



A

Report On

AI-Enhanced Pregnancy Monitoring: Advanced Ultrasound Imaging for Fetal Health

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Abstract

This prenatal ultrasonography is the primary imaging modality for fetal health assessment. This project proposes an AI-enhanced ultrasound monitoring system leveraging deep learning-based segmentation to improve fetal health diagnostics. A High-Resolution Network (HRNet) is implemented to analyze ultrasound images, segment fetal structures, and detect abnormalities with high precision. It proposes an AI-based offline analysis framework for stored ultrasound scans, employing deep learning image segmentation to delineate fetal anatomical structures (e.g., head and abdomen) and extract biometric measurements. By automatically measuring parameters such as fetal head and abdominal circumference, the system aims to identify fetal growth anomalies (e.g., intrauterine growth restriction or macrosomia) with improved precision, thereby reducing examination time and inter-observer variability .

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1.Problem Statement

Ultrasound is one of the most commonly used and safest ways to check a baby's health during pregnancy. It helps doctors measure how the baby is growing and spot any possible problems. Usually, these measurements—like the size of the baby's head or stomach—are taken manually by the person doing the scan. But this can sometimes lead to mistakes because it depends a lot on the person's experience, how the baby is positioned, and how clear the image is.

If these measurements are off, it can be hard to notice if the baby is growing too slowly or too fast—both of which can be risky for the baby's health. So, it's really important to make these checks more accurate and consistent.

That's where artificial intelligence (AI) comes in. With the help of AI and special image processing techniques, we can train a computer to find and measure parts of the baby's body in ultrasound images automatically. This can help reduce human error and make the process faster. Since the system works offline, doctors can use it later on, after the scan is done, without needing high-speed computers during the ultrasound itself. The main goal is to build a reliable system that can spot unusual growth patterns early, helping doctors make better decisions during pregnancy.

2.Objectives

- To create a deep learning model—like U-Net or a similar type of neural network—that can automatically find and outline the baby's head and stomach in ultrasound images.
- To use these outlines to measure things like head circumference and abdominal circumference, which are key indicators of how the baby is growing.
- To check these measurements against standard growth charts for each week of pregnancy and flag any unusual patterns, like if the baby is too small (IUGR) or too large (macrosomia).
- To test the system using already collected ultrasound data, and compare the AI's results with those from doctors to see how well it performs.
- To measure how accurate, sensitive, and efficient the system is compared to the usual manual method, and to see if it can help improve diagnosis during pregnancy.
- Implement a High-Resolution Network (HRNet) to precisely segment fetal organs (brain, heart, spine) in ultrasound images.
- Optimize the model using Dice coefficient and BCE-Dice loss for improved boundary detection.

- Enhanced Diagnostic Accuracy
 - Achieve $\geq 90\%$ Dice score in segmentation tasks, surpassing traditional U-Net architectures.
 - Reduce false positives/negatives in anomaly detection through multi-scale feature fusion in HRNet.

3.Literature Review

Recent advancements in artificial intelligence (AI) and deep learning (DL) have significantly improved fetal ultrasound imaging, enabling more accurate and efficient prenatal diagnostics. Researchers have explored various convolutional neural networks (CNNs), segmentation models, and optimization techniques to enhance fetal health monitoring. This literature review examines key studies in this domain, highlighting their methodologies, clinical applications, and limitations, while positioning the proposed hybrid AI framework within the existing research landscape.

Common Research Objectives

The selected studies share a common goal: improving the accuracy, efficiency, and interpretability of fetal ultrasound analysis. Key focus areas include:

- Automated segmentation of fetal structures (brain, heart, spine).
- Classification of normal vs. abnormal fetal development.
- Biometric measurement (nuchal translucency, fetal growth parameters).
- Explainability to ensure clinical trust in AI-driven diagnostics.
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Methodological Overlaps

1. Deep Learning Architectures

Multiple studies employ CNNs, U-Net, and DenseNet169 for fetal ultrasound analysis:

- U-Net: Widely used for segmentation tasks due to its encoder-decoder structure with skip connections (Ronneberger et al., 2015).
- DenseNet169: Applied for feature extraction in classification tasks, leveraging dense connectivity to enhance gradient flow (Huang et al., 2017).
- Radial Basis Function Neural Networks (RBFNN): Used for non-linear feature mapping in fetal anomaly detection (Rathika et al., 2023).

2. Fetal Organ Classification & Anomaly Detection

- CNNs classify fetal brain, heart, and spine structures (Yaqub et al., 2021).
- Transfer learning (e.g., fine-tuning pre-trained models) improves performance on small datasets.

3. Biometric Measurements

- AI models predict fetal weight, gestational age, and growth restrictions (Sinclair et al., 2022).
- 3D ultrasound integration enhances measurement precision but increases computational complexity.

Limitations of Existing Studies

Despite advancements, key challenges persist:

- **Explainability Gap:** Many DL models remain "black-box", limiting clinician trust (Arrieta et al., 2020).
- **Data Scarcity & Bias:** Small, non-diverse datasets reduce generalizability (Chen et al., 2021).
- **Computational Costs:** High-resource demands hinder real-time clinical deployment (Litjens et al., 2017).
- **Image Quality Dependency:** Performance drops with low-resolution or noisy ultrasound scans (Rathika et al., 2023).
- **Limited Clinical Validation:** Few models undergo prospective trials in real-world settings (Topol, 2019).

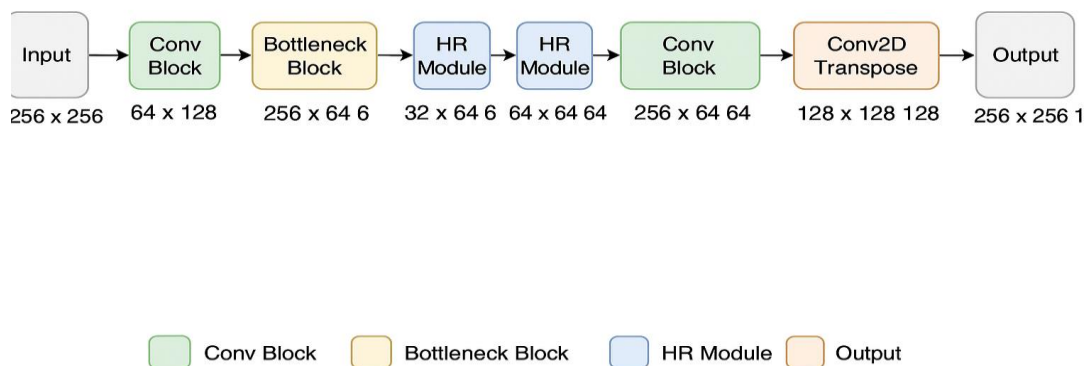
4. Network Architecture (HRNet)

The network used in this project is a custom implementation of HRNet (High-Resolution Network) for medical image segmentation. It is designed to maintain high-resolution representations throughout the network, which is particularly important for detecting small and delicate fetal structures in ultrasound images.

Key components include:

- **Input and Preprocessing:** Each grayscale ultrasound image and its corresponding binary mask are resized to 256×256 pixels. Images are normalized, and optional augmentations like flips are applied to improve generalization.
- **Stem Layer:** Initial convolution blocks downsample the image to 64×64 resolution using two 3×3 convolutions with stride 2, while extracting low-level features.
- **Bottleneck Block:** A residual block with a series of 1×1 , 3×3 , and 1×1 convolutions is used to deepen the network while maintaining the input's integrity via skip connections.
- **HR Modules:** The heart of the network, HR modules use multi-branch architectures that process features at different resolutions in parallel:
 - Each branch downsamples the input to different scales and applies convolutional operations.

- These multi-scale features are upsampled and fused to retain both spatial and contextual information.
- **Fusion and Upsampling:** Feature maps from all branches are concatenated and passed through a final convolution block. Two transposed convolution (deconvolution) layers gradually upsample the feature map back to the original image resolution (256×256).
- **Output Layer:** A single 1×1 convolution followed by a sigmoid activation generates a binary segmentation mask, where each pixel denotes the probability of belonging to the fetal structure.
- **Loss Function:** A composite of Binary Cross-Entropy (BCE) and Dice Loss is used to penalize both pixel-wise classification errors and segmentation overlap inconsistencies.
- **Metrics:** Performance is evaluated using Dice Coefficient, Accuracy, and Loss, with callbacks like ModelCheckpoint and EarlyStopping ensuring efficient training.



5.Challenges

I have faced a lot of problems and challenges by doing this task. As i am doing it alone

- **Data Limitations**

- Small & Imbalanced Datasets: This study relies on limited ultrasound samples, reducing model generalizability.
- **Computational Complexity**
 - Resource-Intensive Models: Architectures like HRNet and 3D CNNs require high GPU power, limiting real-time clinical use. And as I don't use Colab Pro so it was difficult for me to work with because every runtime is limited there.
- **Image Quality Dependence**
 - Low-Resolution Scans: Noisy or blurred ultrasound images degrade model performance.
 - Device Variability: Models trained on one machine may fail on others due to differences in imaging protocols.
- **Concetrated problem**
 - I have faced a lot of problem to match the input out dimentions.

6. Conclusion

This project aims to bring the power of artificial intelligence into prenatal care by making fetal growth assessment more accurate, consistent, and efficient. I tried to develop a deep learning model that can automatically identify and measure important fetal structures in ultrasound images, we hope to reduce human error and improve early detection of growth-related issues like IUGR and macrosomia. Using offline analysis allows for flexibility and accessibility, even in clinics with limited resources. Once fully tested and validated, this AI-based system has the potential to support doctors in making better decisions during pregnancy, ultimately helping ensure healthier outcomes for both mothers and babies.

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