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Vaginal pH value in prediction of preterm delivery in women diagnosed with preterm labor

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Introduction: Evaluate sensitivity and specificity in prediction of preterm delivery in 2, 7 and 14 days from the time of the testing in cases diagnosed with preterm labor for vaginal pH value bigger than 4,5 and cervical length equal or shorter than 2,5 cm.

Materials and methods: Prospective, observational study performed at the University Clinic of Obstetrics and Gynecology in Skopje. 83 pregnant women between 200/7 and 366/7 weeks of gestation with symptoms of preterm labor, with clinically intact amniotic membranes and cervical dilatation $\leq 2,5$ cm were recruited in the trial. Vaginal pH value was determined before the CL measuring and pH $>4,5$ was considered pathologic. Patients were treated according to the protocol with: antibiotics, tocolitics and corticosteroids and the time from the testing to the delivery was assessed.

Clinical cases and summary results: The vaginal pH $>4,5$ predicted delivery within 2 days with 80% sensitivity, 35% specificity, 7% positive predicted value and 96% negative predictive value. pH $>4,5$ predicted delivery in 7 days with 91% sensitivity, 38% specificity, 19% positive predicted value and 96% negative predictive value. pH $>4,5$ predicted delivery in 14 days with 83% sensitivity, 39% specificity, 28% positive predictive value and 89% negative predictive value.

Conclusion: Vaginal pH $>4,5$ in patients with symptoms of preterm labor, with intact membranes and cervical dilatation $\leq 2,5$ cm indicates that delivery within 7 days is quite probable despite the therapy. A normal vaginal pH value, furthermore, indicates that delivery within 7 days is highly unlikely.

Keywords: Vaginal pH, cervical length, preterm delivery

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Utilization of a novel biomarker test (PARTOSURE PAMG-1) to reduce the length of stay in patients with threatened preterm labor and a short cervix

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Introduction: Patients with a short cervix of ≤ 25 mm via transvaginal ultrasound are often admitted to the hospital due to increased risk of imminent spontaneous delivery. However, it is well known that the majority of patients with a short cervix do not go on to deliver within the next 7 days. The objective of this study was to evaluate the utility of the PartoSure test to reduce the length of stay after these patients

had been admitted to the hospital with a short cervix and signs and symptoms of threatened preterm labor.

Materials and methods: 45 patients were recruited in this prospective observational study. Patients presented with symptoms of preterm labor between Jul 2015 - Feb 2016. The patients were between 24 + 0 and 34 + 6 wks of GA, minimal cervical dilation and clinically intact membranes. Cervical length was measured using transvaginal ultrasound upon presentation. Patients with a short cervix of ≤ 25 mm were admitted to the hospital for observation and/or treatment based on the standard of care of the hospital. A PartoSure test was performed approx..one day after admission and the decision was made to discharge the patient or keep them at the hospital for observation. Calculations to determine the performance of the PartoSure test and the associated average length of stay for these patients were performed retrospectively.

Clinical cases and summary results: All 45 patients in the analysis had a short cervix of ≤ 25 mm measured using transvaginal ultrasound and a PartoSure test was performed approximately one day after admission (mean 34 hours, mode 24 hours). 11% (5) of patients had a PartoSure positive test, 89% (40) of patients had a negative PartoSure test, wherein 60% (24) of patients were not discharged and continued their stay for extended monitoring and 40% (16) were discharged. Admitted patients were treated based on local guidelines of the facility and clinician judgement: 70% (17) received corticosteroid therapy, 100% (24) received tocolytic therapy and 8% (2) received antibiotics and none of these patients delivered within the next 7 days or 14 days. The PPV for Cervical Length of ≤ 25 mm was 7%. The PartoSure test had a Sensitivity 100%, Specificity 95%, Positive Predictive Value 60% and Negative Predictive Value 100% for delivery within both 7 and 14 days. A retrospective analysis showed the average length of stay of the patients who were admitted was of 8.4 days, mode 13 days.

Conclusion: Patients with tPTL and CL ≤ 25 mm are often admitted for treatment or observation, but majority don't go into labor, using resources such as bed space and unnecessary treatment. PartoSure may help to stratify high risk patients and assess their risk of delivery within 7 or 14 days. A negative PartoSure in conjunction with clinical judgment may be useful to identify patients that can be safely discharged after 24 hrs of observation, reducing their length of stay and burden on hospital resources.

Keywords: Preterm labor, PAMG-1, Partosure, preterm birth, cervical length

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Peritoneal dialysis in very low birth weight neonates

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Introduction: Starting peritoneal dialysis (PD) early also reduces mortality and morbidity of newborns with AKI. The goal of this retrospective study is to evaluate the characteristics of 10 very small birth weight (VLBW) neonates, who are treated with PD.

Materials and methods: A retrospective study has included 10 VLBW neonates, who required peritoneal dialysis. Intravenous (IV) cannula and umbilical vein catheter were used for the peritoneal access

Clinical cases and summary results: Mean age in the moment of starting PD was 14.9 ± 9.32 days. Mean body weight was $825 \pm$