

**UK National Screening Committee**  
**Preterm birth and bacterial vaginosis**

**26 November 2014**

**Aim**

1. The aim of this paper is to provide background to the item addressing antenatal screening for preterm birth risk and bacterial vaginosis.

**Current policy**

2. The current UK National Screening Committee (UKNSC) recommendation is that screening for risk of preterm birth or bacterial vaginosis should not be offered. These recommendations were made in 2009 and are based on an HTA systematic review of a range of screening and treatment combinations aiming to prevent preterm birth.
3. Current advice on testing and management of pregnant women is given by the National Institute for Health and Social Care Excellence (NICE); a new guideline on the management of women at high risk of preterm birth will be published in early 2015.

**Background**

4. The evidence reviews for bacterial vaginosis and pre-term birth risk were combined into one report as the outcomes of interest were shared. The review was completed by Bazian in June 2014.
5. The updated evidence review's primary aim was to ascertain if the evidence published since the HTA review would alter that review's conclusions.

**Review**

6. The 2009 HTA review concluded that the four following tests performed best in predicting pre-term birth; ultrasonographic cervical length and funnelling measurement, cervicovaginal fetal fibronectin, uterine contractions (by home uterine

monitoring device) and amniotic fluid c-reaction protein measurement. No single test met the threshold of acceptability set by the HTA review team, for use as a screening tool in low risk pregnancies. Although the UKNSC update review searched for evidence relating to these four tests, only studies reporting on cervical length screening were identified. Therefore cervical length was chosen as the screening test for the review on risk of pre-term birth.

7. The evidence review for the UKNSC showed that cervical length screening still did not meet the threshold for a good screening test, originally outlined in the HTA review. It was also noted that there was variation in the cut-offs used to establish risk, the gestation at screening and gestational age of preterm birth the test sought to predict. The most effective preventative treatment was vaginal progesterone. The evidence showed some benefit but it was limited in volume and showed no improvement in mortality rates. In addition, the recommended treatment regime varied. No RCTs on the efficacy of a screening programme were found.
8. The evidence review for bacterial vaginosis showed that no test had the required accuracy to be recommended within a screening programme. The evidence for treatment focused primarily on antibiotics, and the evidence relating to the effectiveness of this intervention was limited in volume and was contradictory in outcomes.

## **Consultation**

9. A three month consultation was hosted on the UKNSC website. The following organisations were contacted directly: The Association for Improvements in Maternity Services, The Birth Trauma Association, BLISS, British Association of Perinatal Medicine, National Childbirth Trust, Royal College of Obstetricians and Gynaecologists.
10. Consultation closed on 17<sup>th</sup> October, comments were received from RCOG (below) and these confirmed the conclusions made in the evidence review. No requests to change or revisit conclusions were received.

Do you consent to your name being published on the UK NSC website alongside your response?    Yes		
Section / page number	Text or issue to which comments relate	Comment
General		Well laid out, comprehensive review of evidence. Provides basis for future research work.
General		We agree that there is currently no indication for screening in the low risk population.  The document is however very interesting as it crosses over with our cerclage GTG and much of our GTG advice appears to have been superseded. But I think our cerclage document will be archived once NICE publishes its preterm labour guideline.
Executive summary		Cervical length – The test - ‘Screening typically involves the use of a <u>confirmatory test diagnostic test</u> after a screening test’  Please use either ‘confirmatory’ <u>or</u> ‘diagnostic’ test

### Recommendation

11. It is recommended that screening for both risk of preterm birth and bacterial vaginosis should not be offered.
12. Further research into cervical length screening for preterm birth risk and treatment with progesterone may help address some of the uncertainties identified by the review.