QUiPP Toolkit FAQs

Quantitative Fetal Fibronectin (qfFN)

At what gestations can I undertake a qfFN swab?
Quantitative Fetal Fibronectin (qfFN) is validated for use in women with symptoms of threatened preterm labour between 22+0 – 35+6 weeks' gestation. However, there are published studies which include women who have had qfFN swabs undertaken at gestations outside this range. Please follow your local guidance. You can also use qfFN from 18+0 to 27+6 weeks' gestation for asymptomatic women and use the QUiPP App accordingly.

If a woman has had recent vaginal bleeding can I still undertake a qfFN swab on her?
Yes! Presence of blood in a qfFN sample can sometimes lead to a falsely elevated result, however results *under* the specified threshold for treatment at your facility can still be considered valid. Blood in a qfFN sample can sometimes cause an invalid test result.

Before you do a qfFN test you need to think "will my clinical management plan change due to this result?" You can still use this result in the QUiPP App, being aware of the known interference that vaginal bleeding can cause on qfFN results.

Remember that moderate or gross bleeding is an independent risk factor for preterm delivery and may be associated with other severe obstetrical or medical problems.

If a woman has had sex recently can I still undertake a qfFN swab on her?
Yes! Presence of semen in a qfFN sample can sometimes lead to a falsely elevated result, however results *under* the specified threshold for treatment at your facility can still be considered valid.

Before you do a qfFN test you need to think "will my clinical management plan change due to this result?" You can still use this result in the QUiPP App, being aware of the known interference that recent sexual intercourse (within the last 48 hours) can cause on qfFN results.

If a woman has a cervical cerclage in place can I undertake a qfFN swab on her?
Undertaking a qfFN sample on a woman with a cervical cerclage in place is contraindicated by Hologic (who manufacture the qfFN test). However, there are published studies which include women who have had qfFN swabs undertaken and who have a cerclage in place. Please follow your local guidance.

Can we use gel on the speculum?
Care must be taken not to contaminate the swab or cervicovaginal secretions with lubricants, soaps, disinfectants or creams. These substances can interfere with absorption of the specimen by the swab or with the antibody-antigen reaction of the fetal fibronectin Test. Hologic (who manufacture the qfFN test) have said that the presence of soaps, gels, lubricants or disinfectants are contraindicated. Please follow your local guidance.

QUiPP App Toolkit Group©
- Funded by Health Innovation Network South London 'Innovation Award 2019/2020' awarded to: Ms Naomi Carlisle, Dr Ellie Watson & Professor Andrew Shennan
- Version 1, 2/4/2020

Why do I need to do a qfFN swab first? Why should it be done before a rupture of membrane swab or a cervical length?
Manipulation of the cervix (from a vaginal examination, swab or vaginal ultrasound probe etc.) may interfere with your qfFN sample. It therefore must be the first clinical procedure you do to ensure you have a reliable result.

Isn't it expensive to take all these qfFN swabs?
Hospitals only pay for the cassettes (to run the fetal fibronectin swab through the quantitative analyser machine). The swab kits are free. A qfFN sample is valid at room temperature for up to 8 hours allowing time to decide whether you want to analyse or not. This therefore gives you plenty of time to take a free qfFN from your patient, discuss the case with colleagues and look at the full clinical picture before deciding whether to analyse your sample.

Where can I get more information on taking qfFN samples and analysing them?
For more information on qfFN samples and analysing them on the Rapid fFN® PeriLynx System, please see *Appendix 1: PeriLynx System Quick Reference Guide,* which is included in this toolkit.

Cervical length

Do we need to undertake a cervical length measurement?
You do not need a cervical length measurement to use the QUiPP App. You need to input a qfFN result and/or a cervical length measurement.

How recent does the cervical length measurement need to be?
If you did want to input a cervical length measurement into the QUiPP App, it needs to be undertaken within the last 24 hours.

Should we do the cervical length measurement before or after the fetal fibronectin swab?
Manipulation of the cervix (from a vaginal examination, swab or vaginal ultrasound probe etc.) may interfere with your qfFN sample. It therefore must be the first clinical procedure you do to ensure you have a reliable result.

QUiPP App

Is the App free?
Yes!

Where can I download it?
You can download the App via the App Store for iPhones, or via Google Play for Android.

Is there a website version?
Yes! In case you did not want to use your mobile, the App calculator is also available as a website via www.quipp.org

- Funded by Health Innovation Network South London 'Innovation Award 2019/2020' awarded to: Ms Naomi Carlisle, Dr Ellie Watson & Professor Andrew Shennan
- Version 1, 2/4/2020

At what gestations can I use the QUiPP App?
You can use the symptomatic calculator in the QUiPP App from when the woman is 18+0 to 36+6 weeks' gestation.

Quantitative Fetal Fibronectin (qfFN) is validated for use in women with symptoms of threatened preterm labour between 22+0 – 35+6 weeks' gestation. However, there are published studies which include women who have had qfFN swabs undertaken at gestations outside this range. Please follow your local guidance.

Can we use the QUiPP App on women who are carrying twins?
Yes! You can use the QUiPP App on women carrying singleton and twins. The App asks you 'number of fetuses?' in question 5.

Can I use the QUiPP app on women with suspected COVID-19?
Much of the association with preterm birth and COVID-19 is likely to be iatrogenic. However if a link with spontaneous preterm birth is proven, it is highly likely that fFN and cervical length would remain predictive as the pathological mechanism would be inflammatory. Preterm birth interventions needs to be individualised and trials are needed.

What does the 5% mean?
This is the probability of a woman with the particular risk factors and clinical measurements you have inputted delivering within one week. A probability of 5% delivery within 1 week means 5 in 100 women (so 1 in 20 women) would have their baby within 7 days.

If the probability of delivery is less than 5% we would recommend that you send her home. If the probability of delivery is 5% or more within 1 week, we would recommend admitting her.

Do I have to follow this advice?
No! The App does not tell you what to do – it helps you make a clinical decision. This is not a dogmatic tool.

Where does the 5% risk come from?
The probabilities of delivery are estimated by survival analysis models using Lognormal distributions. You can find more information on the evidence for the QUiPP App in our evidence summary included in this toolkit.

What is the asymptomatic tab on the app for?
This is our validated and published algorithm intended for use on women who are high-risk of preterm birth (e.g. previous preterm birth, cervical surgery etc.) and are undergoing screening/surveillance in a clinic setting, but without symptoms of preterm labour.

I have more questions about the App!
You can find more information in the 'information' section in the App and in the other sections of this toolkit. Alternatively, please email us using the feedback section of the App, or by quippapp@gmail.com

- Funded by Health Innovation Network South London 'Innovation Award 2019/2020' awarded to: Ms Naomi Carlisle, Dr Ellie Watson & Professor Andrew Shennan
- Version 1, 2/4/2020