TESTING PERFORMED IN LINCOLN

AVAILABLE "STAT"

FETAL FIBRONECTIN #7240 (COLLECTION KIT REQUIRED)

Fetal Fibronectin (fFN) is a special protein that holds the baby in place in the womb. After the 35th week of pregnancy, it begins to break down naturally, and is detectable in vaginal secretions. In the event of pre-term labor, Fetal Fibronectin may be detected before week 35. From weeks 22 to 35 in pregnancy, there should be very little Fetal Fibronectin detectable. Fetal Fibronectin can often be detected before other symptoms of preterm labor, such as contractions and changes in cervical length. The Fetal Fibronectin specimen is collected using a sterile polyester tipped swab that is placed on the posterior fornix of the vagina for 10 seconds and inserted into a tube containing extraction buffer.

Indications for Fetal Fibronectin Testing

1. Women with symptoms of preterm labor 24-35 weeks gestation
   - Assess risk of delivery within 7 or 14 days of specimen collection
2. Women without symptoms of preterm labor 22-30 weeks gestation
   - Aid in assessing risk of delivery <35 weeks

Contraindications

1. Advanced cervical dilation (>3cm)
2. Rupture of amniotic membranes
3. Cervical cerclage
4. Moderate or gross vaginal bleeding
5. Sexual intercourse in preceding 24 hrs
6. Twin or other multiple pregnancy

Accordingly, ACOG recommends that "Fetal Fibronectin testing may be useful in women with symptoms of preterm labor to identify those with negative values and reduced risk of pre-term labor, thereby avoiding unnecessary interventions.

AMNISURE #7238 (COLLECTION KIT REQUIRED)

AmniSure® is a diagnostic device that solves a long-standing problem in obstetric practice: the diagnosis of premature rupture of fetal membrane (PROM). Diagnosis of ruptured fetal membranes is of crucial importance at any term in a pregnancy to ensure timely and proper hospitalization and treatment. AmniSure® detects trace amounts of placental alpha microglobulin-1 protein (PAMG-1) in vaginal fluid after rupture of fetal membranes. With intact fetal membranes, the test does not normally detect PAMG-1, due to its low background concentration. A sterile swab is inserted into the vagina for one minute and then placed into a vial containing a solvent that extracts protein from the swab.

Test Characteristics

- **Sensitivity = Over 99%**
- **Specificity = Over 99%**
- **Positive Predictive Value = Over 99%**
- **Negative Predictive Value = Over 99%**