

# Prediction of Neonatal's Heart Condition Using Cardiotocographic Observations

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# Introduction

To predict the newborn health condition using various heart related observations obtained via Cardiotocography recordings.

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## Scope of Study:

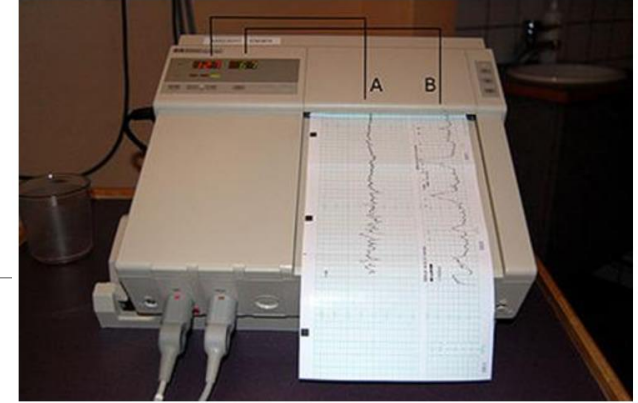
- A. Conduct Data Mining applied science to estimate the patient's condition (1-Normal, 2-Suspected, 3-Pathological) based on the obtained heart related vital records.

## Analysis Methodology (using R):

- A. Decision Tree analysis-
- B. Multinomial Regression Analysis-
- C. Liner Discriminant Analysis-

# Dataset- Cardiotocography

**Cardiotocography** (CTG) –a graphic recording of fetal heart rate and uterine contractions for the assessment of Infant's Heart condition.



*Fig. 1. Cardiotocography*  
A – curve of fetal heart rate (HR)  
B – curve representing alterations in the uterine muscle tone

## Attribute Information:

Vital parameters for the study:

### Independent Variable:

- A. LB (FHR base Line per minute)
- B. AC- Acceleration per second
- C. FM- Fetal Movement per second

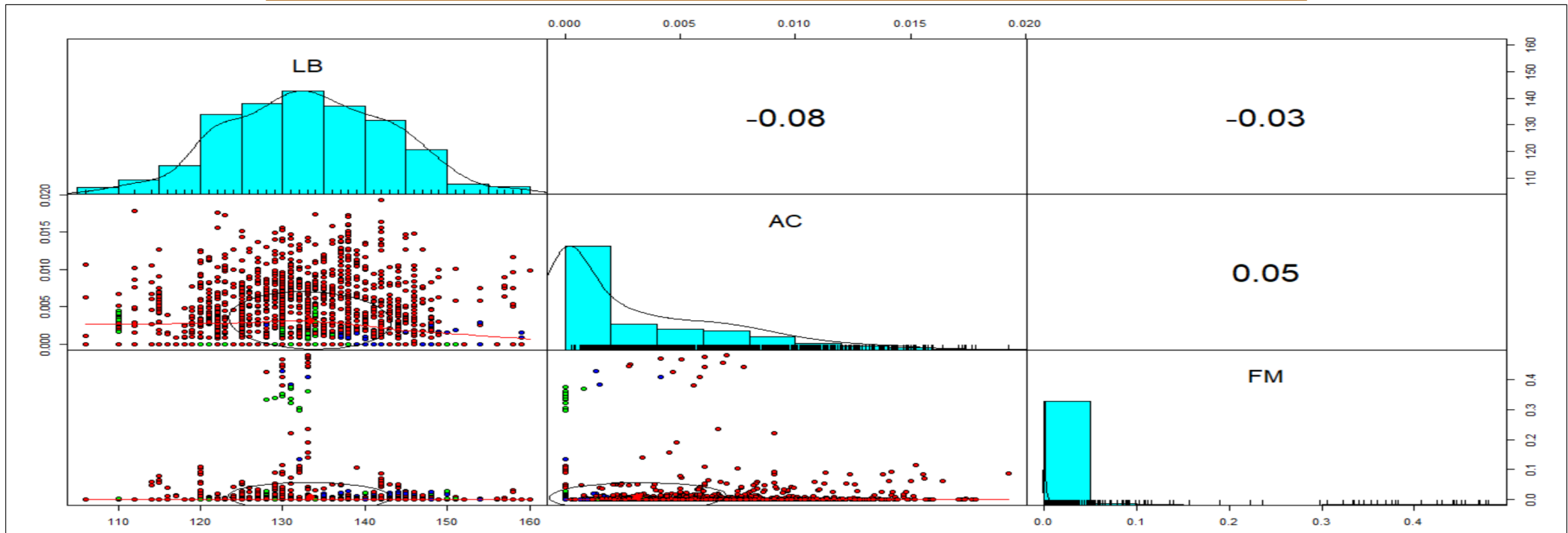
### Categorical Variable

NSP- Fetal State (N- Normal, S-Suspected, P- Pathological)

LB - FHR baseline (beats per minute)  
AC - # of accelerations per second  
FM - # of fetal movements per second  
UC - # of uterine contractions per second  
DL - # of light decelerations per second  
DS - # of severe decelerations per second  
DP - # of prolonged decelerations per second  
ASTV - percentage of time with abnormal short term variability  
MSTV - mean value of short term variability  
ALTV - percentage of time with abnormal long term variability  
MLTV - mean value of long term variability  
Width - width of FHR histogram  
Min - minimum of FHR histogram  
Max - Maximum of FHR histogram  
Nmax - # of histogram peaks  
Nzeros - # of histogram zeros  
Mode - histogram mode  
Mean - histogram mean  
Median - histogram median  
Variance - histogram variance  
Tendency - histogram tendency  
CLASS - FHR pattern class code (1 to 10)  
NSP - fetal state class code (N=normal; S=suspect; P=pathologic)

# Data Preparation

- 2126 Observations, 22 parameters
- Convert Numerical categorical variable to Factor type
- Data Slicing [Training, Test] with 80:20 rule



# First Analysis - Decision Tree on Training Dataset

Plot Zoom

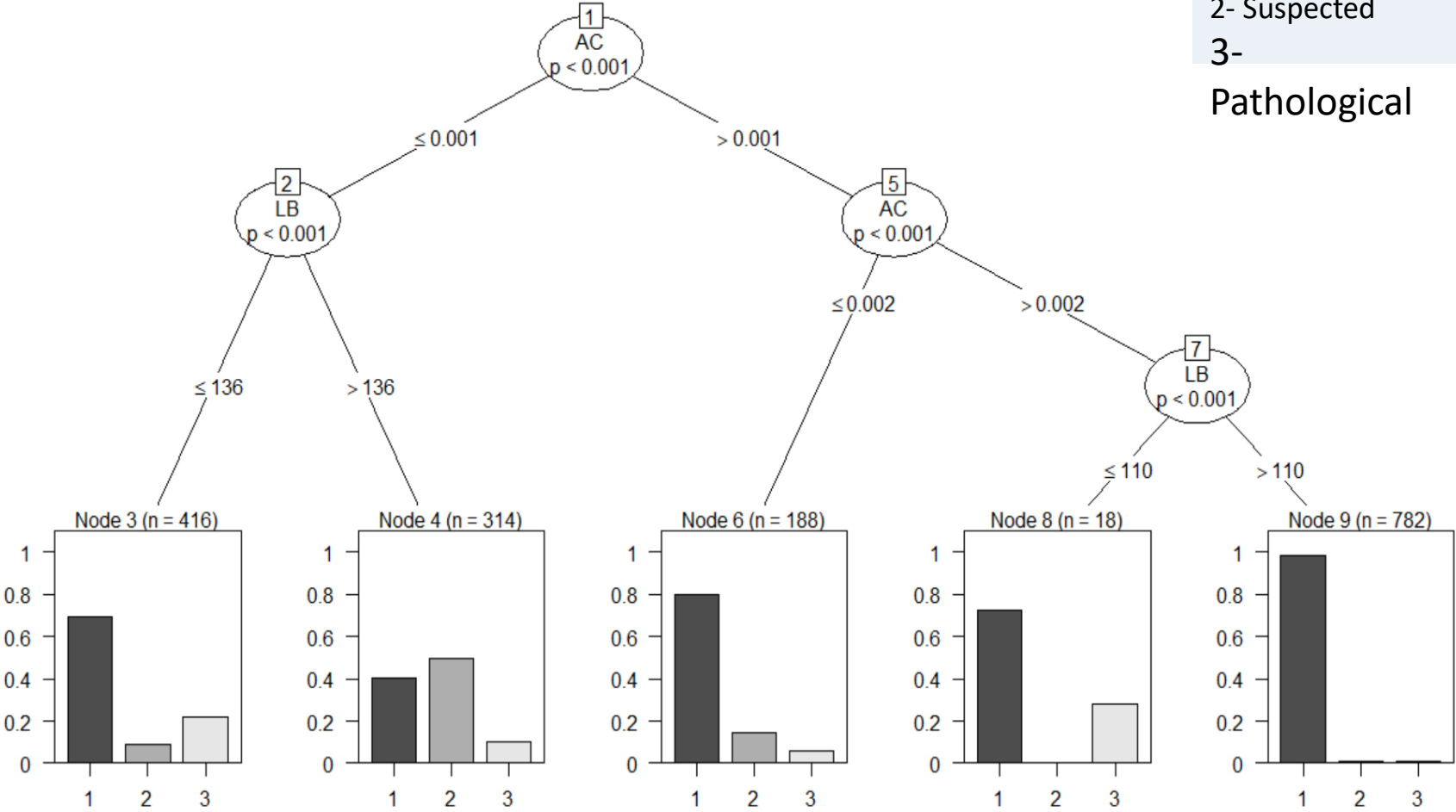
Infant's health prediction using decision tree

1- Normal  
2- Suspected  
3- Pathological

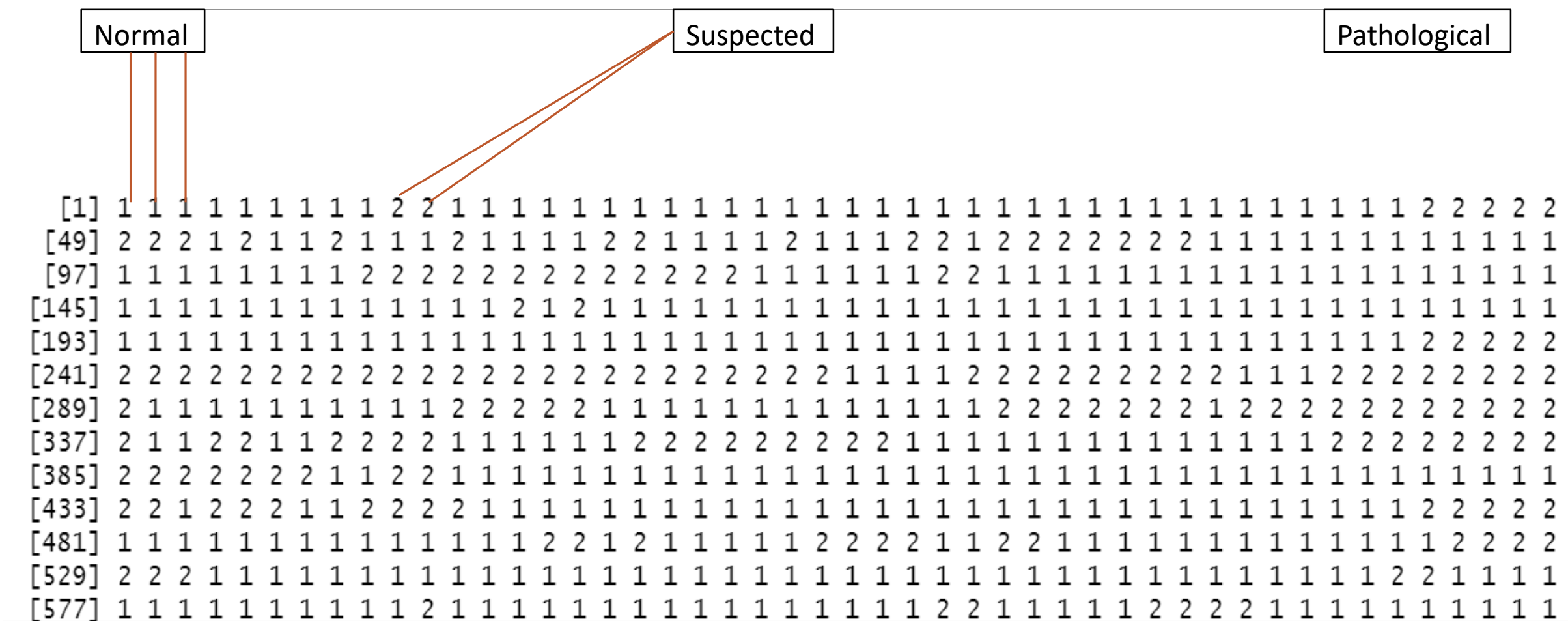
Conditional inference tree with 5 terminal nodes

Response: NSP\_Factor  
Inputs: LB, AC, FM  
Number of observations: 1718

- 1)  $AC \leq 0.000834028$ ; criterion = 1, statistic = 263.403
- 2)  $LB \leq 136$ ; criterion = 1, statistic = 131.511
- 3)\* weights = 416
- 2)  $LB > 136$
- 4)\* weights = 314
- 1)  $AC > 0.000834028$
- 5)  $AC \leq 0.002209945$ ; criterion = 1, statistic = 52.155
- 6)\* weights = 188
- 5)  $AC > 0.002209945$
- 7)  $LB \leq 110$ ; criterion = 1, statistic = 18.889
- 8)\* weights = 18
- 7)  $LB > 110$
- 9)\* weights = 782



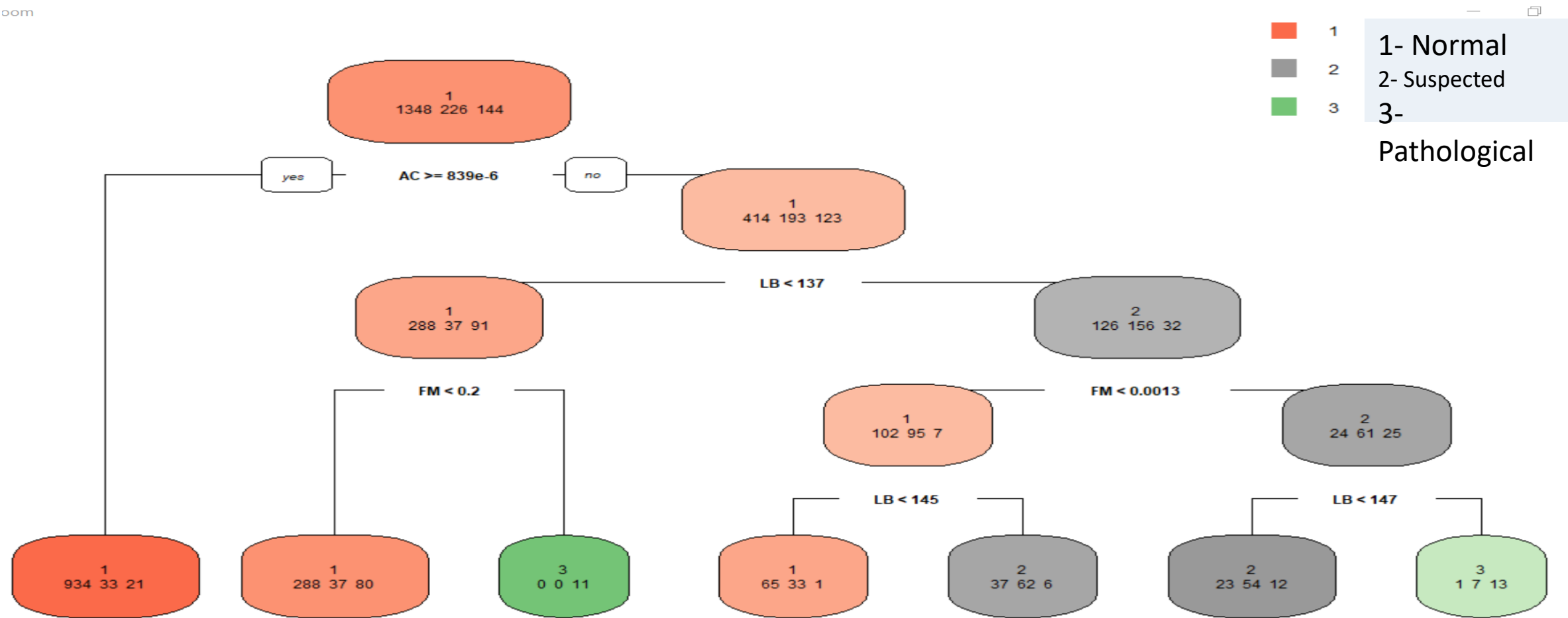
# First Analysis- Decision Tree on Training Dataset cont....



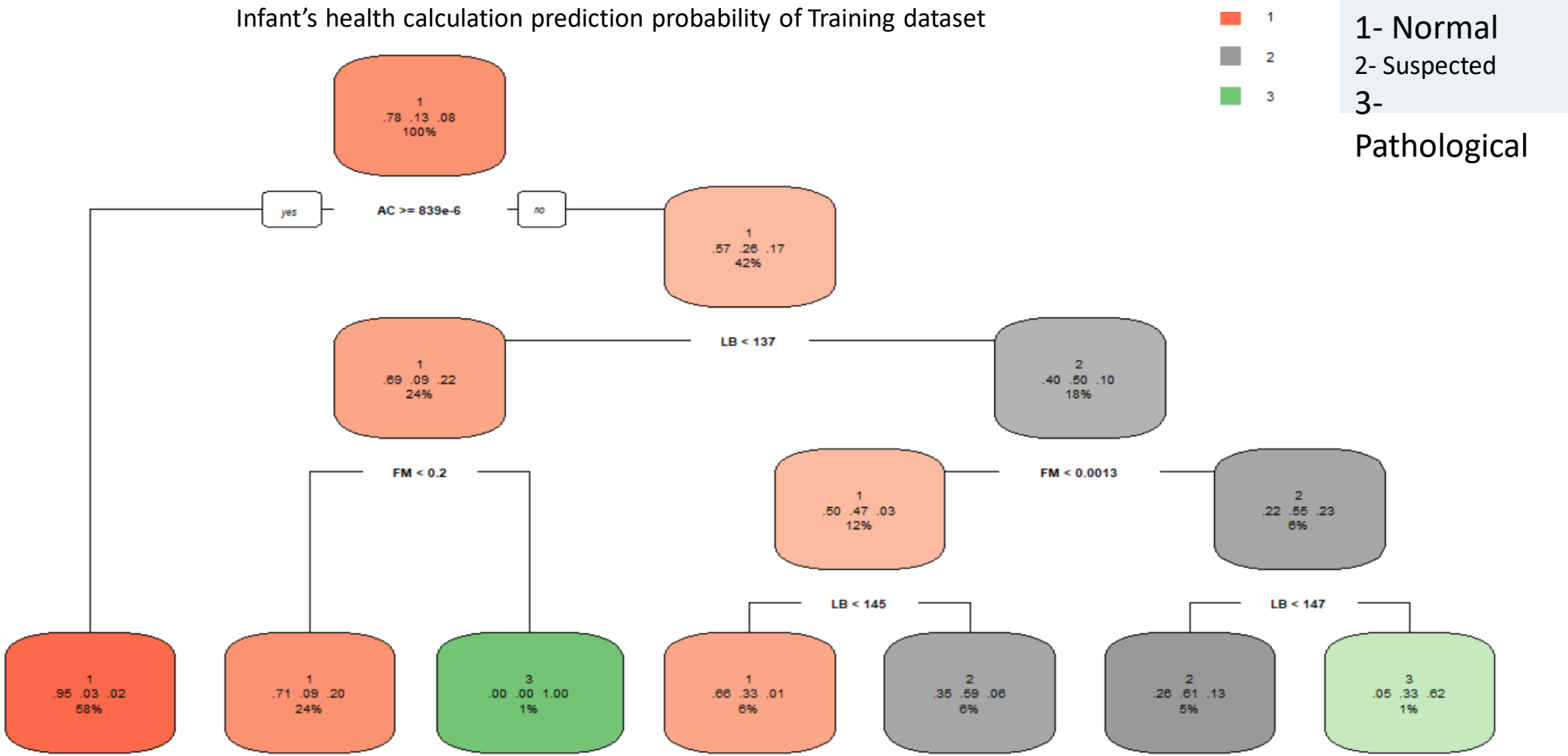
# First Analysis- Decision Tree on Training Dataset cont....

Infant's health calculation prediction count of Training dataset

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# First Analysis- Decision Tree on Training Dataset cont....

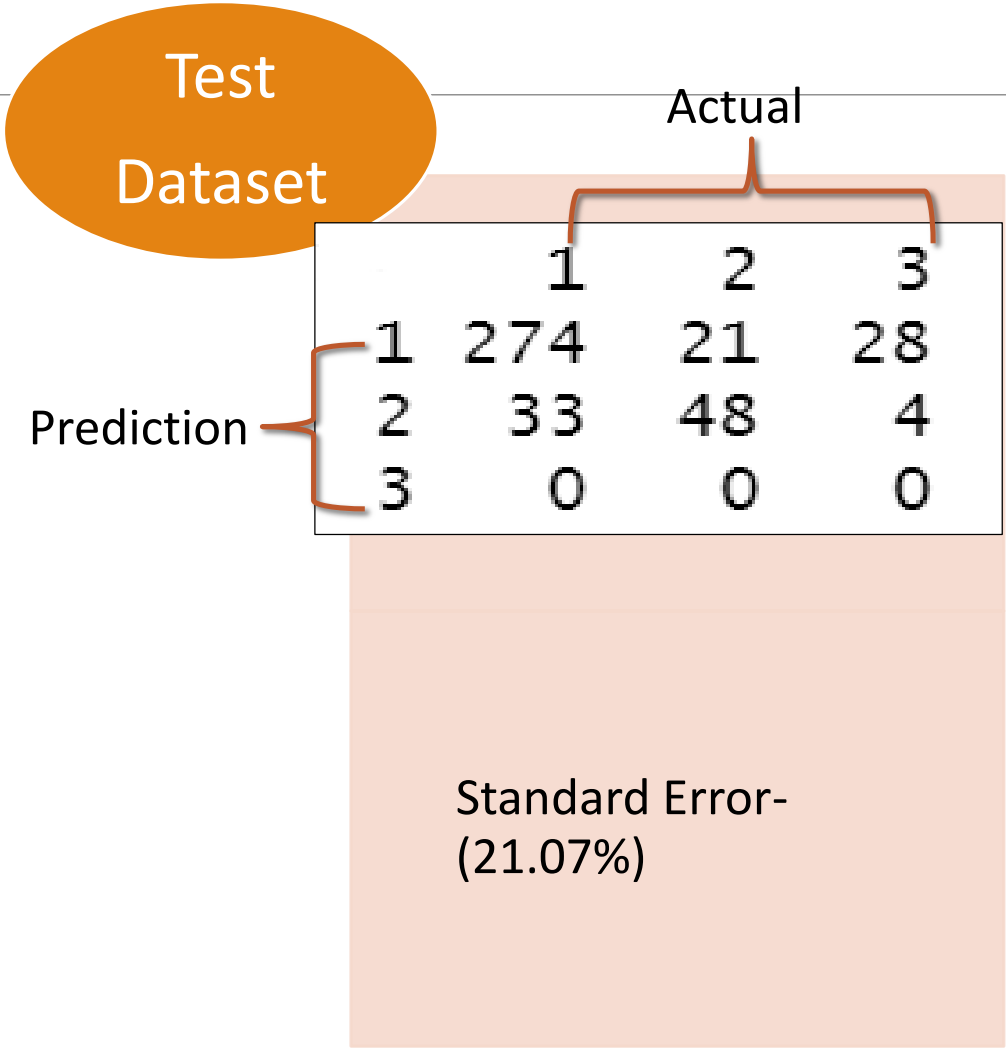
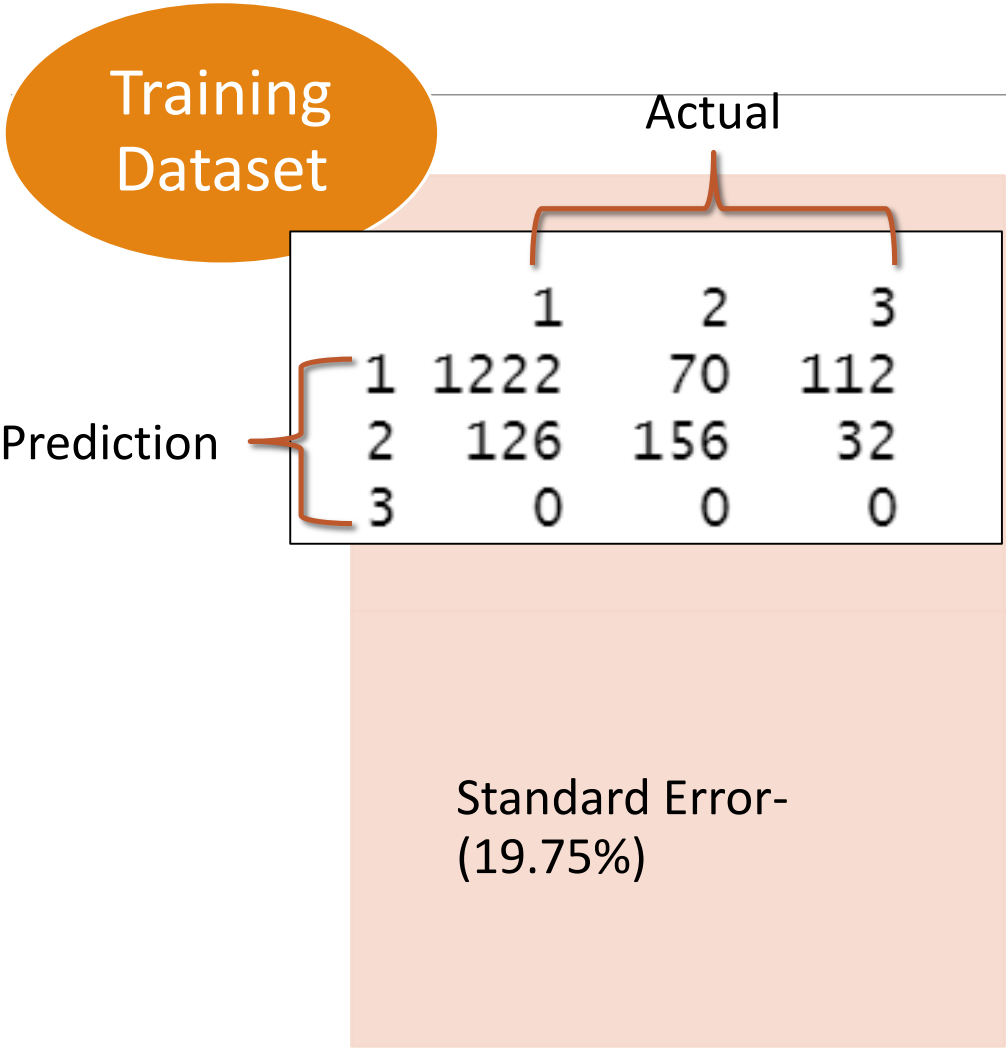




# First Analysis- Decision Tree on TEST Dataset

	1	2	3
5	0.94534413	0.03340081	0.02125506
14	0.94534413	0.03340081	0.02125506
16	0.94534413	0.03340081	0.02125506
26	0.71111111	0.09135802	0.19753086
28	0.71111111	0.09135802	0.19753086
29	0.71111111	0.09135802	0.19753086
39	0.94534413	0.03340081	0.02125506
40	0.94534413	0.03340081	0.02125506
60	0.94534413	0.03340081	0.02125506
61	0.94534413	0.03340081	0.02125506
72	0.94534413	0.03340081	0.02125506
81	0.25842697	0.60674157	0.13483146
86	0.94534413	0.03340081	0.02125506
90	0.94534413	0.03340081	0.02125506
92	0.35238095	0.59047619	0.05714286
113	0.94534413	0.03340081	0.02125506
116	0.71111111	0.09135802	0.19753086
117	0.71111111	0.09135802	0.19753086

# Decision Tree Model Evaluation



## Second Analysis- Multinomial Regression on Training

	1	2	3
[1]	1	0.7341566	5.094215e-02
[35]	2	0.9969034	1.352476e-03
[69]	3	0.9628285	1.845060e-02
[103]	4	0.9297324	3.750201e-02
[137]	6	0.7951989	1.123220e-01
[171]	7	0.8379604	8.831258e-02
[205]	8	0.7268633	6.321519e-02
[239]	9	0.7268633	6.321519e-02
[273]	10	0.7268633	6.321519e-02
[307]	11	0.2827618	6.500560e-01
[341]	12	0.3037044	6.236502e-01
[375]	13	0.9856961	5.487207e-03
[409]	15	0.9100949	1.885777e-02
[443]	17	0.9048536	1.872315e-02
[477]	18	0.2768115	1.967058e-01
[511]	19	0.3989200	1.288243e-01
[545]	20	0.7703369	4.455368e-02
[579]	21	0.1414068	2.185104e-01
[613]	22	0.7850301	3.743824e-02
[647]	23	0.1501738	1.995363e-01
[681]	24	0.6903144	1.182105e-01
[715]	25	0.6903144	1.182105e-01
[749]	27	0.7173866	7.819915e-02

# Second Analysis- Multinomial Regression on Test Dataset

# Multinomial Regression Model Evaluation

2- Suspected  
3- Pathological

	Std. Errors: (Intercept)	LB	AC	FM
2	1.261066	0.009050217	0.005518354	1.746013
3	1.212057	0.009170115	0.009872315	1.372880

LB- FHR baseline (beats per minute)

AC- # of accelerations per second

FM- # of fetal movements per second

2- ~99.9%  
3- ~99.9%

2- ~95%  
3- ~92%

Actual

Prediction

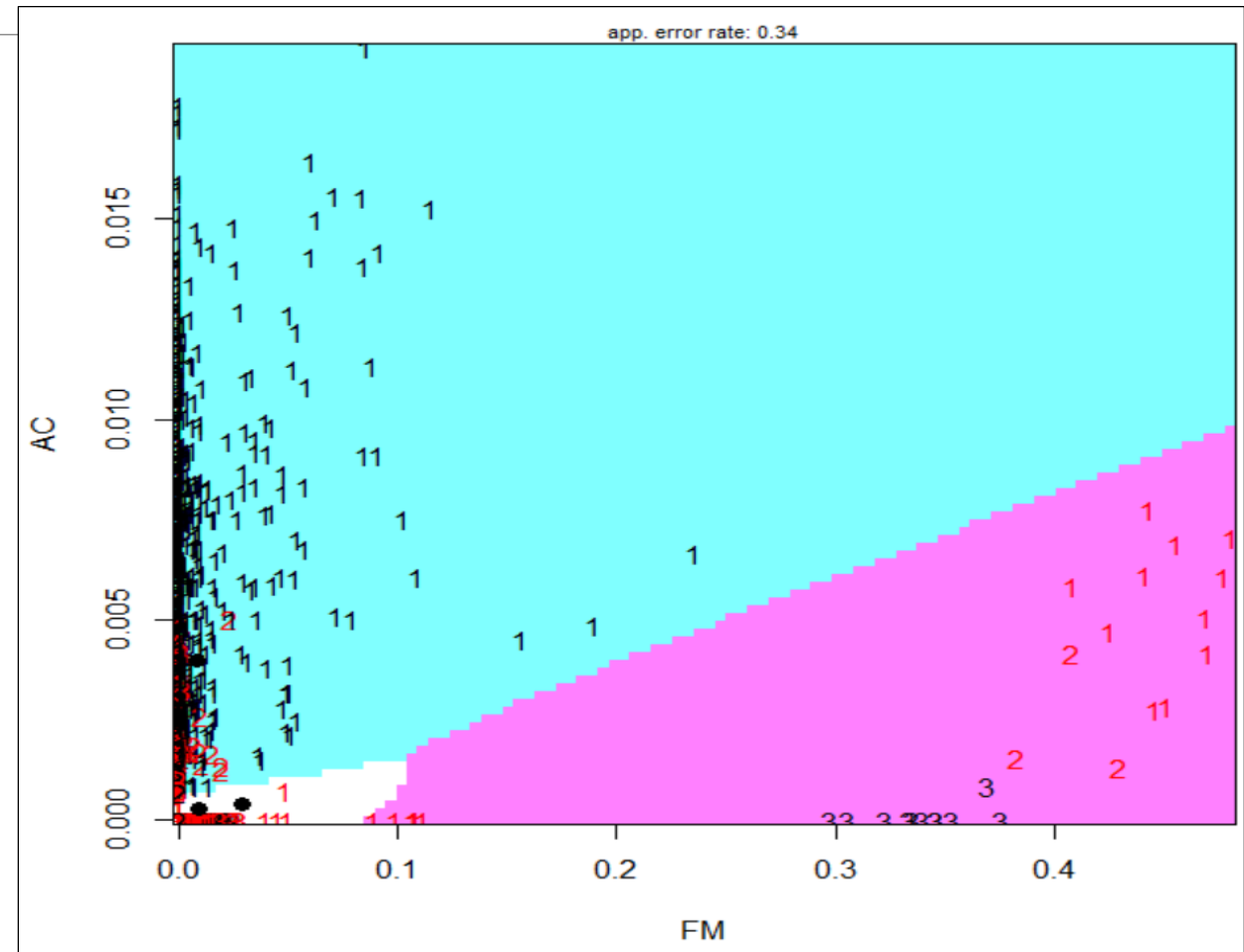
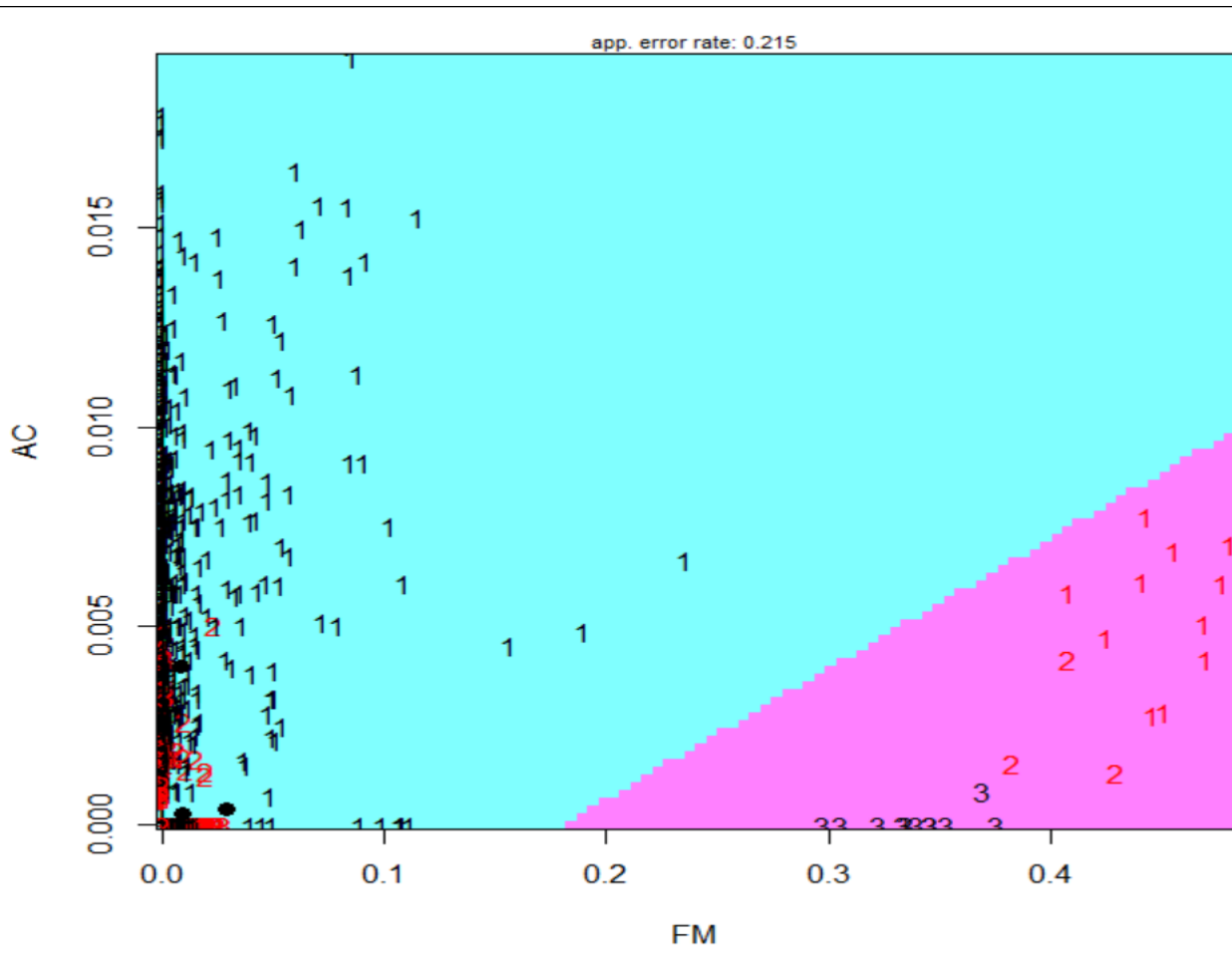
	1	2	3
1	1592	165	137
2	61	128	27
3	2	2	12

Standard Error-  
18.53%

Accuracy Rate-  
81.47%

# Third Analysis- Liner Discriminant Analysis

Linear Separation vs Quadratic Plot



# LDA Model Evaluation

Training  
Dataset

predicted	actual		
	1	2	3
1	1311	169	115
2	26	54	18
3	11	3	11

Accuracy~80%

Test  
Dataset

predicted	actual		
	1	2	3
1	295	55	28
2	11	14	3
3	1	0	1

Accuracy~ 76%

# Conclusion

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Decision Tree model observed as ~80% accurate and precise in predicting the infant's heart condition based on several executions of model on training and test dataset.

The independent variables (LB and AC) used in multinomial regression analysis calculated with ~99% confidence while performing the foresaid regression analysis.

LDA model is evaluated with 80% accurate on train and 76% on test dataset however the plot could not clearly classify the categories for patients.