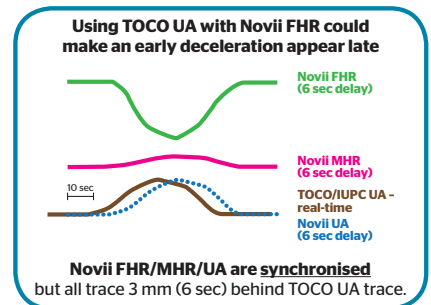
HELP/TIP

WARNING: Novii UA/MHR delayed
 ⚠ 10 seconds (5mm) from US FHR - see panels below

● Swap back to conventional monitoring modality

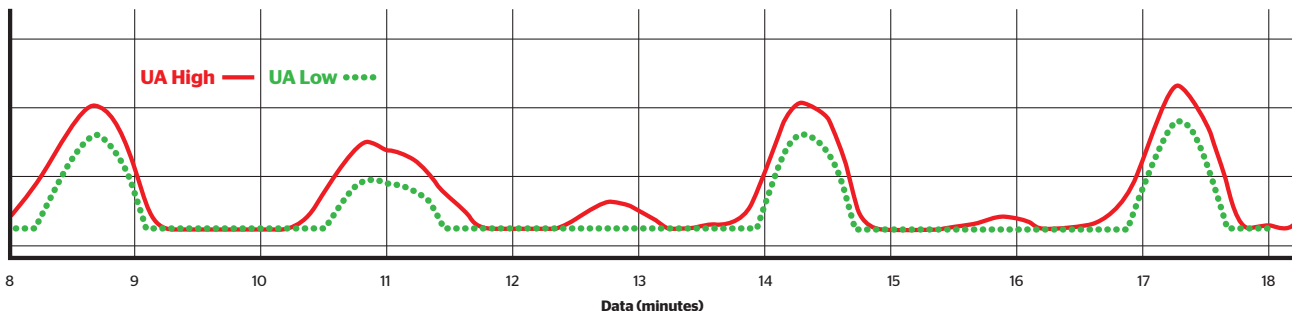


10 Second Trace Example



6 Second Trace Example

High/Low UA Sensitivity Explained



Selecting UA Low sensitivity from the Novii display will decrease the UA trace amplitude, suppressing unwanted low amplitude UA, but it will also reduce the contraction duration. There will be no change to the location of the peak.

Low amplitude UA is considered to be due to artefact from fetal/maternal movement and unsynchronised myometrial activity.

Notes:

This troubleshooting guide assumes that the patient is supine or semi-supine during Patch placement and Novii set-up.

- CAUTION:** any intervention will take 10 seconds before its impact will be seen on the trace.
- The user is familiar with the placement of Patch and lower mid-line electrode in high BMI patients with a pannus.