



# PREDICTING PREECLAMPSIA

## The Versatile Software that Supports a More Accurate and Streamlined Risk Assessment

**There are more open cots in the nursery at Royal Prince Alfred Hospital in Sydney. That's because the push for preeclampsia risk assessment in the first trimester has meant fewer babies are delivered prematurely. The focus is on early preeclampsia prediction and prevention—and with the help of intuitive software, the program has had a major impact on patient care over the last several years.**

“The big win here is the reduction in the delivery of preterm infants because the mother had preeclampsia. About 80% of the babies that we were delivering for preeclampsia before 34 weeks—are now delivered later, at term. That’s a huge difference, and we have lower mortality rates because we are not delivering these babies early,” said Jon Hyett, M.D., Head of High Risk Obstetrics at Royal Prince Alfred Hospital.

Since 2012, the hospital has screened more than 10,000 women for preeclampsia in the first trimester—allowing for earlier intervention. The hospital’s results resemble data from the ASPRE Trial, an international multicenter study, that used the same screening approach to identify approximately 76% of cases of preterm preeclampsia, at a false positive rate of 10%.

The Fetal Medicine Foundation developed the screening algorithm—which incorporates several data markers, including maternal characteristics, medical history, uterine artery Doppler, mean arterial pressure,

and placental growth factor. Obtaining, tracking and documenting this information accurately is critical to providing your patients with the potentially life-saving information they need.

**"It's the difference between being proactive and reactive."**

– Prof. Dr. Jon Hyett

At Royal Prince Alfred Hospital, physicians conduct 2,500 screenings annually and rely on ViewPoint™ 6\* ultrasound reporting and image management technology to help streamline the process and reduce the risk of errors. The tool from GE Healthcare increases efficiencies by transferring measurements and patient ultrasound exam data directly to the software and into the algorithm—as you’re scanning.



Dr. Hyett utilizes a version with fixed terms and phrases to increase consistency. And having an easy-to-read, comprehensive report readily available, also allows him to check his work.

“The quality assurance aspect is important because you are using information that you’re measuring over the course of the pregnancy to calculate risks,” Hyett explained. “It’s important to sit back and reflect on your measurements because obviously any inaccuracies in the process would be reflected in the report.”

**"ViewPoint 6 improves your workflow and the quality of of your work."**

“You’re collecting data from a number of different sources and ViewPoint 6 helps you collate those data sets. They are all different styles of tests so it’s important to have a system that helps you do that to make sure you’ve completed the data acquisition and entered all the data properly. ViewPoint 6 improves your work flow and the quality of your work,” Hyett said.

ViewPoint 6 adjusts the algorithm to account for different demographics and ethnicities. Physicians can also manipulate the raw data to allow for individual variability within a population for more accurate results.

Another benefit of the technology is the ability to generate custom or standardized reports that can be sent to referring obstetricians and family doctors.

Hyett says the system allows physicians to do so many things that improve overall patient care—and he insists first trimester preeclampsia risk assessment has significantly changed his practice.

“It’s the difference between being proactive and reactive. It’s taken a disease that was common—that could create lots of morbidity for both mothers and their babies—and it’s changed it. We can now put some preventative points in play. To work in an environment where you feel that you’ve done something that allows you to predict and prevent a condition—that’s a great feeling.”

\*The ViewPoint 6 Preeclampsia risk assessment is not available in the United States and Japan

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