Presence of blood or 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 in either of these situations.

Before undertaking a qfFN swab – think – "will the result of this change my management plan?"

Insert speculum with consent:

- Assess cervix (if more than 4cm she is in 'preterm labour' not 'threatened preterm labour')
- Take quantitative Fetal Fibronectin swab (qfFN) (follow local guidance for taking at particular gestations)
- Take rupture of membrane swab (if necessary)*

Then undertake cervical length scan (if available)*

Arrives in threatened preterm labour:

- 23-34+6 weeks' gestation
- Symptoms suggestive of preterm labour (e.g. period-like pain/contractions/back pain etc.)

- **Confirm gestation**
- **History**
- **Observations**
- **Abdominal examination and symphyseal fundal height**

QUiPP

Use the QUiPP App

Search QUiPP for Android or App store, or go to

www.quipp.org

QUiPP risk of delivery within 1 week **less than 5%**

Send home

- Appropriate follow up (consider QUiPP long term risk scores)? See in antenatal clinic/ prem clinic in a week or two?
- Woman aware to come back if symptoms continue

Risk of delivery within 1 week **5% or more**

Admit

STEAMED:

- **S** Steroids if 23-34+6 weeks'. If 22+0-22+6 weeks discuss with consultant.
- **T** Tocolysis if necessary.
- **E** Early discussion with Neonatal team.
- **A** Antibiotics? Consider infection and treat if present.
- **M** MgSO4 is recommended <30 weeks' gestation and can be considered up to 34 weeks' gestation.
- **E** Evaluate - in-utero transfer required?
- **D** Delivery plan - made early with the multidisciplinary team

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* 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.