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Automatic infant cry analysis
for the identification of
qualitative features to help
opportune diagnosis

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Automatic infant cry analysis for the identification of qualitative features to help opportune diagnosis



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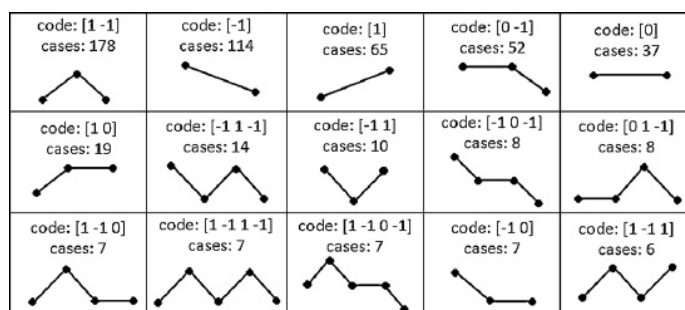


Fig. 5. Main categories found with the FLM.

and the categories are defined by the order of these values. All the melodies can be described as a combination of these elemental forms. For instance a melody of rising-falling type, is a combination of the rising form (1) and falling (–1), in this way, this type of melodies were classified as belonging to the category (1, –1). At the end, 39 categories were established, 20 of them include 93% of the 580 analyzed melodies. The distribution of these categories and the schemas of their forms are shown in Fig. 5.

3. Proposed method

3.1. Automatic cry units detection

The cry units automatic detection is a relevant stage in the qualitative analysis, due to that qualitative features identification is performed over the cry units detected. To illustrate the way infant cry units are used, in [15] the cry units average duration is obtained, as well as the melody shape and the fundamental frequency average of the cries. In all cry recordings there are undesirable sounds, like environmental sounds and inspiratory cries, which do not provide any useful information to the analysis but they are usually present between cry units.

Inspiratory cries are produced when the infant inhales air while crying, which creates an audible sound. For qualitative features analysis these inspirations are not needed, reason why they have to be removed. There are also a variety of surrounding environments and noisy devices around the crying infant during the recording process producing unwanted noises, which are noticeable also between cry units. These are sound to be removed too, as well as silence segments, to create the cry waves containing only crying sounds. The intensity and the type of the infant cry are other points to be taken in count. In the recordings we can find high-pitched or low-pitched, nasal, veiled, reedy, woody, etc. type of cries. And there are variations of the intensity due to the reduction or increase in the intensity of the cry that the infant can make during the same recording.

The process where the sound cries are detected and separated from undesirable sounds is called cry units detection, and previously was performed manually as described in [2,16]. Some software are oriented to process speech has been applied to the cry units detection with no good results, because in several ways infant cry is different from speech.

Our Automatic Infant Cry Detection system was implemented in MATLAB. The first step was to identify the significant cry segments of each recording, eliminate unwanted noises and silence segments. To accomplish this task, we applied a threshold in each recording, this threshold was applied based on results of our experiments and

it was proposed in [17] too, this threshold is represented by the following equation:

$$\text{Energy threshold} = \frac{E_n(R)}{4}$$

where E_n is the short-time energy function and R is the recording.

This threshold is applied to each window of the hearing, in this work, the width of the window was 5 ms. If the energy of the analyzed window is greater than the proposed threshold, this window is considered a cry.

In cry units of very short duration is not possible to extract qualitative features, like melodic shape or others of interest for physicians. For this reason, the next step was to eliminate cry units of duration of less than 200 ms. With this second step it was possible to eliminate inspiratory sounds which have a duration of less than 200 ms.

The steps to follow in the proposed method are shown in Fig. 6(a) shows a cry signal, in Fig. 6(b) there is a cry signal through the energy threshold proposed, and in Fig. 6(c) cry units wave after eliminating the segments of less than 200 ms.

After detecting the cry units and separating the cry units from the recordings, several other relevant attributes are obtained: start and finish of each cry unit, duration of each cry unit, number of cry units in the sample, which are obtained from the cry units wave. These attributes are useful for the expert physician components in subsequent analysis.

3.2. Extraction of the fundamental frequency

Once we have detected the cry units, we extract the fundamental frequency values of each cry unit, for this we used the algorithm proposed by Boersma in [20], the parameters used were the following:

- Time step: 0.05 s (frame duration).
- Pitch floor: 75 (standard value), candidates below are not recruited.
- Pitch ceiling: 1000, candidates above this frequency are not recruited.

The algorithm performs an acoustic periodicity detection based on an accurate autocorrelation method. This method is accurate, noise-resistant, and robust, than methods like strum or combs, or the original correlation method. The reason why other methods were developed, was the failure to estimate a signal's short-term autocorrelation function. The algorithm estimates the autocorrelation function of a windowed signal the autocorrelation function of

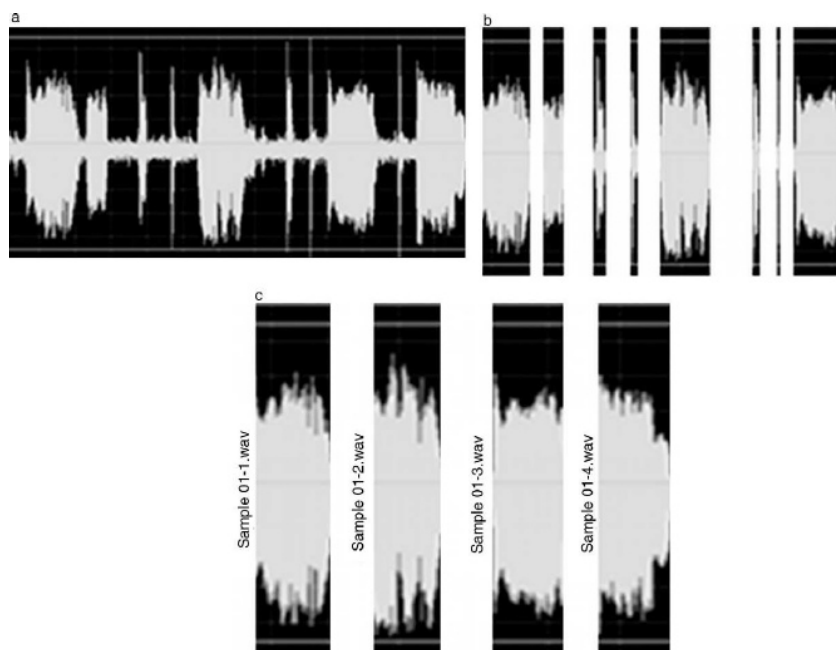


Fig 6. Main steps in the automatic cry units detection: (a) recorded signal; (b) cry units resulting from the application of the short-time energy function; (c) cry units obtained eliminating sound segments of less than 200ms.

signal should be divided by the autocorrelation function of the window:

$$r_x(\tau) = \frac{r_{xw}(\tau)}{r_w(\tau)} \quad (4)$$

3.3. Identifying the melodic shape

Our proposed melodic shape identification method was implemented following the one presented in [12]. It is called the dodecagram method and it was implemented in MATLAB.

The fundamental frequency of each cry unit is fixed in the dodecagram. The value of the point P_i is the value of the fundamental frequency of the first window, it can be noticed in Fig. 7 that in the second window the signal passes to the $P_i + 40$ row, in the third window the signal passes to the $P_i + 120$ row, in the next window the signal keeps in the $P_i + 120$ row, finally in the last windows the signal passes to the $P_i + 40$, $P_i - 40$ and $P_i - 120$ rows.

The next step is to encode the unit cry by the application of the following rules:

- 1 if the fundamental frequency passes to an upper row.
- 0 if the fundamental frequency stays in the same row.
- -1 if the fundamental frequency passes to a lower row.

In top of Fig. 7 the code corresponding to the cry unit in the dodecagram is shown. In the code, a number 1 corresponds to a rising of the fundamental frequency, the 0 corresponds to no meaningful changes and -1 corresponds to a falling in the fundamental

frequency. With the obtained code the melodic qualitative features can be obtained by following

- If in four consecutive windows the fundamental frequency is 0 a concentration of noise is confirmed.
- If all the digits of the code are 0s then the melodic shape is flat.
- If there is no noise concentration and the melodic shape is flat, then the 0s are eliminated and only the 1s and -1s are kept.
- The vectors are reduced, as shown in Fig. 8. The digits are reduced to only one digit.

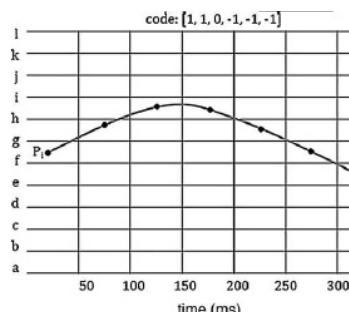


Fig 7. Determination of a melodic shape by the use of the dodecagram method.

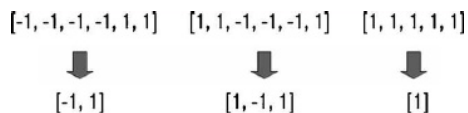


Fig 8. Vector reduction.

- Finally the melodic shape that corresponds to the reduced vector is assigned in the following way:
 - ◊ 1: rising melody.
 - ◊ -1: falling melody.
 - ◊ 1, -1: rising-falling melody.
 - ◊ -1, 1: falling-rising melody.
 - ◊ The vectors with size higher than 2, are considered without melodic shape.
- In order to identify the shifts, from the spectrogram, we measure the differences of the fundamental frequencies along the signal. If the difference passes 100 Hz and is less than 600 Hz, within less than 10ms, it is considered a shift (there can be more than one in a cry unit).

the Puebla City. From them 123 correspond to normal and 123 correspond to pathological. The same pediatrician of each recorded sample, do the class labeling. The recorded with ICD-67 Sony digital recorders, and the sampling rate is 8000Hz [21]. The crying corpus from Cuba, composed from the same number of babies, was collected at Hospital of Santiago de Cuba with the help of the Speech Group from the Universidad de Oriente (UO). For this they used a cassette recorder AKAI PM-R55 and by the acquisition system PCVOX A/D [22]. The corpus was recorded under different conditions and different subjects.

With our method we detected 182 unit cries from 12s long taken from the Mexican set. And we detected 182 unit cries from the Cuban set, with 13 recordings 12s long. This compared versus the results obtained by manual detection was performed by expert physicians. Figures 1 and 2 show in detail the obtained results in the experiments.

4.2. Identification of qualitative features

- In the same way, in order to identify the glides, and also from the spectrogram, we measure the differences of the fundamental frequencies along the signal. If the difference is equal or passes the 600 Hz within less than 10 ms, it is considered a glide (there can be more than one in a cry unit).

4. Experiments and results

4.1. Detection of cry units

The proposed cry units detection method was tested over two different sets of crying samples. The first set was taken from the database called Baby Chillanto property of the Instituto Nacional de Astrofísica Óptica y Electrónica (INAOE, México), the other is a set of Cuban infant cries. The Mexican infant cry corpus available is a set of 195 samples directly recorded from 112 babies by pediatricians from the Instituto Nacional de Rehabilitación-INR (Mexican Rehabilitation Institute) in Mexico City and the Instituto Nacional del Seguro Social-IMSS (Mexican Institute for Social Security) in

Our cry units identification method was tested set, in which the labels were attached by expert p the Instituto Nacional de Rehabilitación-INR (Mexican Rehabilitation Institute). These samples were taken from the base.

From the results in Table 3 it can be noticed that it provides competitive results. Overall, we obtained 50.27% accuracy in qualitative features identification against the method made by human expert. For comparison purpose, the labeled cry units was evaluated using the original FLM proposed in [12].

In Table 4 we can see that the success percentage is 50.27%. Our interpretation of those results is that the low outcome is due to the fact that fundamental frequencies from some cry units detected in our sample are below the values proposed for FLM, that is why marked with 0s only.

Our method was able to correctly identify 238 cry units, the results were compared versus the manual

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Sample	Manual detection	Automatic detection	Accuracy	False positive
026.wav	10	10	100%	0
028.wav	8	8	100%	0
067.wav	12	12	100%	0
079.wav	10	10	100%	0
083.wav	9	9	100%	0
084.wav	5	5	100%	0
087.wav	10	9	80%	0
088.wav	10	10	100%	0
090.wav	6	6	100%	0
091.wav	14	14	100%	0
094.wav	5	5	100%	0
096.wav	12	12	100%	0
097.wav	13	13	100%	0
098.wav	5	5	100%	0
099.wav	13	13	100%	0
100.wav	13	13	100%	0
101.wav	7	7	100%	0
103.wav	8	8	100%	0
105.wav	10	9	80%	0
113.wav	7	9	71%	2
Total	187	187	96.55%	2

MA.RuizDíaz et al. / Biomedical Signal Processing and Control 7 (2012) 43–49

Table 2
Results of the manual and automatic infant cry units detection experiments for the Cuban set.

Sample	Manual detection	Automatic detection	Accuracy	False positive
C020812.wav	6	6	100%	0
C060812.wav	5	5	100%	0
C070812.wav	4	4	100%	0
C150812.wav	3	3	100%	0
C170812.wav	5	5	100%	0
C200812.wav	4	4	100%	0
C210812.wav	3	3	100%	0
C240812.wav	7	9	71%	2
C250812.wav	7	9	71%	2
C280812.wav	6	6	100%	0
C290812.wav	3	3	100%	0
C300812.wav	6	6	100%	0
C310812.wav	2	2	100%	0
Total	61	65	95.53%	4

Table 3
Results of the manual and automatic qualitative features identification using our proposed method on the Mexican set.

Qualitative feature	Manual identification	Automatic identification	Success percentage
Rising melody	36	35	97.22
Falling melody	36	32	88.89
Rising–falling melody	58	50	86.21
Falling–rising melody	18	16	88.89
Flat melody	34	29	85.29
Without melody shape	33	29	87.88
Shift	6	6	100.00
Glide	2	2	100.00
Noise concentration	15	12	80.00
Total			90.49

Table 4
Results of the manual and automatic qualitative features identification using the FLM method.

Qualitative feature	Manual identification	Automatic identification	Success percentage	Units out of the proposed scale
Rising melody	36	21	58.33	6
Falling melody	36	18	50.00	13
Rising–falling melody	58	34	58.62	10
Falling–rising melody	18	6	33.33	4
Flat melody	34	19	55.88	
Without melody shape	33	15	45.45	5

We like also to enlarge our databases, possibly with a national infant cry corpus, and make both qualitative and quantitative comparisons.

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5. Conclusions

It has been proven that infant cries carry a great load of useful information, mainly related to the physical and psychological state of the baby. Based on these grounds, qualitative feature analysis from infant cry is proving its potential as a powerful non invasive tool to help the emission of opportune early diagnostics.

In the qualitative analysis. The correct detection of cry units is of vital importance for the success of the further stages of the analysis. As it was shown, with the selected thresholds, our proposed method is able to detect cry units even under noisy recordings. These established thresholds allow the elimination of silence, noise and inspiratory sounds from the crying samples. In general, our innovative proposed method will facilitate the automatic identification of qualitative features in infant cry.

In the near future we want to identify a larger set of qualitative features, like vibratos and those with a greater diagnostic force as recommended by expert physicians. We are working on a rule

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