



Stony Brook University

# Identification of Uterine Contractions by an Ensemble of Gaussian Processes

Liu Yang\*, Cassandra Heiselman<sup>†</sup>, J. Gerald Quirk<sup>†</sup>, Petar M. Djurić\*

\* Department of Electrical & Computer Engineering, Stony Brook University,

<sup>†</sup> Department of Obstetrics, Gynecology and Reproductive Medicine, Stony Brook University Hospital,  
Stony Brook, NY, 11794, USA

IEEE ICASSP 2021

**FAR  
BEYOND**

# Overview

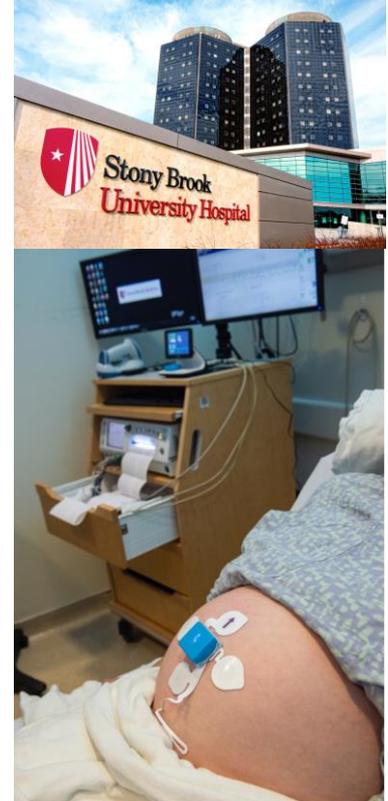
- ❖ Motivation
- ❖ Problem Description
- ❖ Model and Method
- ❖ Experiments
- ❖ Conclusions

# Motivation

- Electronic fetal monitoring records both fetal heart rate (FHR) and uterine activity (UA) signals.
- Automatic FHR analysis assists clinicians to reduce the risk of fetal hypoxia and acidosis with timely surgical interventions during labor.
- With the fact that UA causes FHR, the identification of uterine contractions can guide us for advanced FHR interpretation.

Picture source:

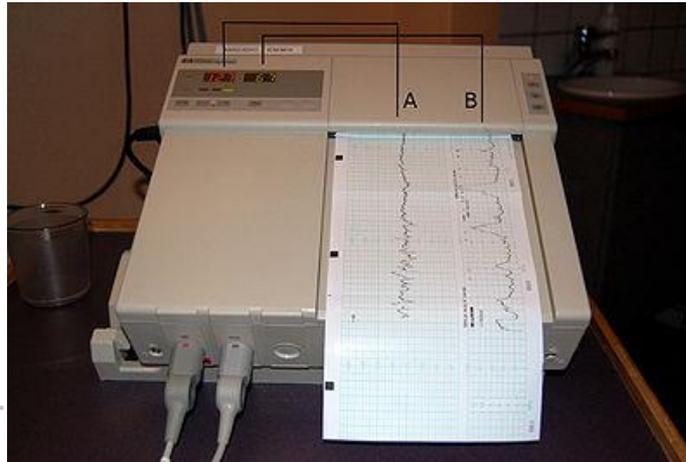
<https://www.stonybrook.edu/commcms/electrical/research/2021/djuric.php>



# Problem Description

One of the common approaches for UA monitoring is tocodynamometry (TOCO), which is an external monitoring.

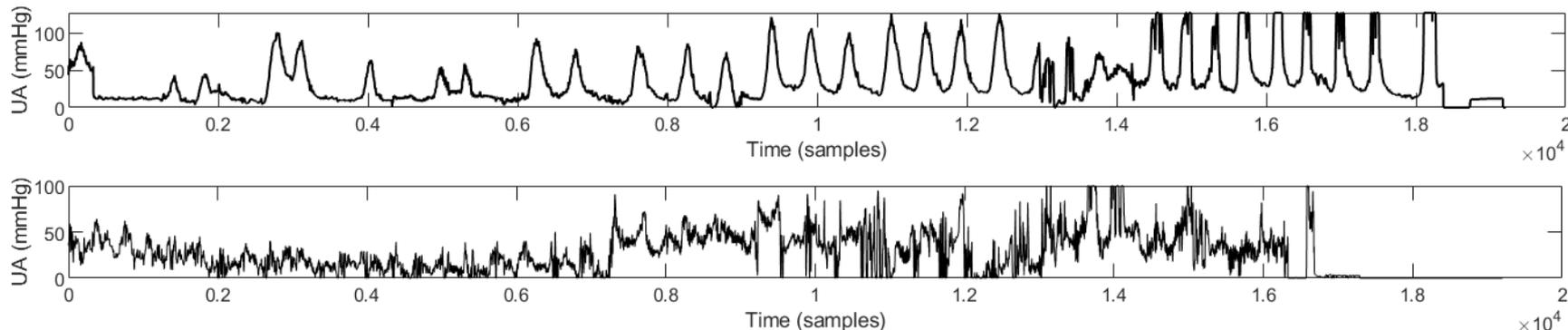
The TOCO UA signals are usually noisy with unstable resting tones and intensive jiggling.



# Problem Description

One of the common approaches for UA monitoring is tocodynamometry (TOCO), which is an external monitoring.

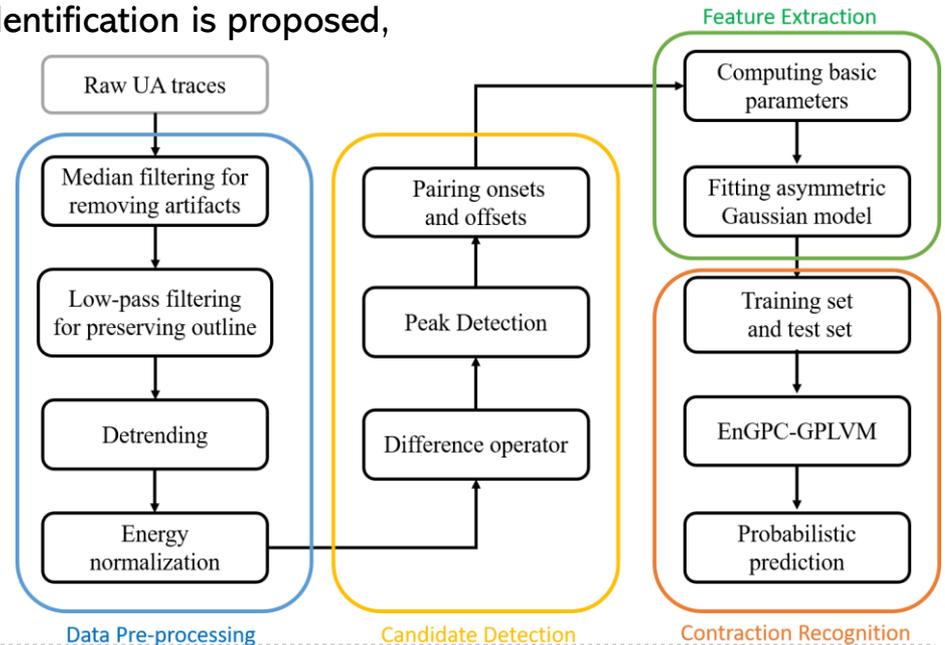
The TOCO UA signals are usually noisy with unstable resting tones and intensive jiggling.



# Model and Method

A method for uterine contraction identification is proposed, which includes four main steps:

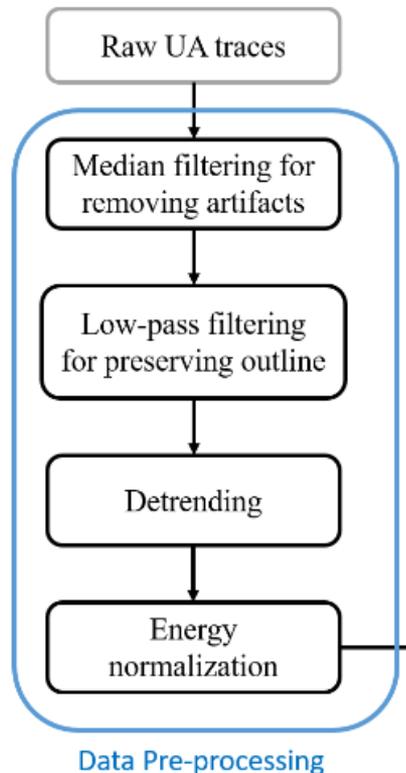
- I. Data pre-processing
- II. Candidate detection
- III. Feature extraction
- IV. Contraction recognition



# Model and Method

## Step 1: Data pre-processing

Since the typical sampling rate of UA signal is 4Hz, we take it as an example and design the filters.



# Model and Method

## Step 1: Data pre-processing

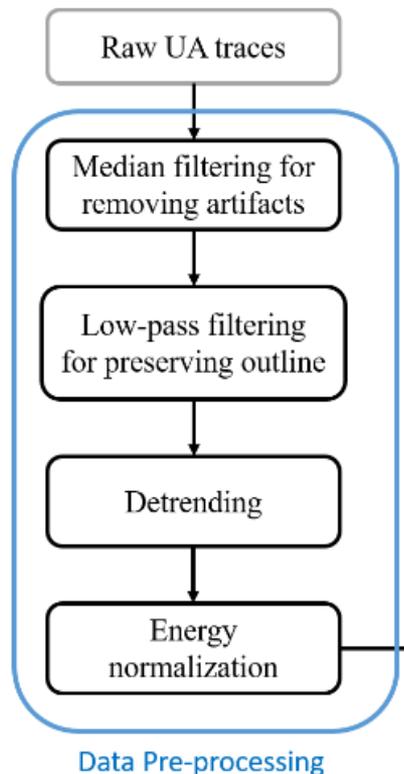
Since the typical sampling rate of UA signal is 4Hz, we take it as an example and design the filters.

30-seconds 1D median filter

Zero-phase low-pass filter with cutoff frequency 0.04Hz

6-min 1D median filter

Normalization in a moving 6-min window

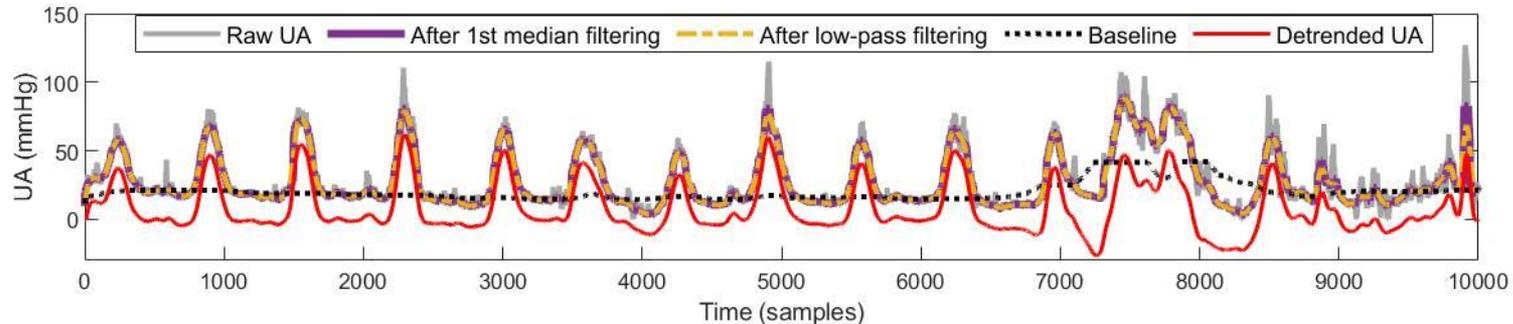


# Model and Method

## Step 1: Data pre-processing

Since the typical sampling rate of UA signal is 4Hz, we take it as an example and design the filters.

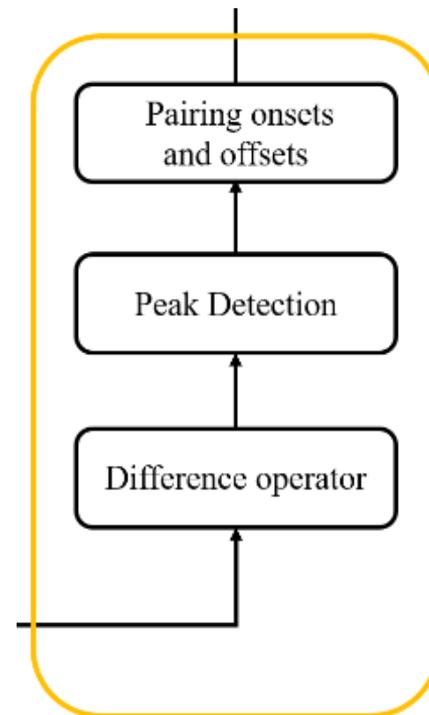
### 30-seconds 1D median filter



# Model and Method

## Step2: Candidate detection

difference operator  $d[n]=x[n+\text{delta}]-x[n]$   $\text{delta}=0.4\text{min}/0.6\text{min}$

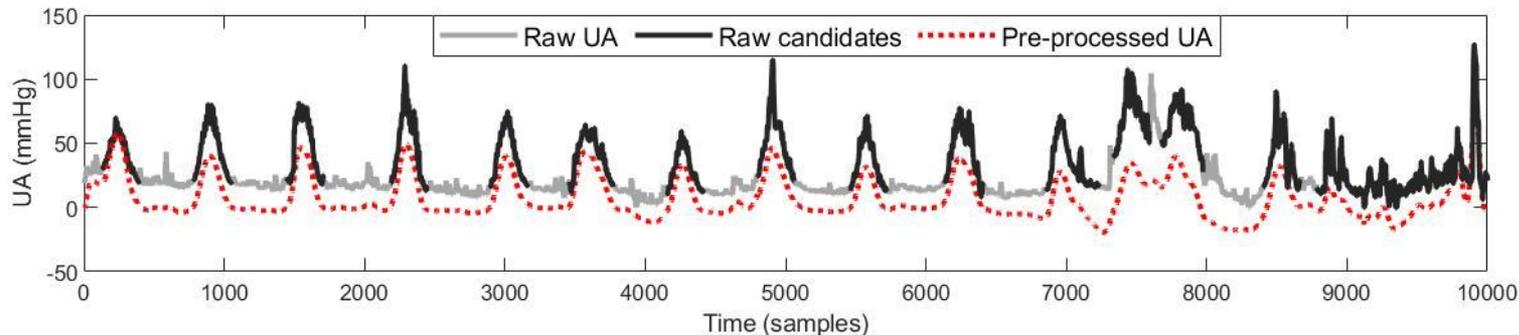
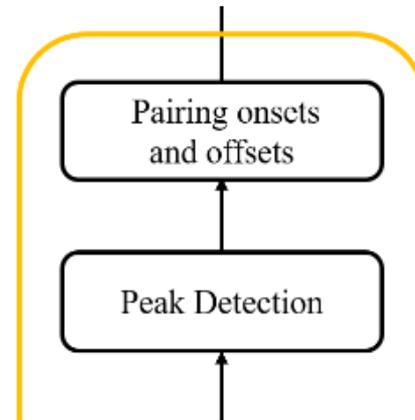


Candidate Detection

# Model and Method

## Step2: Candidate detection

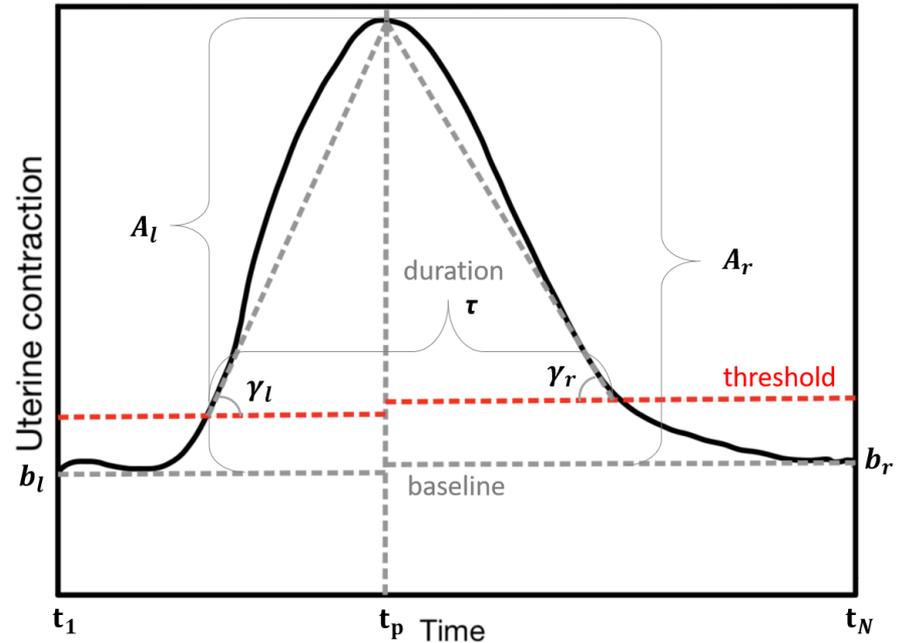
difference operator  $d[n]=x[n+\text{delta}]-x[n]$   $\text{delta}=0.4\text{min}/0.6\text{min}$



# Model and Method

## Step3: Feature extraction

$\tau$	Duration
$A$	Mean of $A_l$ and $A_r$
$\tan(\gamma_l)$	Left slope
$\tan(\gamma_r)$	Right slope

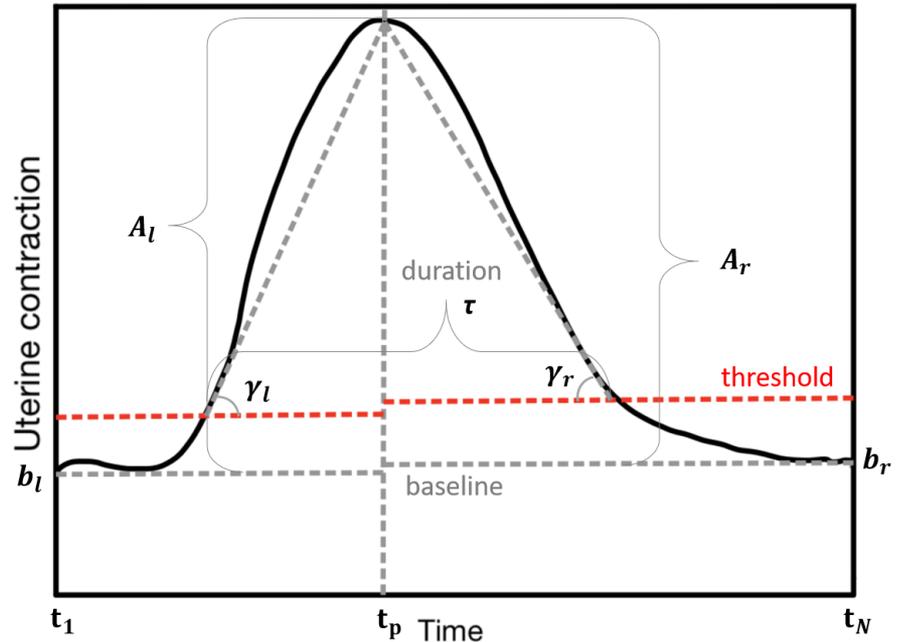


# Model and Method

## Step3: Feature extraction

Asymmetric generalized Gaussian model:

$$f(t) = [b_l + A_l \exp(-\frac{|t - t_p|^{\alpha_l}}{\beta_l})][u(t - t_1) - u(t - t_p)] + [b_r + A_r \exp(-\frac{|t - t_p|^{\alpha_r}}{\beta_r})][u(t - t_p) - u(t - t_N)]$$



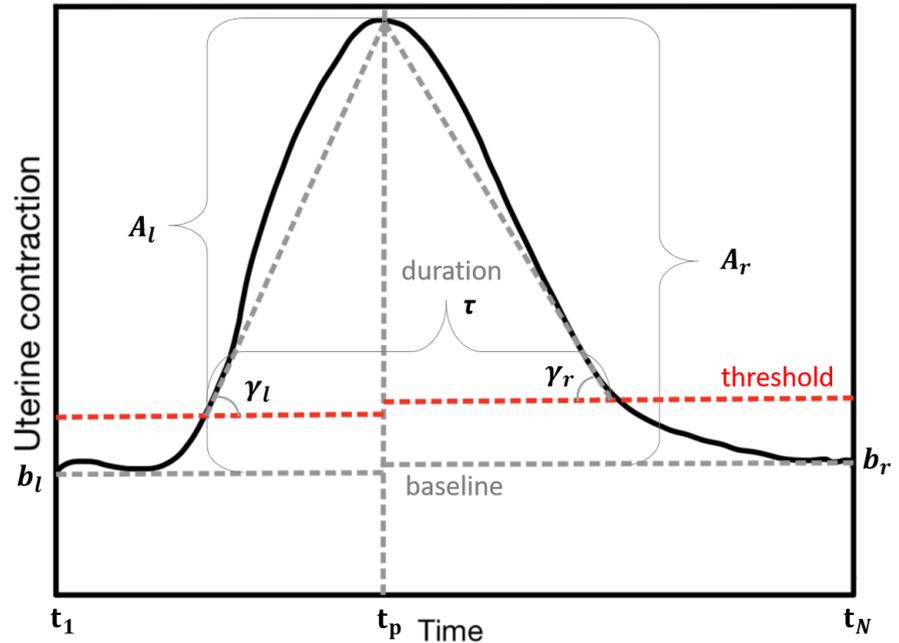
# Model and Method

## Step3: Feature extraction

Asymmetric generalized Gaussian model:

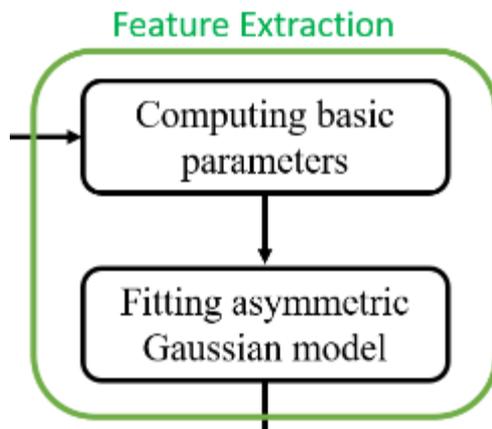
$$f(t) = [b_l + A_l \exp(-\frac{|t - t_p|^{\alpha_l}}{\beta_l})][u(t - t_1) - u(t - t_p)] + [b_r + A_r \exp(-\frac{|t - t_p|^{\alpha_r}}{\beta_r})][u(t - t_p) - u(t - t_N)]$$

$\alpha_l$	Shape
$\beta_l$	Shape
$\alpha_r$	Shape
$\beta_r$	Shape



# Model and Method

## Step3: Feature extraction



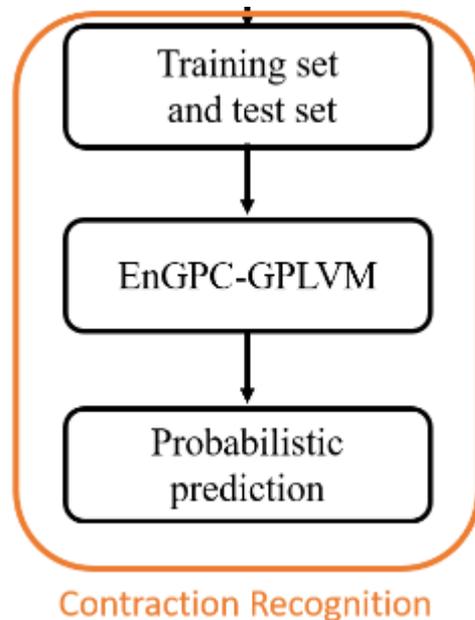
Basic	$\tau, A, \tan(\gamma_l), \tan(\gamma_r)$	Shape	$\alpha_l, \beta_l, \alpha_r, \beta_r$
-------	---	-------	--

# Model and Method

## Step4: Contraction recognition

Since most of the candidates should be contractions, it can be formulated to an imbalanced classification problem.

According to [1], we applied the EnGPC-GPLVM to predict the probabilities of every candidates being contractions.



# Model and Method

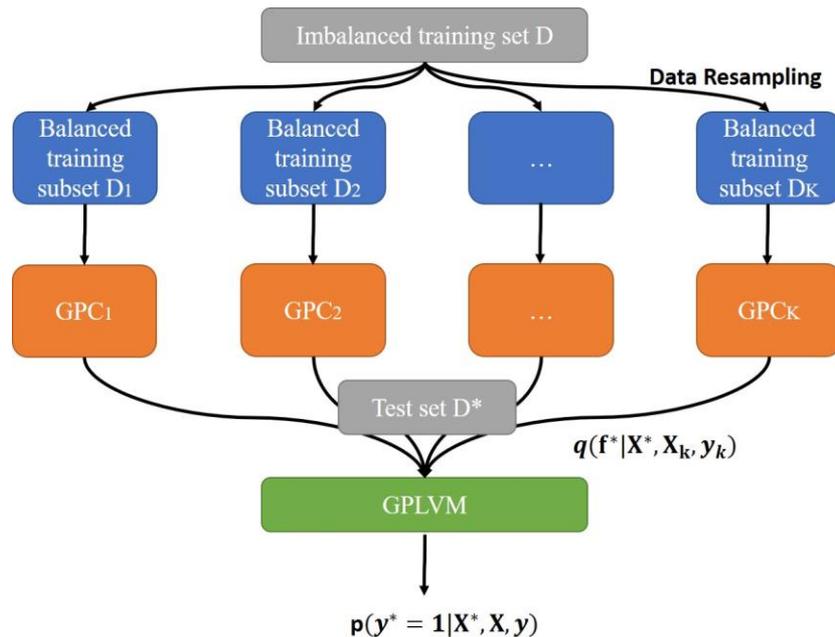
## Step4: Contraction recognition

Training set  $\mathcal{D} = \{\mathbf{X}, \mathbf{y}\}$

$$\mathbf{X} \in \mathbb{R}^{dx \times n} \quad \mathbf{y} \in \mathbb{R}^n$$

Each column of  $\mathbf{X}$  contains all features of a candidate sample.

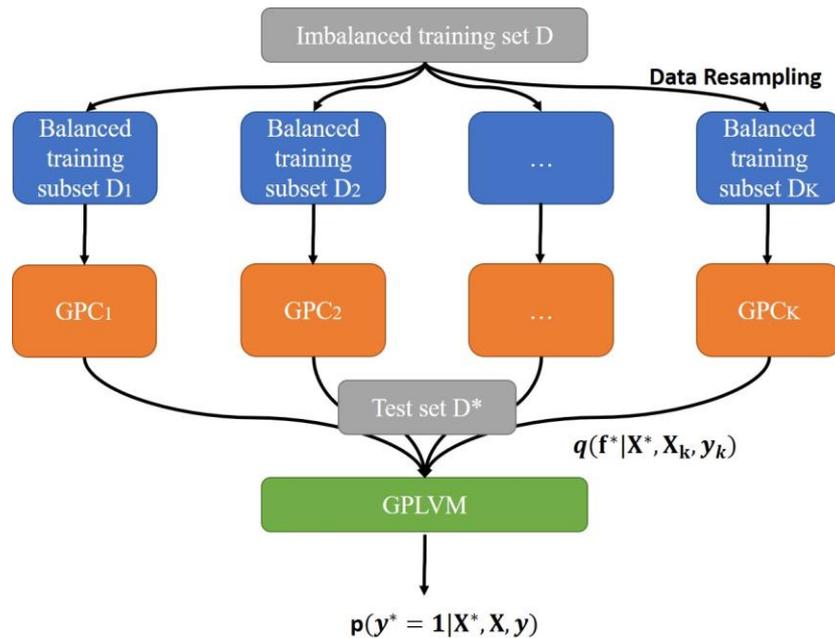
Test set  $\mathcal{D}^* = \{\mathbf{X}^*, \mathbf{y}^*\}$



# Model and Method

## Step4: Contraction recognition

Each GPC, as an expert gives its "opinion" about latent values  $f^*$

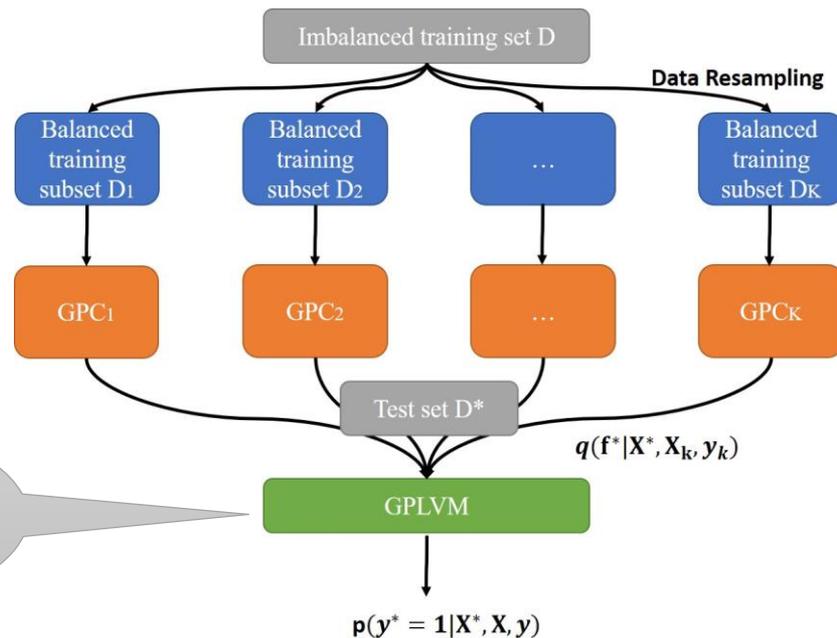


# Model and Method

## Step4: Contraction recognition

Each GPC, as an expert gives its "opinion" about latent values  $f^*$ .

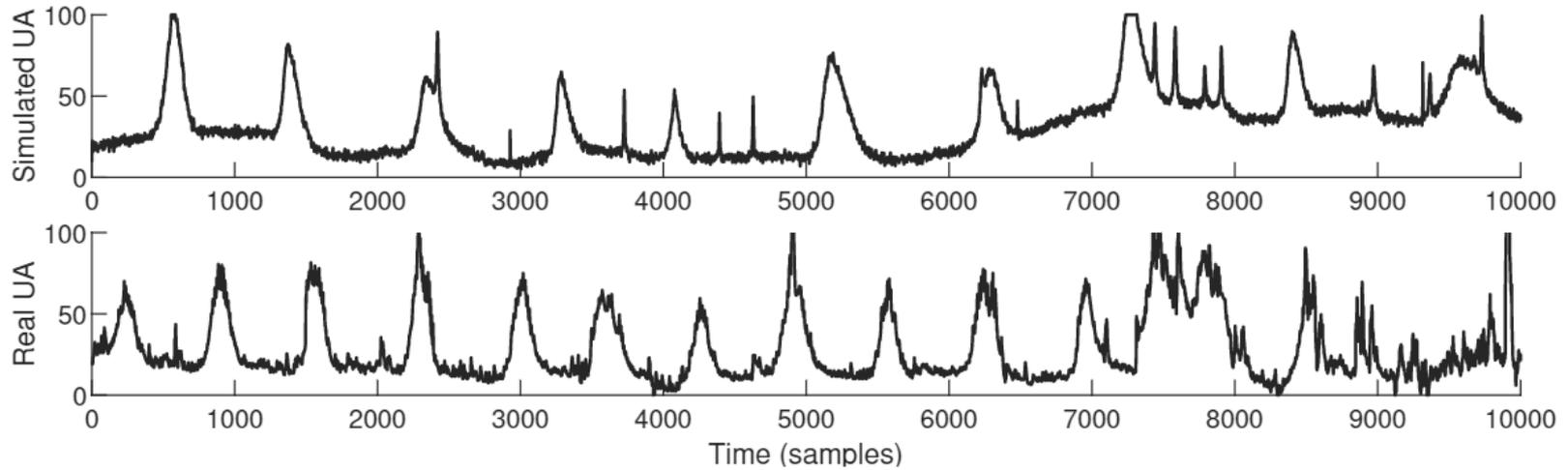
GPLVM is a senior decision maker who synthesizes all opinions to give a final decision.



# Experiments

## Test with simulated UA signals

UA = Baseline + Contractions + Perlin Noise + Impulsive Noise



---

[2] M. Liu, L. A. Belfore, Y. Shen and M. W. Scerbo, "Uterine contraction modeling and simulation," in *MODSIM World 2009 Conference and Expo Virginia Beach*, 2010, pp.135-140.

# Experiments

## Test with simulated UA signals

Training set : 187 positive samples and 26 negative samples

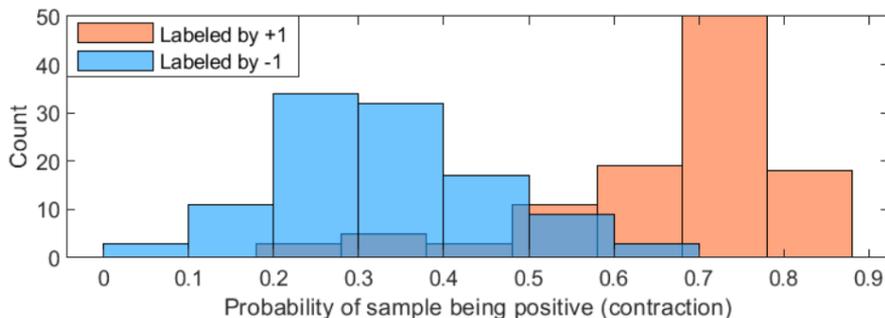
Test set : 109 samples per class

# Experiments

## Test with simulated UA signals

Training set : 187 positive samples and 26 negative samples

Test set : 109 samples per class



Methods	TPR	FPR	TNR	FNR	F-score
GPC	<b>0.9725</b>	0.7523	0.2477	<b>0.0275</b>	0.7138
EGPC-Avg	0.9174	0.2018	0.7982	0.0826	0.8658
EGPC-GPLVM	0.8899	<b>0.1101</b>	<b>0.8213</b>	0.1320	<b>0.8847</b>

GPC: only using a GPC-based model on imbalanced dataset

EGPC-Avg: ensemble of GPCs whose outputs are averaged

EGPC-GPLVM: ensemble of GPCs whose outputs are synthesized by a GPLVM.

# Experiments

## Test with real UA signals

Real UA data from an open access database (CTU-CHB Intrapartum Cardiotocography Database)  
Two of the coauthors from Stony Brook University Hospital annotate the training data.

 Database  Open Access

## CTU-CHB Intrapartum Cardiotocography Database

Published: Feb. 18, 2014. Version: 1.0.0

### When using this resource, please cite the original publication:

Václav Chudáček, Jiří Špilka, Miroslav Burša, Petr Janků, Lukáš Hruban, Michal Hupnych, Lenka Lhotská. Open access intrapartum CTG database. BMC Pregnancy and Childbirth 2014 14:16.

### Please include the standard citation for PhysioNet: [\(show more options\)](#)

Goldberger, A., Amaral, L., Glass, L., Hausdorff, J., Ivanov, P. C., Mark, R., ... & Stanley, H. E. (2000). PhysioBank, PhysioToolkit, and PhysioNet: Components of a new research resource for complex physiologic signals. Circulation [Online], 101 (23), pp. e215–e220.

### Abstract

This database, from the Czech Technical University (CTU) in Prague and the University Hospital in Brno (UHB), contains 552 cardiotocography (CTG) recordings, which were carefully selected from 9164 recordings collected between 2010 and 2012 at UHB.

### Share



### Access

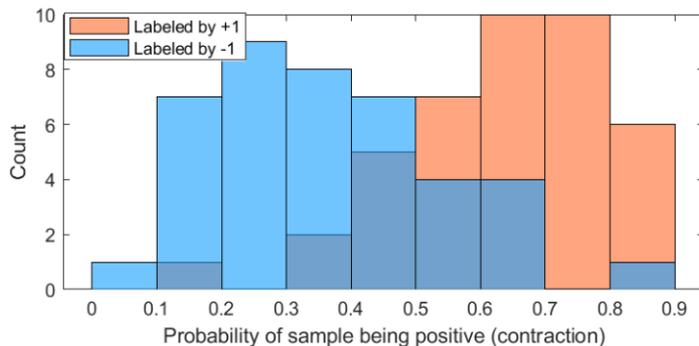
#### Access Policy:

Anyone can access the files, as long as they conform to the terms of the specified license.

# Experiments

## Test with real UA signals

Real UA data from an open access database (CTU-CHB Intrapartum Cardiotocography Database)  
 Two of the coauthors from Stony Brook University Hospital annotate the training data.



Training set: 233 positive samples  
 46 negative samples  
 Test set: 41 samples per class

Methods	TPR	FPR	TNR	FNR	F-score
GPC	<b>0.9012</b>	0.3171	0.6829	<b>0.1488</b>	0.7387
EGPC-Avg	0.7561	0.1950	0.8049	0.2439	0.7850
EGPC-GPLVM	0.8049	<b>0.1195</b>	<b>0.8293</b>	0.1951	<b>0.8148</b>

# Conclusions

- We tackled the problem of uterine contraction identification from raw and noisy TOCO UA signals.
- A four-step method is proposed where the problem is finally transformed to a task of class-imbalanced classification.
- A GPLVM-based ensemble of GPCs is proposed and used in this work.

# Thank you very much for your attention!

## Contacts

\*{liu.yang.2, petar.djuric}@stonybrook.edu

†{cassandra.heiselman, j.gerald.quirk}@stonybrookmedicine.edu