

The Fetal Fibronectin Test for preterm labour

Preterm labour is an important health concern in Canada. About 7 out of every 100 births in Canada is “preterm”, before 37 weeks of pregnancy. The earlier a baby is born, the greater the chance the baby will have health problems.

Preterm labour can occur in any pregnancy. Although some factors can increase the chance of preterm labour (p 4), most women who have preterm births have no risk factors. This means all women need good prenatal care to check for risk factors and watch for symptoms of preterm labour (p 4).

A new option in prenatal care is the “Fetal Fibronectin Test”. This simple test helps us to better determine who may have a preterm birth.



What is the fetal fibronectin test?

The test looks for fetal fibronectin (fFN) in fluid from your vagina. Fetal fibronectin is a protein that your body makes during pregnancy. It acts like glue - attaching the amniotic sac (containing your baby) to the lining of your uterus. Fetal fibronectin (fFN) is normally present in vaginal fluids up to about 22 weeks of pregnancy. After 22 weeks of pregnancy, fFN is not usually found in the vaginal fluid until the end of pregnancy when women go into labour and the “glue” begins to break down.

If fFN is found in your vagina between 24 and 34 weeks of pregnancy and you have symptoms of preterm labour, this means you may have a higher chance of having a preterm birth.

If fFN is not found in your vagina between 24 and 34 weeks of pregnancy, this is very reassuring. This means that there is only a very small chance that you may go into preterm labour in the next 7 to 14 days.

When is this test done?

Your doctor or midwife may do a fFN test if you are between 24 and 34 weeks pregnant and have symptoms of preterm labour.

The fFN test is not recommended if:

- your water has broken (ruptured membranes)
- you had a vaginal exam within the last 24 hours
- you had sex (intercourse) within the last 24 hours
- there is bleeding from your vagina

How is the test done?

The test is done like a Pap test. The doctor or midwife uses a speculum to gently open your vagina. You may feel some discomfort when the speculum goes in, but it should not be painful. Then, a little fluid from your vagina is collected on a cotton-tipped swab (like a Q-Tip). The swab is sent to the laboratory to check for fFN.

This test is done in the hospital. It is safe and will not make you go into labour.

What do the results mean?

There are two possible results. Fetal fibronectin can be found or not found in the fluid from your vagina.

Fetal fibronectin is not found. This is called a “negative test”.

What does this mean?	What should I do?
<ul style="list-style-type: none"> • The symptoms you had are not likely to be preterm labour. • Your chance of giving birth in the next 2 weeks is very low (less than 1%). This is reassuring. 	<ul style="list-style-type: none"> • If your symptoms continue or you develop new symptoms, call your doctor or midwife, or go to the hospital.

Fetal fibronectin is found. This is called a “positive test”.

What does this mean?	What should I do?
<ul style="list-style-type: none"> • There is a small chance that you will give birth before 35 weeks of pregnancy. Research shows only about 1/3 of women with a positive test deliver before 35 weeks. • This result does not tell us when you will go into labour or if you will actually have a preterm birth. 	<ul style="list-style-type: none"> • You and your caregivers should continue to watch closely for symptoms of preterm labour. <p>Your care may include:</p> <ul style="list-style-type: none"> • Seeing your caregiver more often in his/her office. • Receiving medication (steroids) to help mature your baby’s lungs. • Staying in the hospital for closer observation.

Am I at risk of preterm labour and birth?

Some factors that may increase your chance of preterm labour are:

- having a previous preterm birth (before 37 weeks)
- having twins, triplets or more babies
- having a bladder, urinary or vaginal infection while pregnant
- having had previous surgery to your cervix (such as a cone biopsy)
- bleeding in the first or second trimester
- smoking, drinking alcohol or using recreational drugs
- having certain fertility procedures to become pregnant
- being under weight before your pregnancy



Preterm birth is possible even if you don’t have any of these risk factors.

What are the symptoms of preterm labour?

Call your caregiver or go to the hospital if you have any of these symptoms of preterm labour:

- regular contractions (labour pains) or tightening of the uterus
- cramps like a period – on and off (intermittent), may also have diarrhea
- constant, low, dull back pain
- your water has broken (ruptured membranes) or you are worried your water may have broken – it may be a gush or a trickle of fluid
- an increase or change in the discharge from your vagina – it may be watery, mucousy or bloody
- a feeling of pressure in the pelvis
- you are feeling unwell

Notes

