

Fetal Fibronectin Testing

What is fetal fibronectin?

Fetal fibronectin is a reliable test to predict the chance of you having your baby before 34 weeks of pregnancy (preterm).

Fetal fibronectin is a 'glue-like' substance that bonds the membranes around the baby to the uterus. It can be found in the birth canal (vagina) at the very beginning of pregnancy when this bond is first forming and then again at the end of pregnancy. If this substance is found in the vagina between 23 to 34 weeks of pregnancy it may mean that your body is getting ready to have your baby early.

Why am I being tested for preterm birth?

Your doctor may suggest that you have a fetal fibronectin test if:

- You have contractions, tightenings or abdominal pain between 23rd and 34th week of pregnancy

What does the test involve?

The Fetal fibronectin test is a safe test that measures the level of fetal fibronectin in your vagina. It is a swab test taken during a speculum examination (similar to a cervical smear test). The swab is then tested, and you will be given a result within half an hour.

What do the fetal fibronectin test results mean?

If you have contractions, tightenings or abdominal pains the test will tell your doctors the chance of your baby being born in the next two weeks

Negative Result

Your chance of giving birth within the next 2 weeks is unlikely
(less than 1 in 100)

Positive Result

You have a small increased chance
(approximately 1 in 6) of giving birth within the next 2 weeks

What will happen if my test is negative?

Your doctor will probably send you home and arrange appropriate follow up.

What will happen if my test is positive?

Your doctor will discuss this with you. It may mean staying in hospital and depending on how many weeks pregnant you are you may need some treatment to stop the contractions and to help mature the baby's lungs. If you are less than 32 weeks pregnant you may need to be transferred to another hospital that can care for babies born very early.

What should I do when I go home?

If your test is negative and you are sent home and the contractions, tightening's or abdominal pain return then you should contact the labour ward and you may need to come back into hospital.

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Sources of information

E.g. specialist nurse, ward, consultant secretary, self-help group, national bodies or Web site addresses.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 (direct dial) or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4434 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:
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This leaflet has been discussed and agreed at the Strategic Business Unit Women's Health Operational meeting Guideline Implementation group and the Women's Focus Group.

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