

## What's new about the FMF software

The new software based on the most recently available research findings is different from the previous version in the following respects:

- 1 The maternal age related risk is slightly different
- 2 Improved Likelihood Ratio (LR) for nuchal translucency
- 3 Improved Biochemical medians for free beta hCG (not for PAPP-A) and consequently different MoM
- 4 Changes in the truncation for the LR for NT and NT plus Biochemistry
- 5 Inclusion of tricuspid regurgitation

As a result of these improvements, the risks given by the new software are inevitably different from those given by the previous version.

### ***Tricuspid flow***

+6

The findings of recent studies suggest that examination of the fetal tricuspid flow at 11-13 weeks could have major beneficial implications in screening for Trisomy 21 by maternal age and fetal nuchal translucency (NT). The presence of the normal tricuspid flow is reassuring and will be particularly useful for patients with risks between 1 in 150 and 1 in 300 who are traditionally classified as screen positive. The finding of tricuspid regurgitation increases the risk for trisomy 21 substantially. In addition the risk of cardiac defects is increased and therefore the patient should be offered a follow up specialist fetal cardiac scan.

It is imperative that, as for the NT scan, sonographers undertaking risk assessment by examination of the fetal tricuspid flow must receive appropriate training and certification of their competence in performing the tricuspid flow scan. There is a moratorium in Australia for the Nasal Bone and Tricuspid Regurgitation at the present time.

The Reference and Assessors Committees continue to discuss the implementation of an accreditation process for the nasal bone assessment and tricuspid regurgitation.

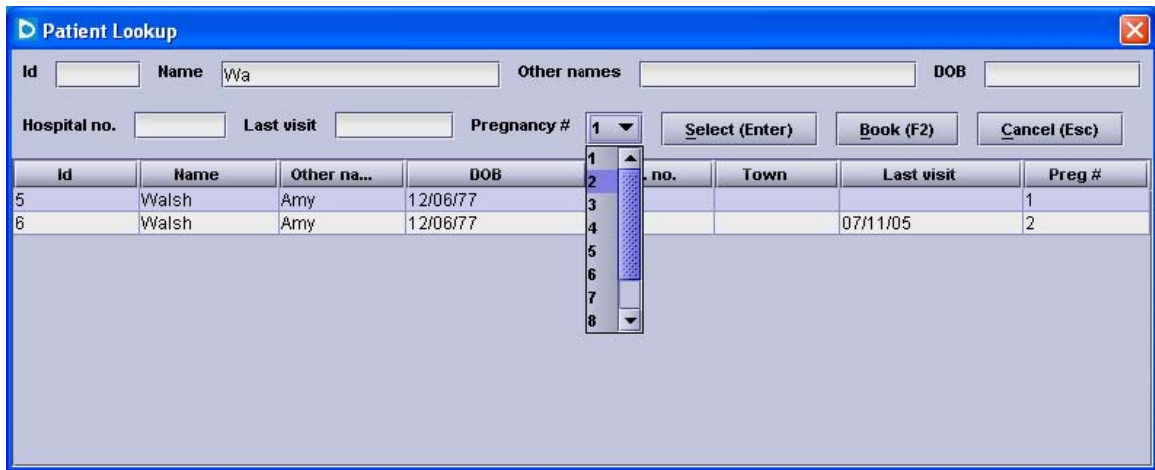
### ***Booking a first trimester patient***

This section will show you the steps for completing a First Trimester Scan in the 11-13+6 weeks software.

By clicking on the field **P**atients on the desktop -or pressing the key **P** – you can enter new patient data and examination results.

The *patient list* will open. Always fill the fields Name, Other names and DOB before you book a patient with the **Book** button or the function key **F2**.

**If the patient comes for her second, third, ... pregnancy, choose the number of pregnancy through the list:**



## **Backing-up the database**

About once a week the FMF is asked if patient records can be recreated from audit data because a computer has crashed losing all records and there is no back-up. We cannot!

**Please perform regular back-ups.**

This is entirely for your own protection in the event of a computer failure. The programme will ask you if you want to do this every time you close the programme and we recommend that you always answer **Yes**. The first time, you will be asked to select the backup path. With every further backup the path chosen in the first place will be automatically selected. If you want to change the backup path, you can do so by going into **Options -Other settings** from the front screen.

When selecting a directory for the backup of the database take the following into account:

When your computer is not connected to a network choose a backup directory on a different hard drive (if available) – that is not C: drive. If you do not have an alternative hard drive, then backup to a backup directory on your C: drive. If you do not already have a backup directory on your C: drive, create a new folder and call it **FMF\_backup**. Additionally save a copy of the database on a different data carrier, for example on a CD.

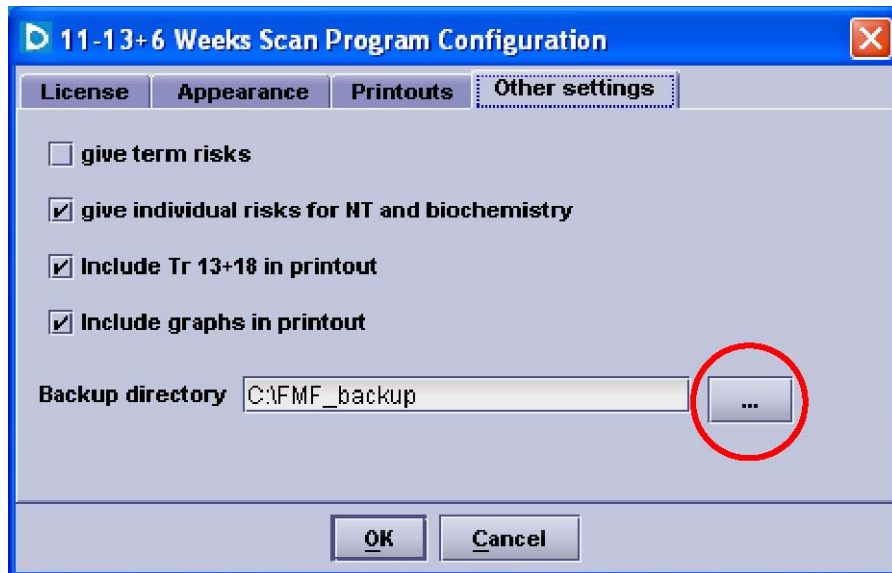
Remember to check in your FMF application, that your backup directory points to the correct location. Click the Options button, under the “Other Settings” tab, the Backup directory box should indicate your backup location. If it does not, click the button next to the directory box and point to the location of your backup folder.

When your computer is installed on a network, the backup should be performed by your system administrator (IT person) who should select a backup path on a different computer/hard disk from the one that you have direct access to.

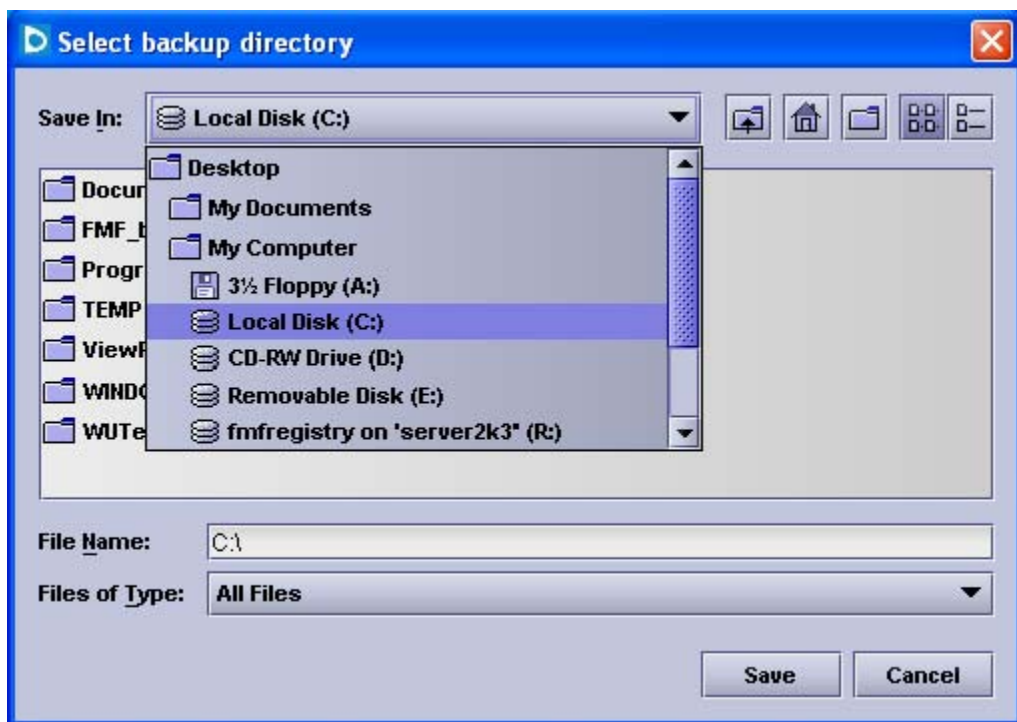
### **Summary:**

(a) open My Computer on your desktop – double click Local Disk (C:) – go to File – New – Folder – rename it to FMF\_backup

(b) open the 11-13+6 Weeks Scan Programme – go to Options – Other settings: click on the three dots button as shown below:



(c) look for the FMF\_backup folder from the list **Save In**, in the directory where you have saved it (the example below shows the folder in C:\FMF\_backup) double-click on it and **Save**.



## ***Frequently asked questions***

### **Number of pregnancy**

Go to the patient lookup and fill in the Name, Other names and DOB details. Click on the list for Pregnancy number and choose the appropriate number. Add the patient to the database with the **Book (F2)** button.

### **How to add a new operator to the list?**

Go to the Ultrasound screen of an existing patient record, click on the Operator list and select **New Item**. If you already have an operator entered you will need to select **Change this list**, before being offered **New item**. Enter each the new operator's name and their ID and press OK. However if this operator was not included in the original licence you will also need to contact the FMF to get them added to the license and access to the risk calculator. See Programme License.

### **How to export the Audit data?**

On the Programme desktop, enter the screen Audit. By clicking on the Export button you can store the data on a floppy disc (we suggest a file name similar to a:\your\_centre.txt). The data extracted is only the data used to produce the audit report you have seen -i.e. no patient names or addresses, and no comments entered in the data entry screens are exported.

### **How to import a new license?**

Go to Options -Licence and click on Import licence at the bottom of the window. Select the directory where you have saved the license file and select open. See the Licensing section for more details.

### **Save changes?**

To close the record and save it you can click on the cross at the top right of the record, or select Exit from the File menu. If the record has changed you will be prompted to save or abandon the changes. To save the patient record at any time, press Ctrl + S, or select Save from the File menu.

### **How do I add/delete a Fetus tab?**

You can record a multiple pregnancy by simply clicking on New Fetus in the Ultrasound section. Alternatively you can delete an incorrect entry of a New fetus, by right mouse clicking on the last tab and choosing **Delete this tab page**.

### **How do I edit a list?**

Move the focus to the list you want to edit, open the list with a double click and click on Change this list or press Alt + Enter.

### **Backup the database?**

Set or change the backup directory in Options -Other settings. For Backup press Ctrl + B, or select Backup database from the File menu. See database backup for more details.

### **Add messages to a patient?**

Press Alt + M, or select messages in the Data menu. You can then save messages for the active patient, such as changes in the examination date or time or messages for another operator, in a text box. Each time the patient is opened the message is automatically displayed, so that other users can see the message as well.

You can add or change the messages. Delete the message if you do not want the message to be displayed any more.

### **Truncation limits**

The risks calculations are truncated at points where there is insufficient data to provide reliable risk calculations. For instance the maximum reduction possible is a 20 fold reduction in risk. This particularly causes confusion in the case of twins if both dichorionic fetuses are noted to have the same risk, even though the NT and / or CRLs are different – this is possible if both achieve the maximum risk reduction.

More information on all of these questions can be found in the programme online Help.