ASSOCIATION BETWEEN *MYCOPLASMA GENITALIUM* AND PRETERM BIRTH IN PREGNANT WOMEN IN SOUTH AFRICA: PROSPECTIVE COHORT STUDY

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Background:
Mycoplasma genitalium during pregnancy has been reported to be associated with preterm birth. Few studies are prospective or from resource-limited settings. This study aimed to investigate *M. genitalium* among pregnant women and its association with preterm birth in South Africa.

Methods:
We conducted a cohort study in East London. Women were enrolled at <27 weeks of gestation, confirmed by ultrasound. A vaginal swab was tested for *M. genitalium* by PCR at the end of the study. Testing for *Chlamydia trachomatis* and *Neisseria gonorrhoeae* was done on-site (GeneXpert, Cepheid) with treatment for women with a positive result. Birth outcome was collected through postnatal visits, birth records and phone calls. Gestational age at birth was analysed in days and as preterm birth (<37 weeks). We conducted univariable and multivariable regression analyses, adjusting for age, educational level, azithromycin exposure and HIV status.

Results:
From March 2021 to October 2023, 604 pregnant women were enrolled. To date, complete data are available for 370 women, with 355 live births. Of these 92/355 (25.9%) women were living with HIV and at enrolment, median gestation was 14 weeks (interquartile range 10-19). There were 27/355 (7.6%, 95% CI 5.2 to 11.0) women with *M. genitalium* and 53 preterm births (14.9, 11.5 to 19.2 per 100 live births; 2/27 with *M. genitalium* versus 51/328 without). Comparing women with *M. genitalium* to those without, crude mean gestational age at birth was 1.23 days later (-3.34 to +5.81) and adjusted 1.02 days later (-3.99 to +6.03). Risk ratios were: crude 0.48 (0.12 to 1.85); adjusted 0.46 (0.12 to 1.81).

Conclusion:

In this prospective cohort study in a South African population, *M. genitalium* in pregnancy, controlling for potential confounding, was not associated with shorter gestation or with the proportion of preterm birth. The association between *M. genitalium* and adverse birth outcomes requires further research.

Disclosure of Interest Statement:
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