

AFL monitoring

- the clinical solution for Dysfunctional Labor

About 20 % of all delivering women suffer from Dysfunctional Labor, a situation that often results in extremely long deliveries, putting heavy strain on both the mother and the resources of delivery wards. In those situations the appropriate action is often decided under the pressure of time. A normal vaginal delivery is usually the preferred option, but a long outdrawn labor, will put heavy strain on both the woman and the fetus. This can lead to complications such as fetal asphyxia or future pelvic floor dysfunction.

For the first time a tool is now available to assist you in making a correct clinical decision on how to proceed with a slowly progressing delivery. By monitoring AFL, the Amniotic Fluid Lactate level during active delivery, a prediction of delivery method, vaginal or operative is possible early during delivery.

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Clinical situation

An obstetrician is often faced with a situation where the progress of labor is arrested. If the membranes are ruptured, the current standard management for Dysfunctional Labor is Oxytocin infusion. However, it is well known that Oxytocin might be ineffective in many situations and does not significantly reduce the Caesarean rate. A simple AFL-test contributes valuable information, supporting an adequate administration of Oxytocin during Dysfunctional Labor.

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Scientific background

Supported by several studies it is well known that the uterine muscle is a heavy lactate producer during active labor. There is substantial evidence that a raised lactate level in the uterus leads to inhibition of muscle contractions.

Studies also show that it is possible to monitor the state of the uterus by analyzing the lactic acid in amniotic fluid, an AFL-test. This simple test makes it possible to predict the method of delivery early in the delivery process. The AFL level during Dysfunctional Labor reflects the strength of remaining contractions.

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AFL monitoring in practice

It has been shown that when the AFL level is low, in a situation with Dysfunctional Labor, the probability is high that the delivery can proceed to a normal vaginal delivery after Oxytocin stimulation in accordance with clinical practice.

If, on the other hand, a high AFL level is observed, the probability is significantly higher that the delivery has to be completed with caesarean, ventouse or forceps. If the woman has got an Oxytocin infusion, and at the same time the AFL level is high, it is recommended to reduce the amount of Oxytocin. This will give the uterus a chance to recover, resulting in reduced AFL level, and increased probability for a normal vaginal delivery.

Monitoring AFL will support you in making a faster and more informed clinical decision. ”

DMS061 – AFL monitoring made easy

ObsteCare AFL Monitoring System DMS061 is designed to make it easy to follow and predict the outcome of the delivery during active labor. The system is designed to fully support non-invasive testing at point of care. Small samples of amniotic fluid are collected during active delivery and analyzed for the concentration of lactate. The AFL level is instantly displayed in the partogram facilitating a clear overview and understanding of the uterus' status.

DMS061 is built on patented¹ technology and is the only system on the market for point of care use that is tailored for the measurement of lactate in amniotic fluid during active delivery.

¹ US patent no. US 7,318,809
¹ US patent pending no. 11/569,510
¹ US patent pending no. 60/596,673

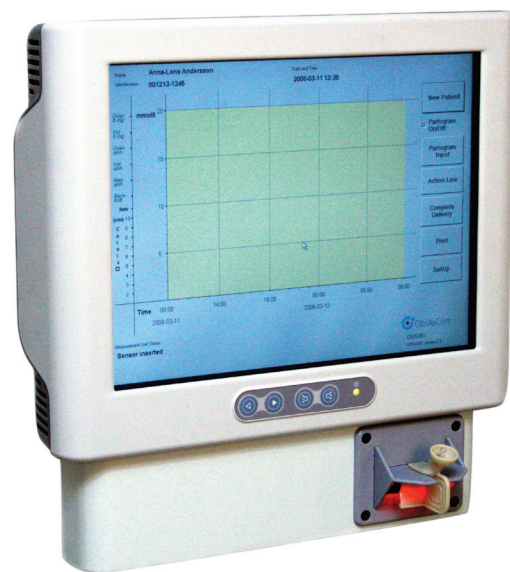
Securing your investment

Diagnostic analysis of lactate in amniotic fluid is a new and evolving field. To assure access to the latest technology, DMS061 is modularly designed to encompass upgrades for future research findings. DMS061 can be fully integrated into the hospital's ICT infrastructure, facilitating seamless access to patient data and records.

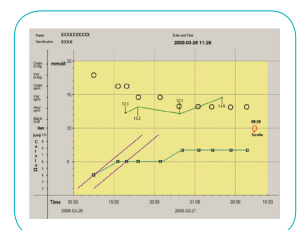
AFL monitoring, – easy, quick and non-invasive test at point of care ”

Easy to learn - Easy to use

AFL Monitoring System DMS061 is designed to be easy to install, use and maintain. The emphasis has been on clinical use. In order to secure maximum efficiency when introducing the new technology, application training is always a part of the installation.



Less than a ml of the spontaneously pouring amniotic fluid during active delivery is necessary for an accurate measurement of the AFL level. The fluid is delivered into the single use measuring probe on the display unit and the measurement starts automatically. The result is within a few seconds projected on the Partogram, and by combining the AFL-level with the development of cervix dilatation a thorough understanding of the delivery status is obtained.



ObsteCare AB is a provider of medical solutions with a global focus on improving delivery care for both the mother and the healthcare provider. This is done by supplying reliable services and products, facilitating efficient care in maternity wards.