# INTRODUCTION

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The improvement in neonatal survival among infants of diabetic women runs parallel to the development and deployment of antenatal fetal assessment methods **(Golde et al., 1984).**

In the recent past, antenatal evaluation of the high risk obstetric patients has included biochemical and biophysical parameters. The biochemical modalities have disadvantages in that they are not universally available, are at time of questionable prognostic significance when abnormal and may not provide a prompt and reliable results; and so, biophysical methods in the form of non stress test (NST), contraction stress test (CST), ultrasonography (U/S) and biophysical profile (BPP) are preferred and widely used for antenatal evaluation of fetal well-being.**(Keegan et al., 1980).**

The contraction stress test (CST) provides a reliable prognostic information but it is time consuming and the requirement of intravenous line and oxytocin infusion mandates close proximity to delivery facilities for the performance of the test and management of potential complications **(Flynn and Kelly, 1977).**

In contrast, the non stress test requires less time, is easy to perform, simpler to interpret, has no intravenous requirement and has no contraindications **(Rochard et al.,1976).**

Most individuals concerned with the care of the pregnant patients can master the technique of non stress test as well as interpret tracings after few weeks experience **(Mendenhall et al.,1980)** .

**Moore (1992),** reported that with a well regulated blood glucose, if pregnancy complications occur, the non stress test appears to be a safe way of fetal monitoring.

Proper interpretation of non stress test requires distinction between low variability and low activity of a sleeping healthy fetus and that signifying ill health. When a vibratory acoustic noise source is applied to a healthy fetus, a number of FHR accelerations is induced and this response supports the recent interest in the use of vibroacoustic stimulation as a test of fetal well-being **(Ohel et al.,1986).**