

# ELECTROMYOGRAM (EMG) AND PREDICTING PRE-TERM DELIVERY

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# Introduction

- Premature labor (pregnancy duration  $< 37$  weeks) is the leading cause of morbidity and also mortality in infants
- **Premature labor prediction** using risk factors such as diabetes, hypertension, abnormalities of the uterus, short cervix, conization, a positive fibronectin test, smoking, ..., is far from certain
- Automatic, non-invasive, analysis of electromyogram (EMG) from uterus ElectroHysteroGram (EHG) can help to predict premature labor
- Successful prediction of premature labor would confirm the use of oxytocin antagonist sooner in the process of pre-term delivery

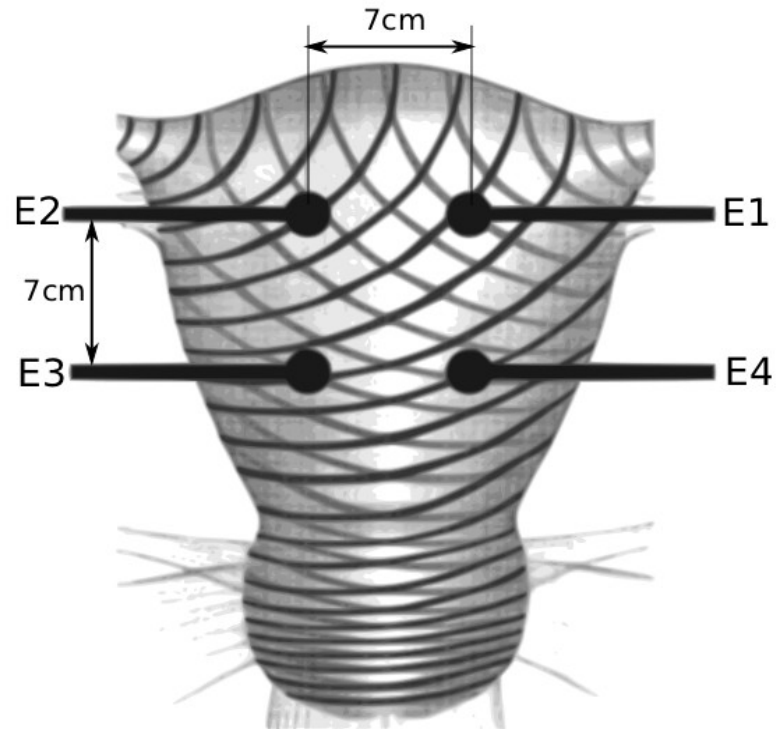
# Signal processing point of view

- Using the EHG **it is possible to automatically detect** uterine electrical activity during both gestation and active labor
- **Linear signal processing techniques** which rely on the changes in the frequency power spectrum of the uterine activity **are able to detect changes in individual uterine contractions** as the time of delivery approaches
- **Non-linear signal processing techniques** (*median frequency of the signal power spectrum and sample entropy*) **are able to differentiate between groups of EHG records** from pregnancies where the **deliveries** were:
  1. **term**;  
and from pregnancies which ended,
  2. **premature**.

# Recording the electromyogram from the uterus

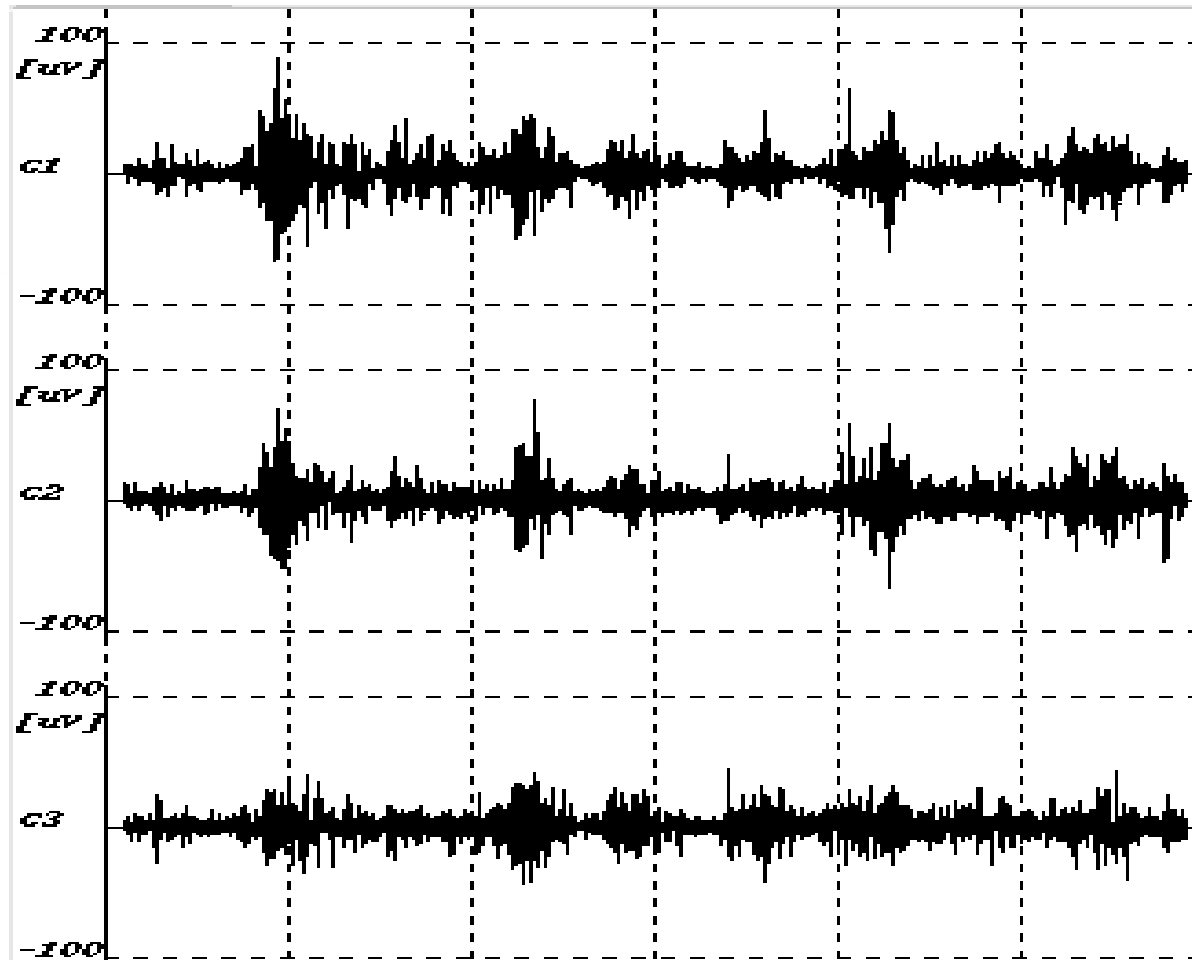
- Uterine ElectroMyoGram (EMG) is termed as **ElectroHysteroGram** (EHG)
- The placement of the electrodes on the abdomen, above the uterine surface

Signal 1: E2-E1,  
Signal 2: E2-E3,  
Signal 3: E4-E3

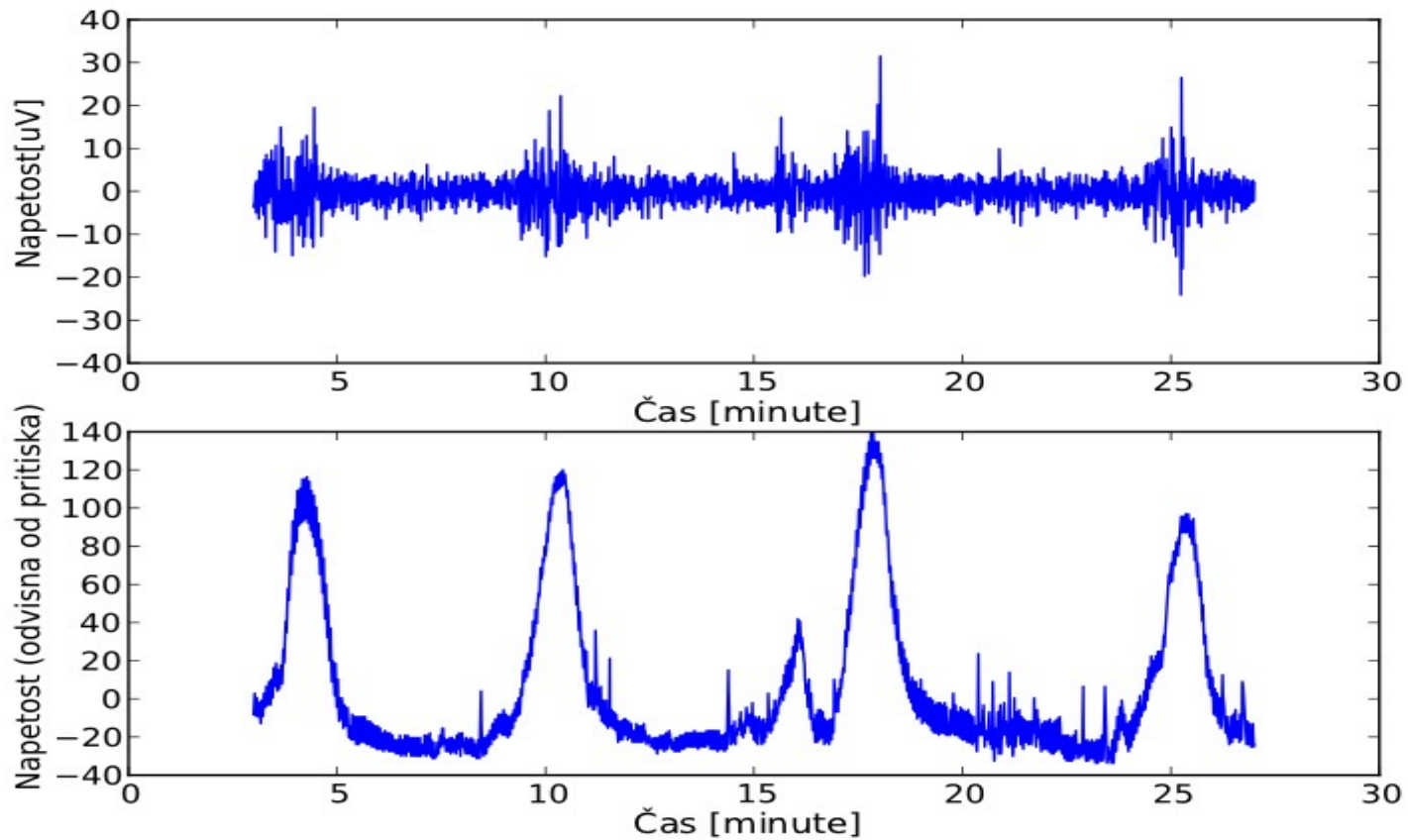




# Recording the electromyogram from the uterus



## Recording the electromyogram from the uterus



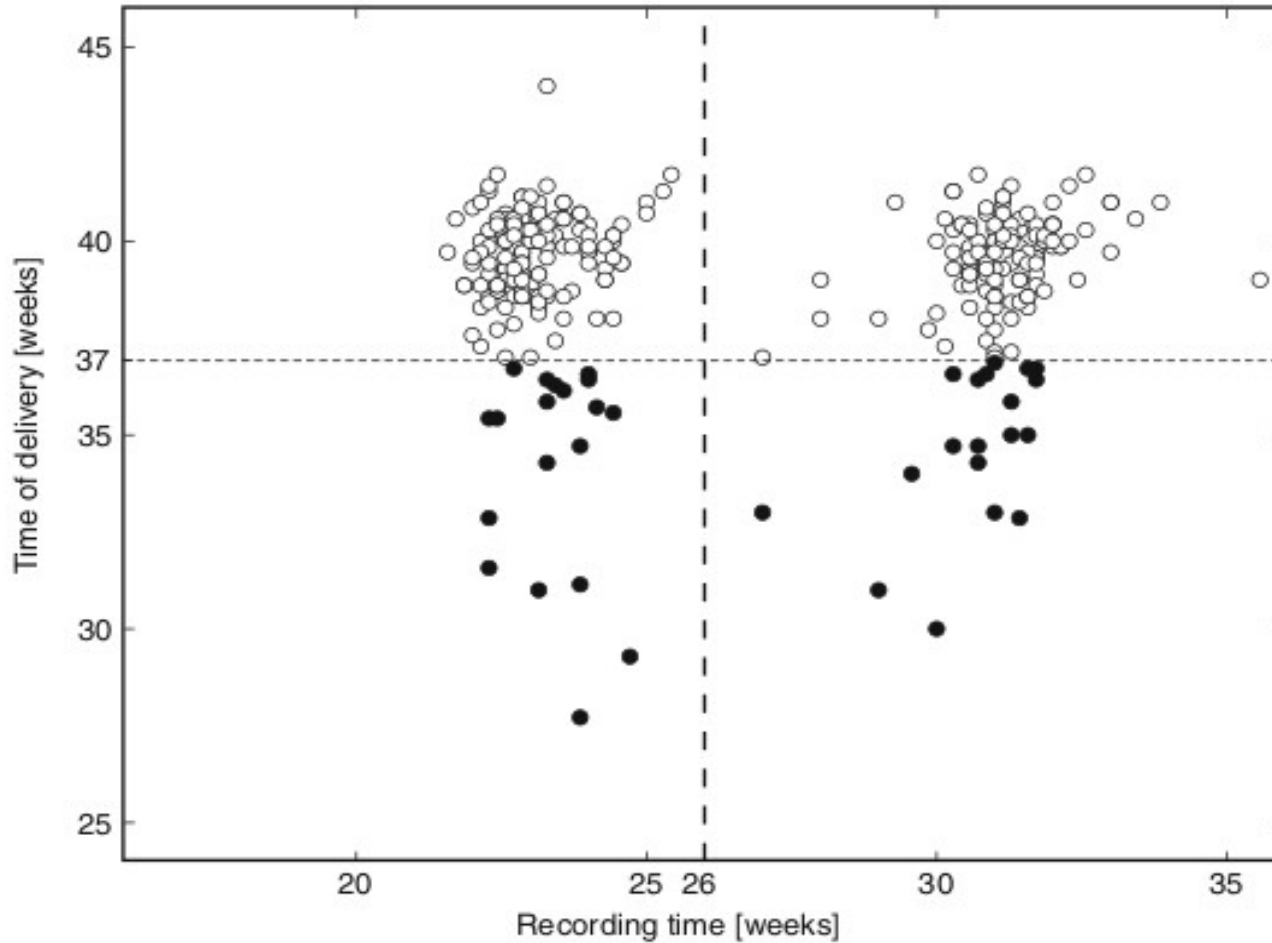
- **External tocography** using tocodynamometer yields relative intensity of uterine contractions and changes in basal pressure (measured at fundus)

# Term Pre-term EHG DataBase (TPEHG DB)

- **Three hundred** 30-minute ElectroHysteroGram (EHG) records
  1. **262** records from **pregnancies** where the **deliveries were term** (pregnancy duration  $\geq 37$  weeks) of which:
    - a) **143** records were **recorded early**, before the 26<sup>th</sup> week of gestation;
    - b) **119** records were **recorded later**, during or after the 26<sup>th</sup> week of gestation.
  2. **38** records from **pregnancies** which **ended prematurely** (pregnancy duration  $< 37$  weeks) of which:
    - a) **19** records were **recorded early**, before the 26<sup>th</sup> week of gestation;
    - b) **19** records were **recorded later**, during or after the 26<sup>th</sup> week of gestation.



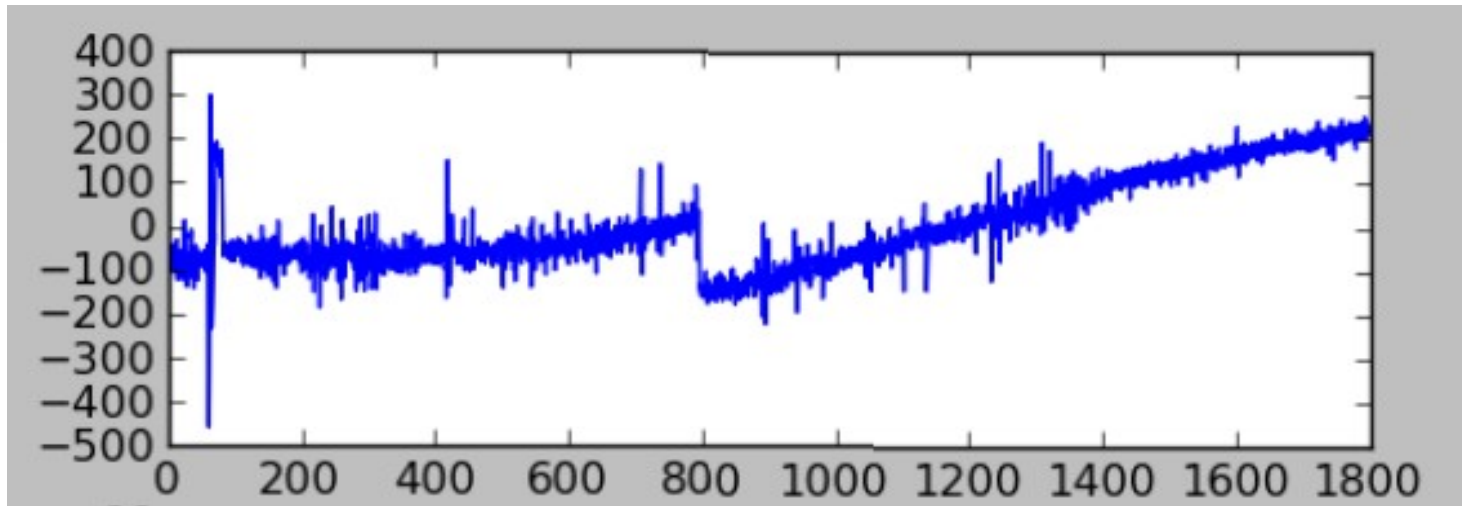
# Term Pre-term EHG DataBase (TPEHG DB)







# Preprocessing



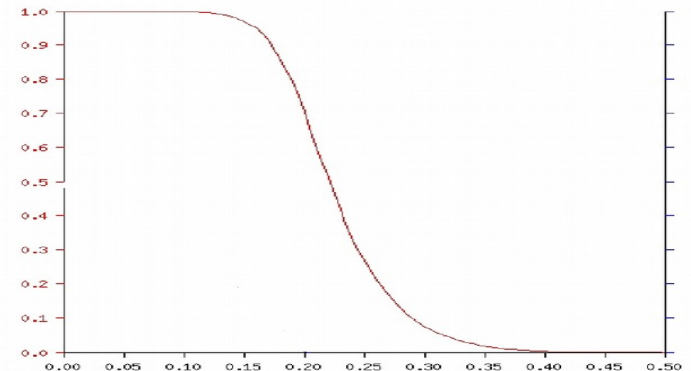
# Preprocessing

- **Digital Butterworth filters** have a smooth frequency response and are computationally non-intensive

- Low-pass 
$$|H_L(\Omega)|^2 = \frac{1}{1 + \left(\frac{\Omega}{\Omega_C}\right)^{2N}}$$

- High-pass 
$$|H_H(\Omega)|^2 = \frac{1}{1 + \left(\frac{\Omega_C}{\Omega}\right)^{2N}}$$

$$|H_L(\Omega)|$$



- Their major drawback, the phase-shifting, is especially troublesome when using high-pass filtering
- The phase-shift can be eliminated by filtering the whole signal twice in different directions, forward and then again backward, thus obtaining a well filtered signal with zero phase shift

# Preprocessing

- **Forward-backward (double pass) filtering** (zero phase shift, squared transfer characteristic)

$$z_1[n] = h[n] * x[n],$$

$$z_2[n] = h[n] * z_1[-n],$$

$$s[n] = z_2[-n]$$

$$X(\omega) = \sum_{n=-\infty}^{\infty} x[n] e^{-j\omega n}$$

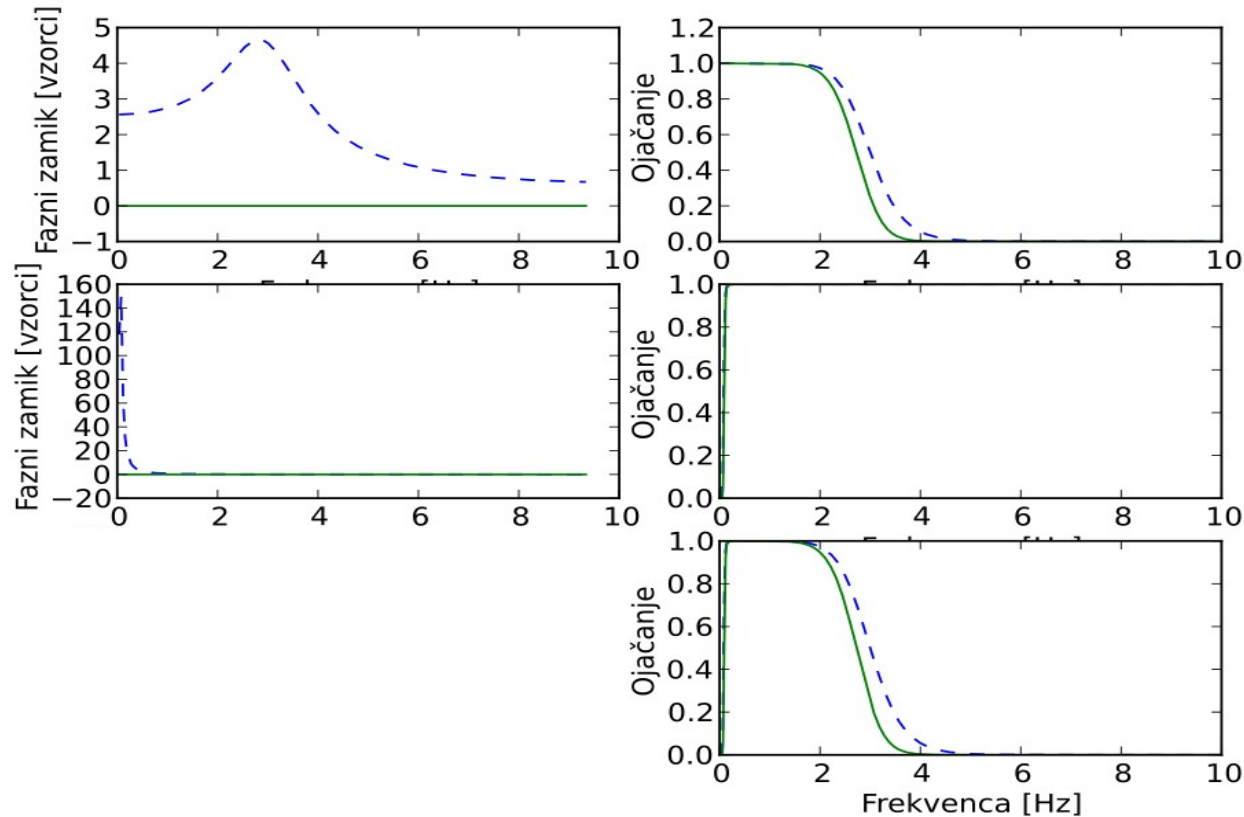
$$x[-n] \leftrightarrow X^*(\omega)$$

$$\begin{aligned} S(\omega) &= Z_2^*(\omega) = H^*(\omega) Z_1(\omega) \\ &= H^*(\omega) H(\omega) X(\omega) \\ &= |H(\omega)|^2 X(\omega) \end{aligned}$$



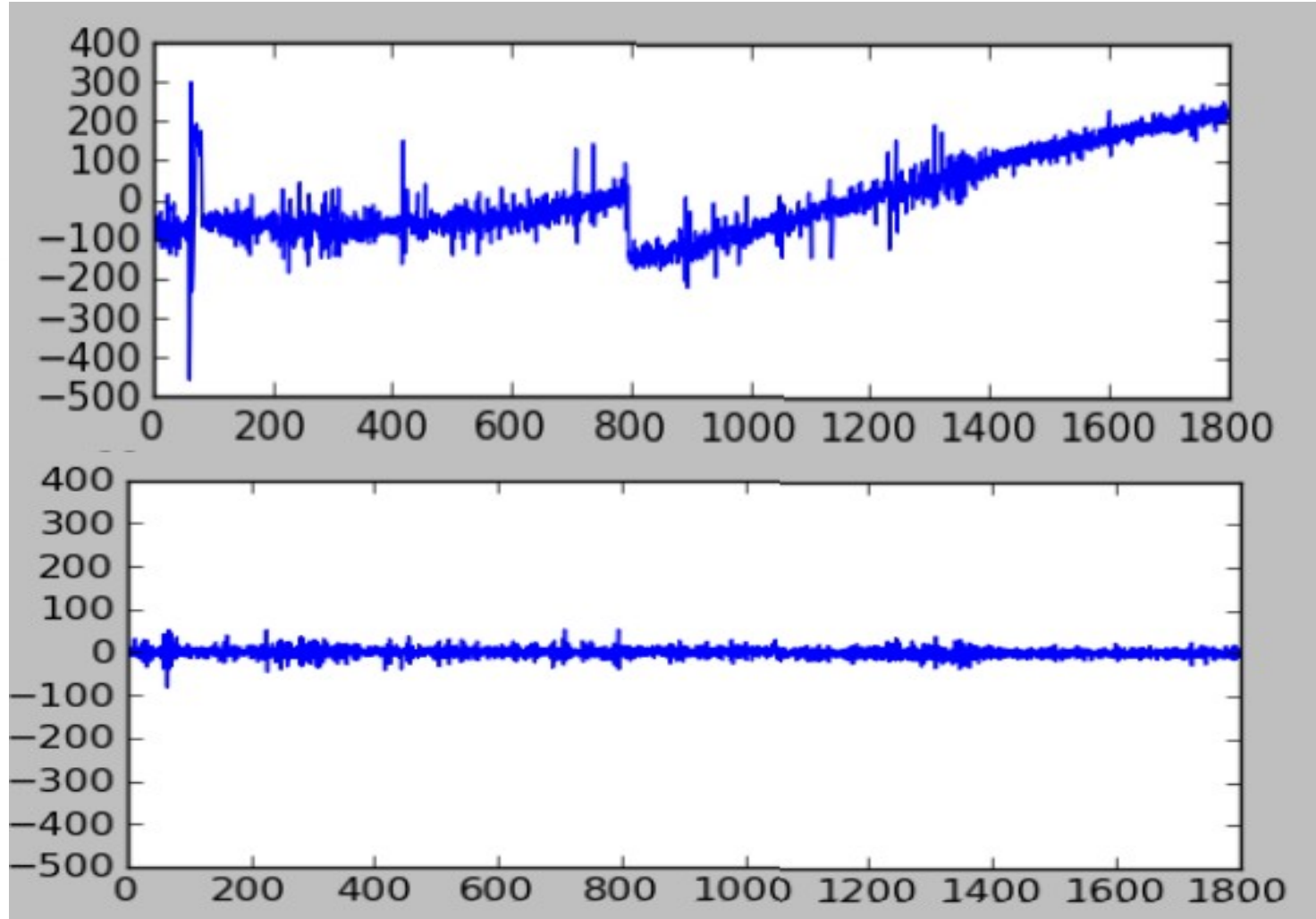
# Preprocessing

- Phase and amplitude response of the 4-th pole Butterworth band-pass filter with the pass-band from 0.08 Hz – 3.0 Hz with and without double-pass filtering scheme



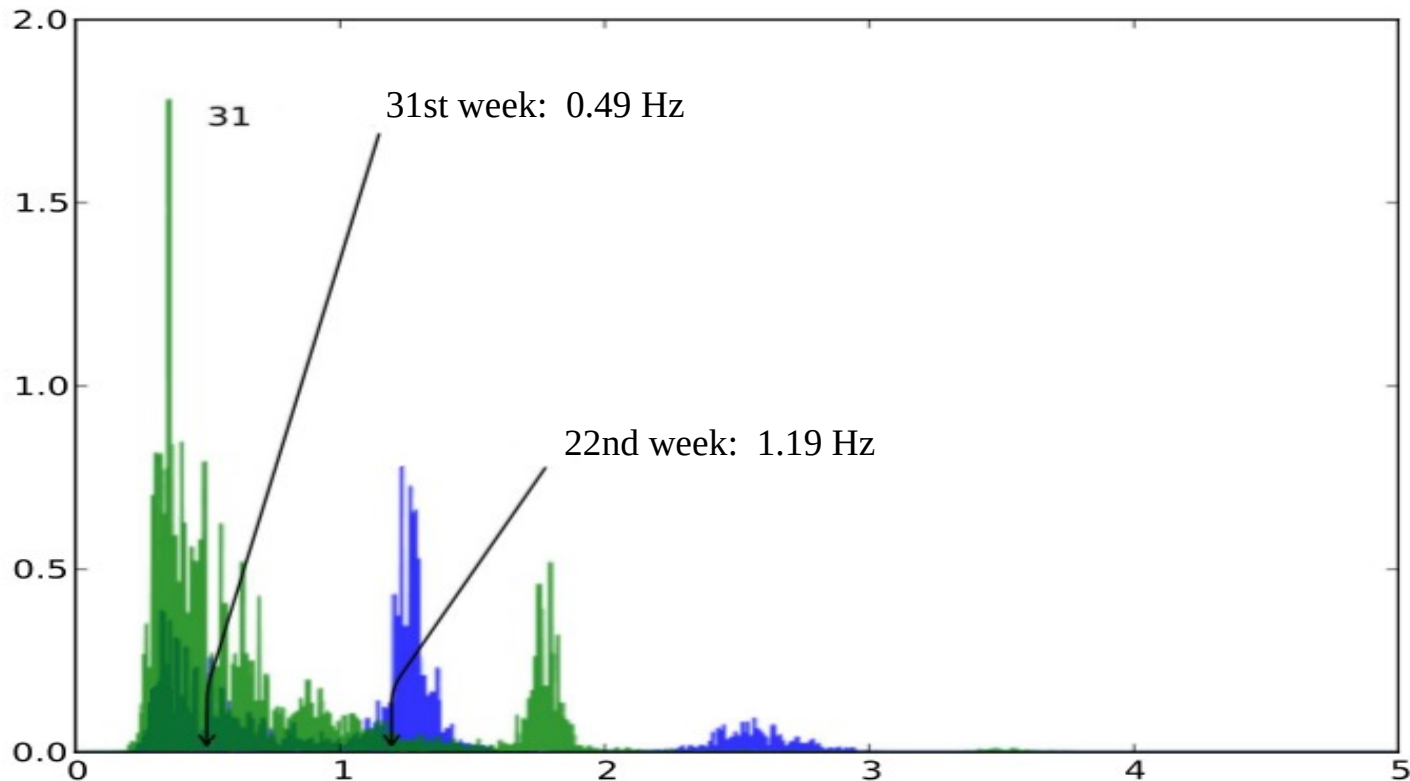


# Preprocessing



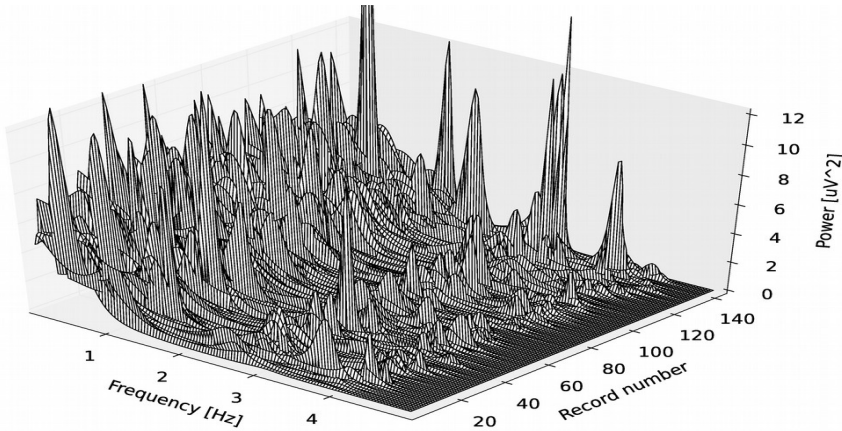
# Behavior of signal power spectrum during pregnancy

- Changes of power spectrum and median frequency during pregnancy for a selected record. The spectrum is moving to the lower frequencies



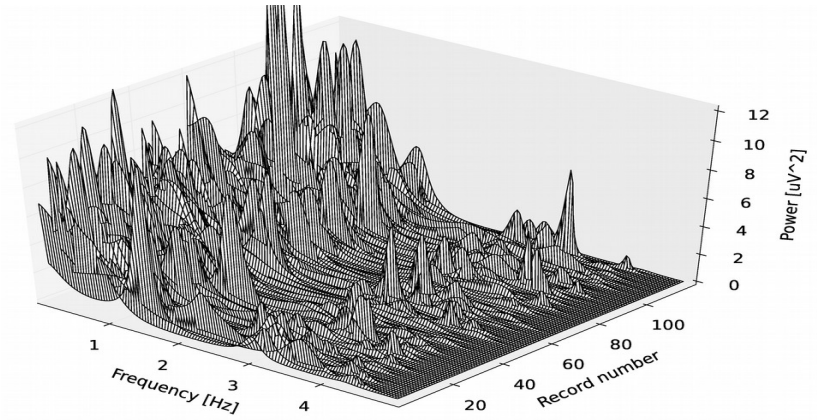
# Signal power spectra of term and pre-term delivery records

Recorded early (143)

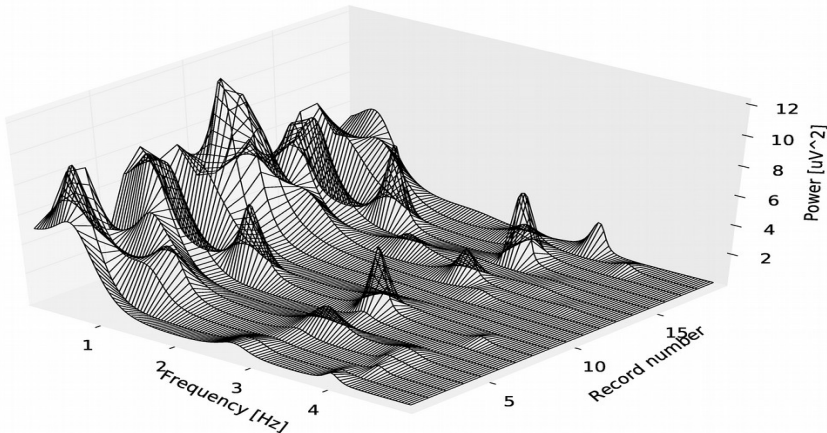


Term delivery

Recorded late (119)

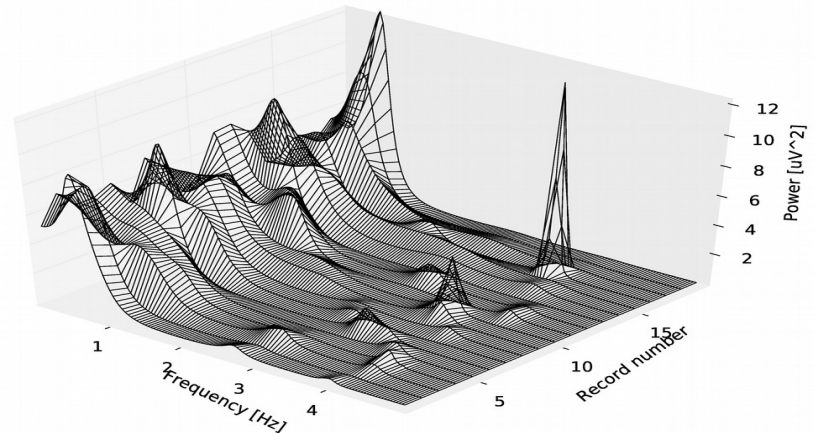


Recorded early (19)



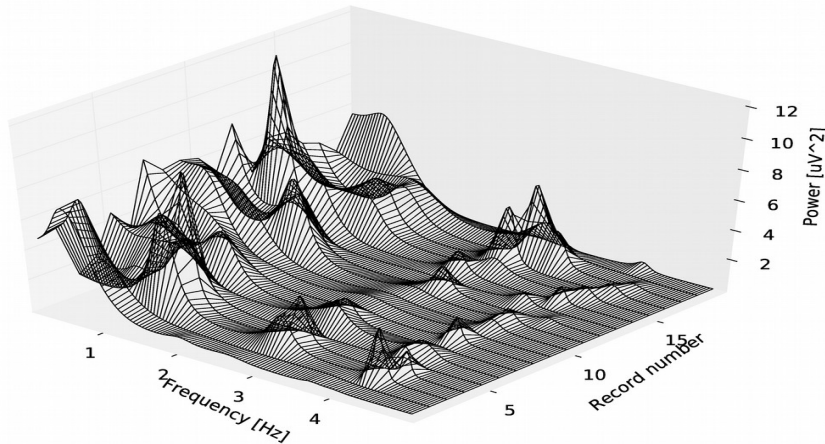
Pre-term delivery

Recorded late (19)

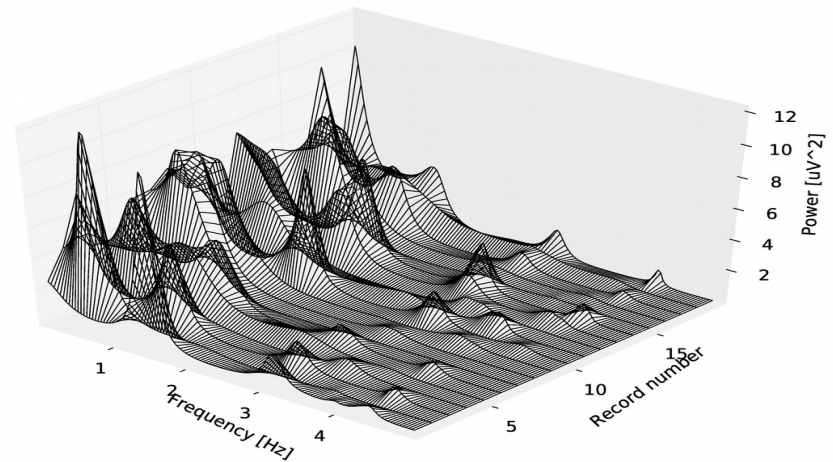


# Signal power spectra of term and pre-term delivery records

Recorded early (19 random)

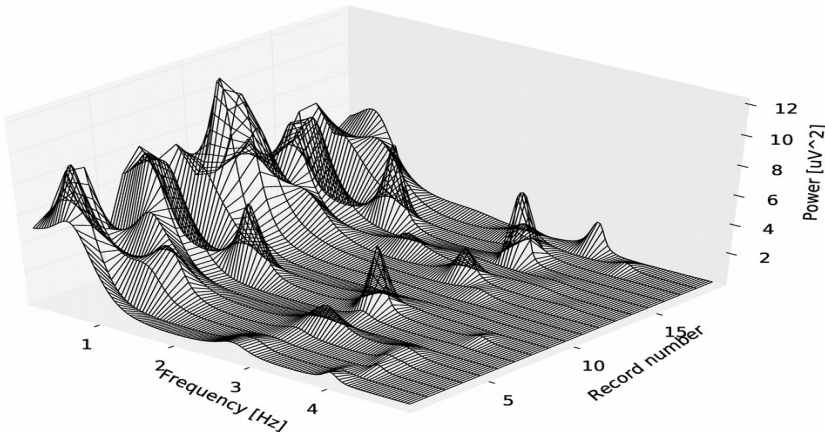


Term delivery

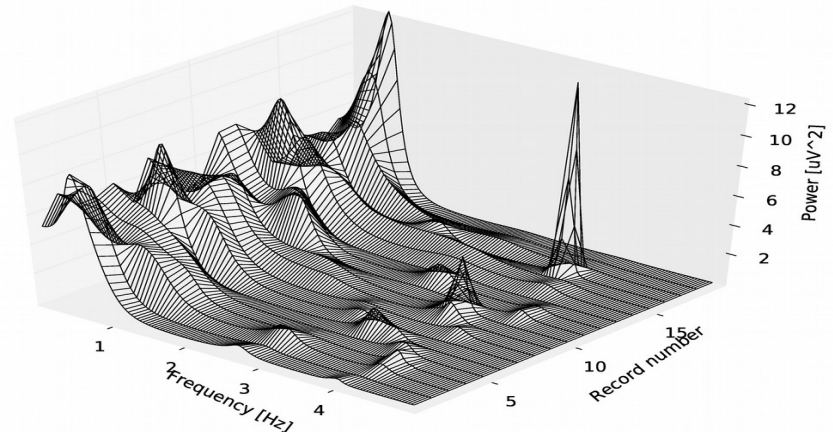


Recorded late (19 random)

Recorded early (19)



Pre-term delivery



Recorded late (19)





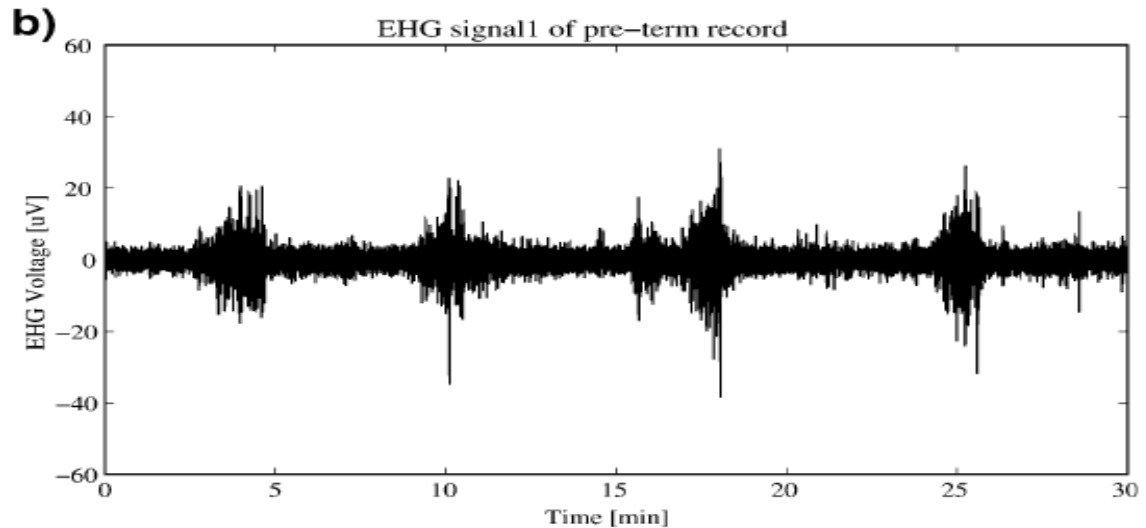
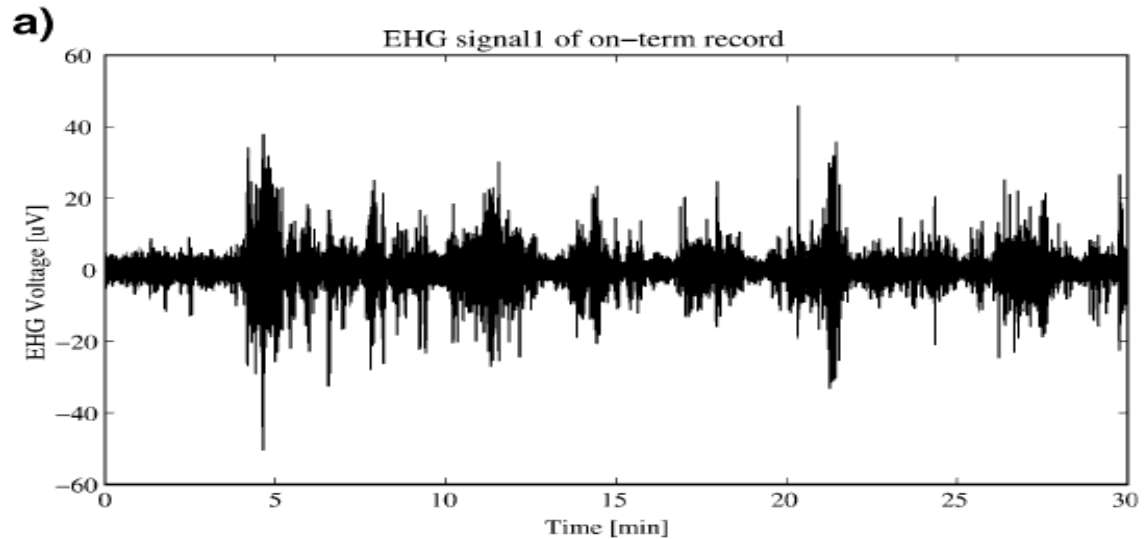
# Hypotheses

- **Characteristics and changes of power spectra** of signals of electrical activity of uterus may indicate the pre-term delivery
- Techniques to estimate characteristics of power spectra
  - **Peak frequency** of power spectrum
  - **Peak amplitude** of power spectrum
  - **Median frequency** of power spectrum
  - (**Coherence function** to estimate similarity of power spectra)



# Characteristics of signals of term and pre-term delivery records

- a) Signal 1 of a term delivery record (recorded in 30th week, delivery in 39th week)
- b) Signal 1 of a pre-term delivery record (recorded in 30th week, delivery in 32nd week)
- The signal of the pre-term delivery record shows **higher predictability** than that of the term delivery record



# Biological systems

- Since a **biological system** is composed of billions of intricately interconnected cells whose responses are non-linear, it may be regarded as a complex, non-linear dynamic system
- The **underlying physiological mechanisms** of biological systems **are non-linear processes**
- **Non-linear signal processing techniques** seem appropriate **quantitative tools** and are applicable to measure the variability of underlying physiological mechanisms of biological systems and to analyze their outputs

# Hypotheses

- **The nature of electrical activity** of the uterus suggests the use of **non-linear signal processing techniques** which estimate, e.g.,
  - **regularity** of finite length time series
  - **periodicity** of time series
  - **the amount of chaos** in a system
  - **the complexity** of time series



# Non-linear signal processing techniques

- **Sample entropy** (is a measure of **regularity** of finite length time series and estimates the extent to which the data did not arise from a random process)
- (Autocorrelation zero-crossing (estimates **periodicity** of time series))
- (Maximal Lyapunov exponent (estimates **the amount of chaos** in a system))
- (Correlation dimension (estimates **the complexity** of time series))

## (Term Pre-term EHG DataBase (TPEHG DB))

Characteristics of the groups of EHG records

Group	<i>N</i>	Recording	Birth	Parity	Age
$\geq 37$ weeks, <i>early</i>	143	22.7	39.7	0.49	29.7
$\geq 37$ weeks, <i>later</i>	119	30.8	39.6	0.52	30.1
$< 37$ weeks, <i>early</i>	19	23.0	34.2	0.39	29.6
$< 37$ weeks, <i>later</i>	19	30.2	34.7	0.64	29.2

*N* number of records, *recording* average term of recording (weeks), *birth* average term of birth (weeks), *parity* average number of prior pregnancies, *age* average age (years)

# (Linear and non-linear signal processing techniques)

- For a linear function,  $f(x)$ , the following holds:

$$f(x+y) = f(x) + f(y)$$

$$f(a \cdot x) = a \cdot f(x)$$

- Even though the Fourier transform is a linear operation, computing the power spectrum,  $P$ , is not a linear technique

$$P(x(t) + y(t)) \neq P(x(t)) + P(y(t))$$