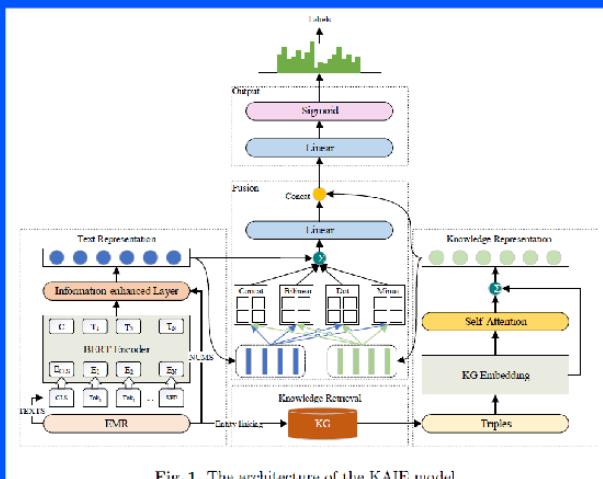


# Obstetric Diagnosis Assistant via Knowledge Powered Attention and Information-Enhanced Strategy

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**Model Architecture.** Our proposed KAIE model is shown in Fig. 1. It can be divided into five parts: text representation generation module, knowledge retrieval module, knowledge representation module, fusion module, and the output module.

**Knowledge Retrieval.** The bi-directional matching method and similarity-based method are employed to obtain the entities in EMR and link to the KG.

$$\begin{aligned} score_t &= \frac{|longest common subsequence(e_i, k_j)|}{max(lcn(c_i), lcn(k_j))} \\ score_{final} &= Average(score_L, score_J, score_t) \\ score_L &= 1 - \frac{Levenshtein(e_i, k_j)}{max(len(e_i), len(k_j))} \\ score_J &= jaccard(bigram(e_i), bigram(k_j)) \end{aligned}$$

## Dataset.

### Obstetric First Course Record Dataset.

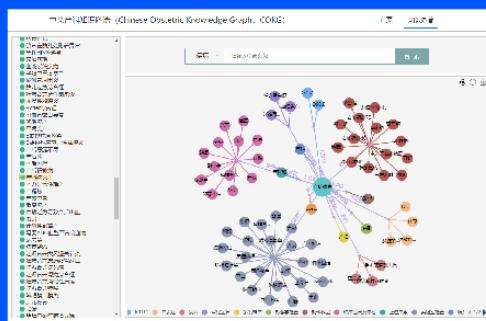
The first course records include 24,339 EMRs from multiple hospitals in China.

### Knowledge Graph

**COKG.** The knowledge graph is shown on the right, the address is <http://47.106.35.172:8088/>



中文产科知识图谱COKG



## Conclusion

This paper propose a KAIE model for diagnosis assistant, which integrates the numerical information, chief complaint information, and external knowledge from COKG to improve the performance of diagnosis. In future research, we will integrate more public knowledge graphs and use more advanced knowledge graph embedding methods to further improve the diagnosis results.

## Model

**Text Representation Generation.** We add the chief complaint information to the BERT input and use the numerical information by multi-head attention to enhance the text representation.

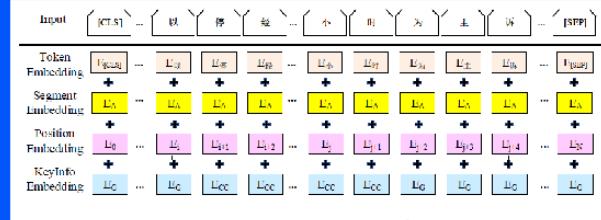


Fig. 2. The input embedding of the KAIE model.

$$Q = K = V = W^S \text{Coaser}([C]; N; m_1, \dots, M)$$

$$\text{Attention}(Q, K, V) = \text{softmax}\left(\frac{QK^T}{\sqrt{d_k}}\right)V$$

$$\text{head}_i = \text{Attention}(QW_i^Q, KW_i^K, VW_i^V)$$

$$[C'] = \text{Concat}(\text{head}_1, \dots, \text{head}_N; W^O)$$

**Fusion.** we further merge the text representation and knowledge representation using the multi-way attention mechanism.

$$\begin{aligned} Current\ Attention: \quad a_i &= \text{softmax}(V_c^T (\tanh(W_c[C']_i + W_c^2 K'_i))) \\ &[C']_c = \sum_{i=1}^N a_i [C']_i \\ Bilinear\ Attention: \quad a_i &= \text{softmax}((C'^T_i K'_i)) \\ &[C']_b = \sum_{i=1}^N a_i [C']_i \\ Dot\ Attention: \quad a_i &= \text{softmax}(V_d^T \tanh(W_d([C']_i \odot K'_i))) \\ &[C']_d = \sum_{i=1}^N a_i [C']_i \\ Matrix\ Attention: \quad a_i &= \text{softmax}(V_m^T \text{tanh}(W_m([C']_i \cdot K'_i))) \\ &[C']_m = \sum_{i=1}^N a_i [C']_i \\ Final\ Output: \quad [C']_{final} &= \text{Concat}([\text{Coaser}([C']_c; [C']_b; [C']_d; [C']_m); W^F; K^F]) \end{aligned}$$

## Experiments

Table 1. The results on Chinese obstetric EMRs.

Model	F1(%)	P(%)	R(%)	HL(%)
CC	54.83	60.21	50.34	0.0306
RAEFL	59.68	63.87	50.01	0.0254
BiGRU	74.51	79.48	70.12	0.0243
GNN	76.72	80.65	73.17	0.0198
SGM	60.40	62.67	58.29	0.0200
BERT	70.74	80.63	78.87	0.0056
KAIE	<b>81.11</b>	<b>83.22</b>	<b>79.12</b>	<b>0.0051</b>

Table 2. The results of ablation studies.

Model	F1(%)	P(%)	R(%)	HL(%)
KAIE	81.11	83.22	79.12	0.0051
-N	80.90	81.84	80.16	0.0053
-KeyInfo	80.73	81.93	79.55	0.0053
-KG	80.87	83.23	78.64	0.0052

