

High Vaginal Swab in Threatened Preterm Labour: Does It Change Management?

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Background

Current clinical guidelines recommend a high vaginal swab (HVS) be collected from women presenting with threatened preterm labour (TPTL) to detect pathogenic bacteria. Recent follow up data from the ORACLE II study reported that women with intact membranes prescribed antibiotics were more likely to have a child at 7 years with functional impairment compared to no antibiotics.

Aims

To determine if collection of HVS in presentations of TPTL detected pathogens and if subsequent management was changed as a result of the result.

Methods

A single centre retrospective audit was performed at Mater Mothers Hospital, QLD. Data was extracted from the hospital's records of all women presenting over a 24 month period to the Pregnancy Assessment Centre with symptoms of TPTL. HVS results were recorded and the health records reviewed if pathogenic bacteria were detected to determine if management was altered on the basis of the results.

Results

There were 299 presentations with symptoms of TPTL in the study period that had both high and low vaginal swabs collected. Of these presentations, there were a total of 171 completely negative swabs. Of the HVS collected, only 44 showed positive for any pathogen (14.7%). Only 1 of these positive HVS altered management for the patient (0.3%), i.e. intrapartum antibiotic prophylaxis.

Discussion

There were minimal HVS results collected for TPTL that changed patient management. Reconsideration of the inclusion of HVS in the recommended clinical guideline investigations may be warranted.

References

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