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Grimes, Ob&Gyn 2010. 116:1397-1400

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Electronic fetal monitoring has failed as a public health screening program. Nevertheless, most of the four million low-risk women giving birth in the United States each year continue to undergo this screening. The failure of this program should have been anticipated and thus avoided had the accepted principles of screening been considered before its introduction. All screening tests have poor positive predictive value when searching for rare conditions such as fetal death in labor or cerebral palsy. This problem is aggravated when the screening test does not have good validity as is the case with electronic fetal monitoring. Because of low-prevalence target conditions and mediocre validity, the positive predictive value of electronic fetal monitoring for fetal death in labor or cerebral palsy is near zero. Stated alternatively, almost every positive test result is wrong. To avoid such costly errors in the future, the prerequisites for any screening program must be fulfilled before the program is begun.

Comment in[Obstet Gynecol. 2011 Apr;117\(4\):986; author reply 986-7.](#)[Obstet Gynecol. 2011 Mar;117\(3\):730; author reply 730-1.](#)[Obstet Gynecol. 2011 Mar;117\(3\):731; author reply 731-2.](#)

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