

Patient Information

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, tightenings or abdominal pain return then you should contact the labour ward and you may need to come back into hospital.

Patient Information

Sources of information

Consultant secretary to Miss Nicole Roberts

01323 417 400 Ext 3706

Website addresses:

www.fullterm.net

www.tommys.org

This leaflet is based on information from Hologic fetal fibronectin test and St Thomas's fibronectin patient information leaflet who have given their permission for it to be reproduced.

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 our Patient Advice and Liaison Service (PALS) – details below.

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

This information is available in alternative formats such as large print or electronically on request. Interpreters can also be booked. Please contact the Patient Advice and Liaison Service (PALS) offices, found in the main reception areas:

Conquest Hospital

Email: palsh@esht.nhs.uk - Telephone: **01424 758090**

Eastbourne District General Hospital

Email: palse@esht.nhs.uk - Telephone: **01323 435886**

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:
Nicole Roberts, Consultant Obstetrician, Gayle Clarke Specialist Midwife Practice Development

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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Responsible clinician: Nicole Roberts and Gayle Clarke