

QUIPP for staff

Version 2

Produced by the
QUIPP App Toolkit Group©



This guide explains:



1.
How to take a quantitative Fetal Fibronectin (qfFN) sample



2.
How to measure the cervical length by transvaginal scan



3.
How to use the QUiPP App

1. How to take a quantitative Fetal Fibronectin (qfFN) sample



Step 1

During speculum examination, lightly rotate the supplied swab across the posterior fornix of the vagina for 10 seconds to absorb cervicovaginal secretions.



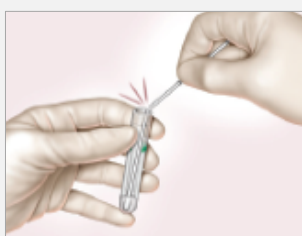
Step 2

Remove swab and immerse tip in buffer. Gently mix the swab in the buffer solution and remove if the test is to be performed immediately.

Note: Refer to transportation and storage notes below if test is to be performed at a later time.

After collecting the specimen with the polyester swab proceed with the following steps to prepare the sample for transportation.

- Transport samples at 2-25°C, or frozen
- Samples are stable for up to 8 hours at room temperature
- Samples not tested within 8 hours of collection must be stored refrigerated at 2-8°C and tested within 3 days of collection, or frozen and tested within 3 months to avoid degradation of the analyte/



Step 1

Break the shaft (at the score) even with the top of the tube.



Step 2

Align the shaft with the hole inside the tube cap and push down tightly over the shaft, sealing the tube for transfer.

Warning: The shaft must be aligned to avoid leakage.

Step 3

Send fFN sample to a Rapid fFN PeriLynx Analyser near you.

- Always take qfFN sample first before any other test/swab/transvaginal scan
- Remember the qfFN sample is valid at room temperature for up to 8 hours allowing time to decide whether you want to analyse
- Remember the qfFN swabs are free – you only pay to run the test (the cassettes)

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.

1.*In instances where a patient sample is not processed immediately but rather sent to an off-site location for analysis.

Images provided courtesy of HOLOGIC®, Inc. and affiliates. These images are from HOLOGIC® UK Quick Reference Guide which was designed to be used in conjunction with, not to replace, the PeriLynx Operators Manual



2. How to measure the cervical length by transvaginal scan

Cervical length measurement may be performed instead of or in addition to qfFN. The following are important to remember in measurement of the cervical length (Kagan and Sonek, 2015):

- Maternal bladder should be empty as a full bladder can artificially lengthen the cervix and obscure funnelling
- A longitudinal view of the cervix should be obtained
- The cervical canal and surrounding cervical mucosa need to be identified
- The cervix should be magnified so that it occupies 50-75% of the image
- Care is taken to avoid exerting undue pressure on the cervix, which may artificially increase the length.
- The callipers are used to measure the linear distance between the triangular area of echodensity at the external os and the V-shaped notch at the internal os.
- For a curved cervix > 25mm, joining two measurements will avoid under-estimating the cervical length
- Each examination should be performed over a period of 3-5 minutes. In about 1% of cases the cervical length may change due to uterine contractions and in such cases the shortest measurement should be recorded.

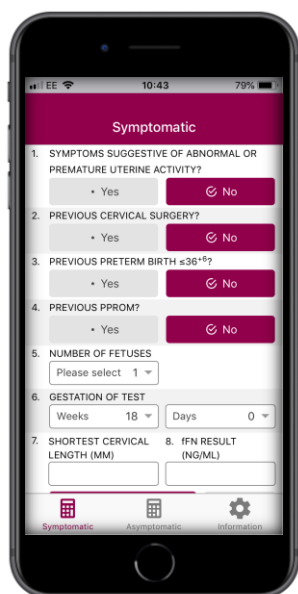
From: Kagan, K. O. and Sonek, J. (2015) 'How to measure cervical length', *Ultrasound in Obstetrics and Gynecology*. doi: 10.1002/uog.14742.

3. How to use the QUiPP App



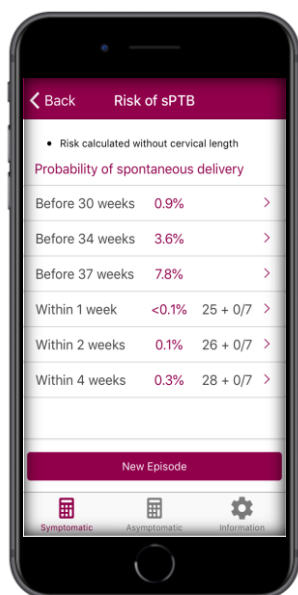
- Free to download on Apple and Android– search ‘QUIPP’
- However, if a phone is not available or you would to use a website version there is a website version available at: www.quipp.org
- Decision- support tool

The App interface looks like this for symptomatic women:



1. This should be yes because she has arrived at your unit with symptoms
2. Cervical surgery includes large loop excision of transformation zone, laser treatments or cone biopsy
3. This refers to a spontaneous preterm birth at 36+6 or less
4. This refers to a spontaneous premature rupture of membranes in a previous pregnancy
5. The app can be used in twins or singletons
6. The current gestation of the woman
7. Her cervical length via transvaginal scan (within the last 24 hours only). If you do not have a result for this please leave this section blank
8. The woman’s quantitative Fetal Fibronectin result

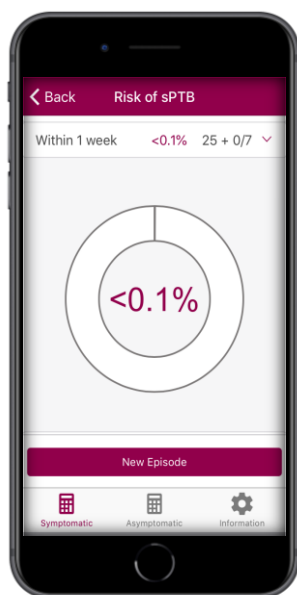
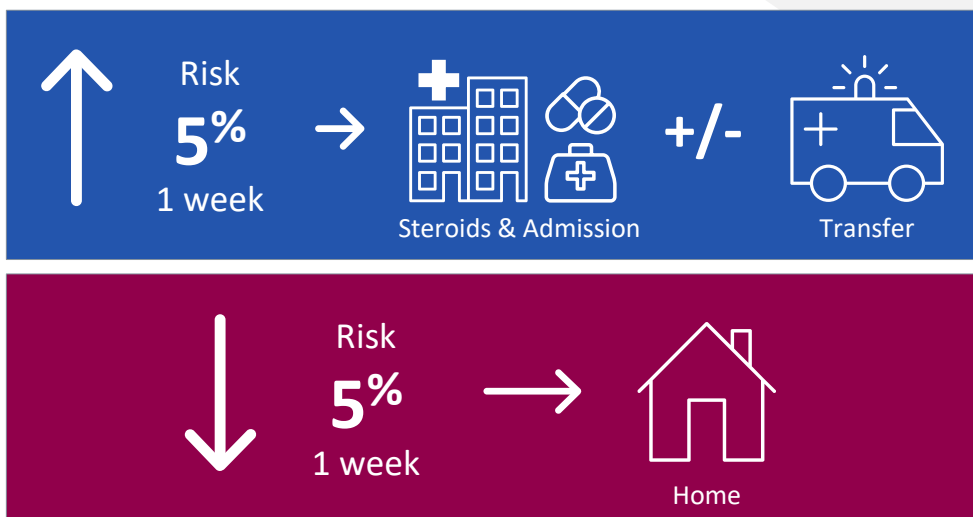
Press calculate!



This woman has a risk of less than 0.1% of delivering within the next week.

If this was more than 5% you may consider admitting her, giving her steroids and/or transferring to another unit.

You can use the longer term predictions to decide when to see her again.



If you click on any of the result scores you get a donut illustration of the woman's risk score. You can use this to explain the results to the woman, and to aid shared decision-making.



If you require more information, look at the other resources in the toolkit such as the FAQ section.

You can also look at the information section on the App, or contact us at quippapp@gmail.com

Contact us at:



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www.quippapp.org



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- Funded by Health Innovation Network South London 'Innovation Award 2019/2020' awarded to: Ms Naomi Carlisle, Dr Ellie Watson & Professor Andrew Shennan
- Version 2, 2/7/2020