

Non-invasive prediction models of intra-amniotic infection in women with preterm labor

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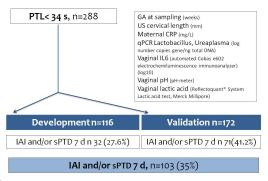
Objective

We modeled the best performing models integrating biochemical data with clinical and ultrasound information to predict a composite outcome of intraamniotic infection (IAI) and/or spontaneous delivery within 7 days.

Methods and material

Prospective observational study (2015-2020) including women with diagnosis of preterm labor (PTL) below 34 weeks with an amniocentesis to rule in/out IAI.

We selected ultrasound, maternal blood and vaginal predictors that could be tested with rapid diagnostic techniques and developed prediction models employing Machine Learning that were applied in a validation cohort



Results

288 women with PTL, of which 103 (35%) had IAI and/or spontaneous delivery within 7 days.

Four prediction models were proposed, including cervical length (using transvaginal US), maternal C-reactive protein, vaginal IL-6 (using autotated immunoanalyzer), vaginal pH (using pH meter), vaginal lactic acid (using reflectometer) and vaginal Lactobacillus genus (using quatitative- PCR)

IAI and/or spontaneous delivery ≤ 7 days										
	Number of variables	Predictors used	AUC (95% CI)	F1 (95% CI)	Sensitivity n (%)	Specificity n (%)	PPV n (%)	NPV n (%)	LR+	LR-
Model 1	4	IL-6, CRP, lactic acid, Lactobacillus genus	85.2(+-3.1)	78.4(+-3.5)	84.5	78.2	73.2	87.8	3.88	0.2
Model 2	3	IL-6, CRP, lactic acid	84.7(+-3.0)	77.7(+-3.2)	85.9	75.2	70.9	88.4	3.47	0.19
Model 3	4	IL-6, CRP, pH, cervical length	83.3(+-3.1)	77.1(+-3.8)	76.1	85.1	78.3	83.5	5.12	0.28
Model 4	3	IL-6, CRP, cervical length	82.2(+-3.1)	76.9(+-3.4)	84.5	75.2	70.6	87.4	3.41	0.21

Vaginal IL-6 (pg/mL), US Cervical length (mm), maternal C-reactive protein (CRP) concentrations (mg/L), vaginal pH as absolute value; vaginal lactic acid as mg/L; vaginal Lactobacillus genus as log number copies gene/ng total DNA. AUC: Area under curve; F1: F1-score; PPV: Positive predictive value; NPV: Negative predictive value; LR: Likelihood ratio; IAI: Intra-amniotic infection.

Conclusions

These results provide proof-of-principle of how non-invasive methods suitable for point-of-care systems can select high-risk cases among women with PTL and might substantially aid in clinical management and outcomes, while improving use of resources and patient experience.