

# Extracting information from obstetricians' judgments using order-constrained models

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## Background

- Obstetricians measure fetal heart rate during labor to evaluate the health of babies
- Using FIGO standards, babies can be classified as “normal”, “suspicious”, or “pathological”
- Reliability of classifications is low
- In previous research:
  - Simple hypotheses of agreement on nominal classifications reliability of classifications have been tested
  - Classifications have been treated as nominal
- By treating classifications as ordinal we can test more elaborate hypotheses

## Current Project

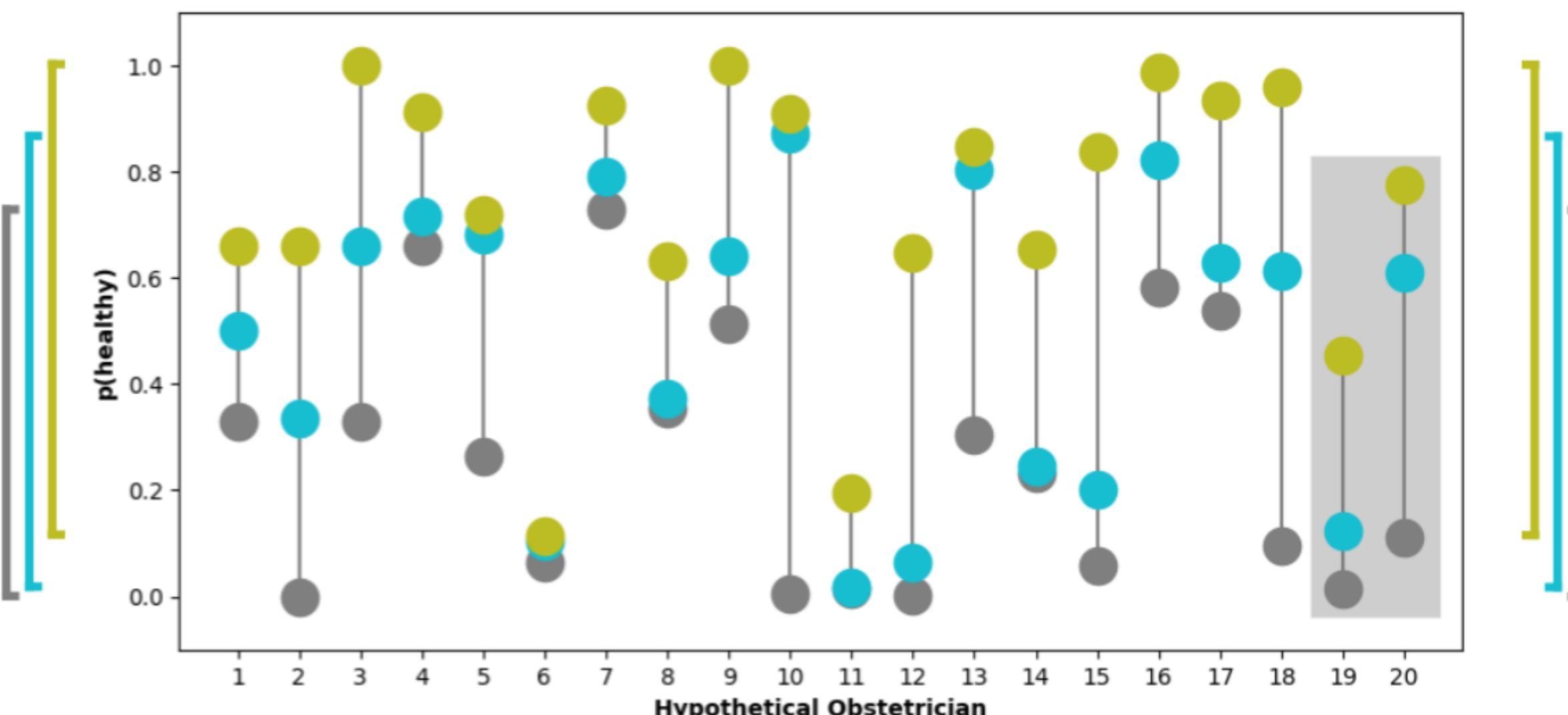
- We propose the probability that a baby is healthy is expected to increase as the classification improves:

$$p(\text{healthy}|\text{normal}) > P(\text{healthy}|\text{suspicious}) > p(\text{healthy}|\text{pathological})$$

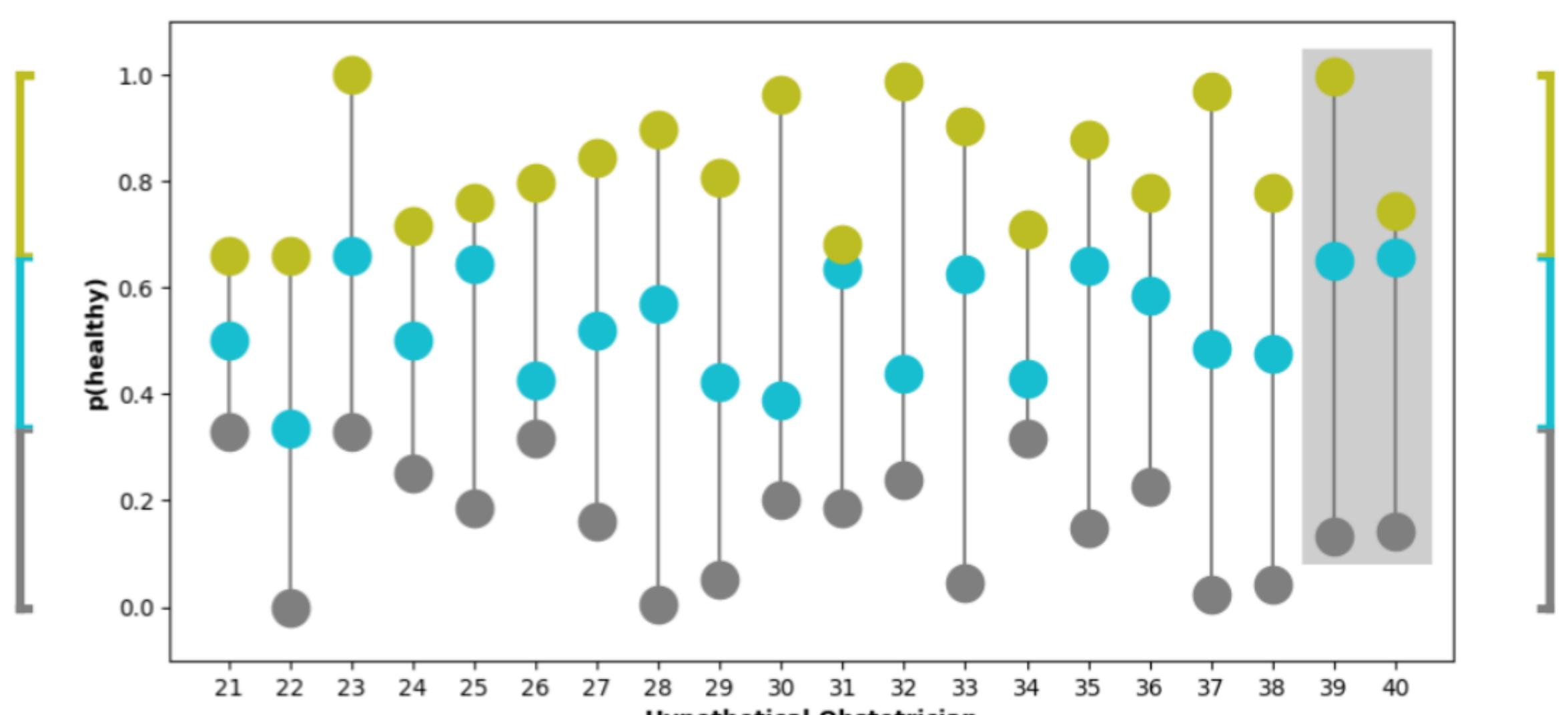
- We test different hypotheses about the ordinal patterns obstetricians' evaluations
- We use the CTU-CHB Intrapartum Cardiotocography Database, which contains baby health data, including CTG recording and evaluations by obstetricians

## Hypotheses and Results

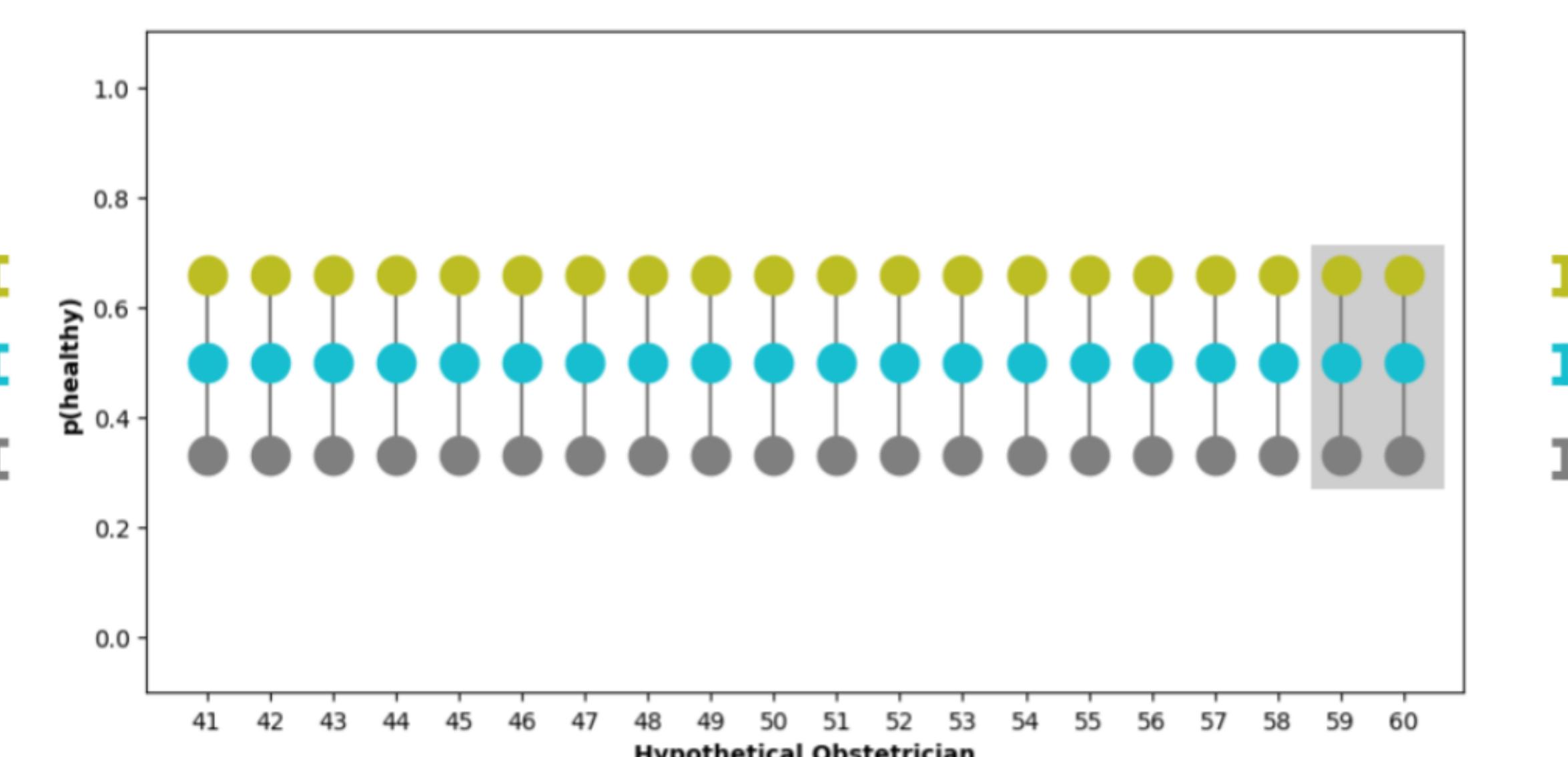
### Hypothesis 1



### Hypothesis 2



### Hypothesis 3



evaluates as

	Baby A	Pathological	Hypothesis 1	Hypothesis 2	Hypothesis 3
Obstetrician 1	Baby B	Normal	... is less likely healthy than ...	yes	yes
	Baby C	Suspicious	... is more likely healthy than ...	no	yes
Obstetrician 2	Baby D	Suspicious	... is equally likely healthy as ...	no	no
Obstetrician 3				✓	✓
					✗

yes Hypothesis does require constraint  
no Hypothesis does not require constraint  
✓ Hypothesis confirmed  
✗ Hypothesis rejected

## Discussion

- The probability that a baby is healthy or unhealthy given an obstetrician's evaluation is comparable across obstetricians.
- Based on our findings, the probability of finding a healthy baby increases when obstetricians give a better evaluation.
- The obstetricians are not all equal but there seems to be consistency amongst clinicians' evaluations.
- Overall, the current study:
  - Suggests that the FIGO guidelines can be helpful and obstetrician's evaluations contain some information.
  - Highlights the need for action in order to achieve more comparable outcomes across obstetricians.

## References

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