MATERNITY UNIT
GUIDELINE:

PARTOSURE

SCOPE:
All midwives and obstetricians working in maternity

AUTHOR:
Midwife Educator & Quality Coordinator

PURPOSE:
The purpose of this guideline is to educate health professionals on the use of Partosure for determining the likelihood of an individual’s risk of pre-term delivery. Women and babies with suspected preterm labour should be managed in a safe and appropriate clinical environment. Timely transfer to a secondary or tertiary unit may be required to achieve this. This screening test for preterm labour is a useful adjunct to clinical assessment to aid in decision making.

Criteria
In accordance with section 88, the LMC must recommend that the clinical responsibility for the care of the woman be transferred to an obstetrician if the gestation is <34+0 weeks. A four way conversation will take place to agree a plan of care and clearly documented in the records. Anticipate pre-term labour.

Background information
For women in threatened preterm labour, if there is no reason to expedite the delivery and the gestation is <34+0 weeks, then current management is to administer a tocolytic drug to delay delivery whilst corticosteroids are given. Corticosteroids significantly reduce neonatal morbidity and mortality but take 48 hours to achieve their maximum effect.

GUIDELINE
PARTOSURE PROCEDURE
1. Assess maternal and fetal wellbeing – abdominal examination, check ultrasound scan dates and LMP dates with clinical size, commence cardiotocograph if appropriate to gestational age.
2. Record maternal pulse, blood pressure and temperature.
3. Record history of onset of contractions, length, strength, and frequency. Any other signs of labour e.g. ruptured membranes or PV bleeding.
4. Vaginal infections, urine semen, and small blood admixtures do not interfere with the results of Partosure but lubricants do if used within the last 6 hours.
5. Women with multiple gestations are suitable for testing.
6. The PartoSure test can be used between 20+0 and 36+6 weeks of gestation with clinically intact membranes although use after 34 weeks should be tailored to whether intervention with tocolysis or antenatal steroids is being considered.
7. Discuss performing screening test with on call obstetrician (see Inhibition of preterm labour flowchart- Appendix One) and inform NNU of admission and plan.

8. Explain test procedure to woman and gain verbal consent for the procedure and the collection of the sample of the screening test.

9. Inform the woman and obstetrician of the results and clearly record the result in the woman’s Maternity Clinical Information System (MCIS) records in Test and Procedures, under Diagnosis of Rupture of Membranes or Preterm Labour and inform the woman. If other swabs are required for infection screening these are to be taken whilst the speculum is in situ. The speculum is to be removed prior to the partosure test.

Management following results
The obstetrician managing the case will decide on the plan of care dependent on the result of this test and any other significant factors.

REFERENCES:


Date of Approval: May 2017

Next Review Date: May 2020
Appendix One

Recommended management of woman with threatened preterm labour

Woman at risk of delivery 24 to 34 wks
Singleton pregnancy, no cerclage, no fetal compromise event

Consult with O&G using the SBARR tool
Partosure may be recommended

- Speculum exam to be performed using only water as a lubricant, have swabs & Partosure available in the room. DO NOT open partosure until IT IS APPARENT THAT THE TEST IS APPROPRIATE ie cervix <3cm & >1cm long, No ROM, No APH/placenta praevia
- Take vaginal swabs before removing the speculum.
- THEN DO PARTOSURE IF INDICATED FOLLOWING INSTRUCTIONS ON THE TEST PACKET (APPENDIX 1)
- If the cervix is >3cm dilated or fully effaced then DO NOT use the partosure test, but do take the vaginal swabs. (Please return partosure swab to the fridge).
- Discuss findings & result of test with woman and O&G and record in MCIS records

ONLY IF SPECULUM EXAMINATION IS INCONCLUSIVE SHOULD A DIGITAL EXAMINATION BE PERFORMED WITHOUT USING ANY LUBRICANT OTHER THAN WATER

DIGITAL EXAM - DO NOT use any lubricant as this affects the results. Only water can be used as a lubricant if required. If cervix <3cm dilated & >1cm long then use the partosure test.
Discuss findings with woman and O&G.

Partosure test –ve or test not required

- A discharge plan will be made following a 4 way conversation
- Advise to return if situation deteriorates
- Or admit for observation if other concerns.
- Arrange follow up with ANC or LMC

Partosure test +ve
Transfer of care to O&G if <34 weeks
Midwifery care may also be transferred to core midwife or remain with LMC

- Admit following a 4 way conversation.
- Consider :- tocolysis, steroids, antibiotics, neuroprotection as per guideline
Appendix Two

TEST PROCEDURE

1. Take the solvent vial by its cap and ensure all liquid in the vial has dropped to the bottom. Open the solvent vial and place it in a vertical position.

2. To collect a sample from the vagina, use only the sterile flocked swab provided with the PartoSure™ test kit. Remove the swab from its package following the instructions on the packaging. The tip of the swab should not touch anything prior to insertion into the vagina. Hold the swab by the middle of its shaft and, while the patient is lying flat on her back, carefully insert the tip of the swab into the vagina until the fingers contact the skin (no more than 5-7 cm deep). Withdraw the swab from the vagina after 30 seconds.

3. After the swab has been removed from the vagina, immediately place the tip into the provided solvent vial and rinse by rotating for 30 seconds.

4. Remove the swab from the vial and dispose of it.

5. Tear open the foil pouch at the tear notches and remove the PartoSure™ test strip.

6. Insert the white end of the test strip (marked with arrows facing downward) into the vial with solvent.

7. Remove the test strip from the vial if two lines are clearly visible in the test region or after 5 minutes sharp. Read the results by placing the test strip on a clean, dry, flat surface. A positive result is indicated by two lines in the test region, while a negative result is indicated by a single line in the test region. Do not read or interpret the results after 10 minutes have passed since inserting the test strip into the vial.

Two lines: POSITIVE

Control line - Test line

Positive: Two Red Lines
Imminent delivery within 7 days is highly likely

One line: NEGATIVE

Control line

Negative: One Red Control Line
Imminent delivery within 7-14 days is highly unlikely

No lines: INVALID

Invalid: No Red Lines
Results not valid; retest

The intensity of the lines may vary; the test result is valid even if the lines are faint or uneven. Do not interpret the test result based on the intensity of the lines. Do not read or interpret the results after 10 minutes have passed since inserting the test strip into the vial.