

FMF vs NICE screening for preeclampsia in first trimester

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Objective

The aim of the study was to compare first trimester screening for preeclampsia in our unit using the NICE guidelines (based on maternal characteristics and medical history) vs the Mini-combined test using the Fetal Medicine Foundation algorithm (combining maternal characteristics and medical history with the combined uterine artery mean PI and PAPP-A results), as part of a Quality Improvement Project to suggest which method is superior, more feasible and should be adopted in our unit taking into account the COVID-19 restrictions.

Methods

Participants were women who attended the Fetal Medicine Unit at Southend University Hospital for a routine antenatal visit at 11⁺⁰–14 weeks' gestation, between 1st of May 2021 and 1st of September 2021. Inclusion criteria were maternal age ≥ 18 years and singleton live pregnancy with no major fetal abnormality, and an NT < 3.5 mm at the 11–14-week scan. The sample size included was 646 women. The following data were obtained and stored on the digital system Astraia/Maternal Notes, and then saved in Excel Sheet: Maternal Characteristics, Medical History, the Uterine Artery-mean Pulsatility Index, and the biochemical marker PAPP-A results. All data were anonymized. The first trimester risk for Preeclampsia was then calculated using the NICE guidelines as well as the newly proposed Mini-combined test as per the Fetal Medicine Foundation algorithm.

Results

The risk for PET calculated using the mini-combined method had a 50% sensitivity when using a 1 in 100 cut-off, with a 89.9% specificity for all cases of preeclampsia. The NICE screening method had 22.7% sensitivity with a similar specificity of 90.9%. A secondary analysis for small for gestational age (SGA) babies, showed that the mini-combined method had a 30% sensitivity when using a 1 in 100 cut-off, with a 89.1% specificity for all cases of SGA, whereas the NICE screening method had 6% sensitivity and 89.7% specificity.

Conclusion

Screening for PET with the Mini-combined method using FMF algorithm is superior to NICE's method, even in its more simplified form. Therefore, we are proposing to adopt the Fetal Medicine Foundation screening for PET method, ideally in its complete form including maternal characteristics, medical history, uterine artery mean PI, the Mean Arterial Pressure (MAP) plus the biochemical - placental growth factor (PLFG). A secondary analysis of the data showed that the Mini-Combined method is also superior to NICE for screening for SGA.

Table 1. Maternal demographic data and characteristics

		N	%
Maternal age, mean (SD)		30.4 (5.1)	
Race	White/Caucasian	602	93.2
	Black/African	13	2.0
	East Asian	10	1.5
	South Asian	16	2.5
	Mixed	5	0.8
BMI (kg/m²), mean (SD)		27.6 (6.2)	
BMI levels	Underweight < 18.5	14	2.2
	Normal 18.5-25	243	37.7
	Overweight > 25	202	31.3
	Obese > 30	186	28.8
Smoking	No	593	91.8
	Yes	44	6.8
	In the past	9	1.4
Alcohol	No	646	100.0
	Yes	0	0.0
Diabetes I / II	No	642	99.4
	Yes	4	0.6
Chronic hypertension	No	646	100.0
	Yes	0	0.0
Nephropathy	No	646	100.0
	Yes	0	0.0
Antiphospholipid syndrome (APS)/ Systemic Lupus Erythematosus (SLE)	No	646	100.0
	Yes	0	0.0
Conception	Spontaneous	626	96.9
	ART/IVF	20	3.1
Parity	Nulliparous	297	46
	Multiparous	349	54

Table 2. Obstetric outcomes

		N	%
Birth weight, mean (SD)		3388.7 (535.3)	
Low birth weight newborn (SGA)	No	585	90.7
	Yes	60	9.3
Low birth weight newborn with PE		12	20%
Gender of newborn	Female	325	50.3
	Male	321	49.7
Apgar 1', mean (SD)		8.8 (1.1)	
Apgar 5', mean (SD)		9.8 (0.8)	
Arterial pH, mean (SD)		7.2 (0.5)	
Venous pH, mean (SD)		7.2 (0.7)	
NNU admission		23	3.6
Intrauterine/Neonatal death		2	0.3

Table 3. Comparison of screening performance between NICE vs FMF methods for all-PET, <37 and >37 weeks.

	AUC ⁺	95% DE	P	Cut-off	Sensitivity (%)	Specialty (%)	PPV ‡ (%)	NPV ‡ ‡ (%)	Accuracy (%)
Sample total									
NICE Risk	0.57	0.47 – 0.66	0.132	-	22.7	90.9	15.4	94.1	86.2
FMF Risk	0.75	0.66 - 0.84	<0.001	< 165.5	70.5	80.9	21.2	97.4	80.2
FMF Risk				100	50	89.9			
<37 weeks									
NICE Risk	0.59	0.26 – 0.92	0.576	-	25.0	92.6	33.3	89.3	83.9
FMF Risk	0.88	0.68 – 1.00	0.014	< 74	75	100	- ¹	87.1	87.1
≥37 weeks									
NICE Risk	0.57	0.47 – 0.67	0.160	-	22.5	90.8	14.5	94.4	86.3
FMF Risk	0.74	0.64 - 0.84	<0.001	< 165.5	70	80.9	20.3	97.5	80.2

+Area under the curve ‡Positive predictive value ‡‡Negative predictive value ¹ could not be calculated due to zero values

Table 3. Rates of preeclampsia and logarithmic regression

			Pre-eclampsia				OR (95% CI)+	P
			No		Yes			
			N	%	N	%		
Sample total	NICE	Low risk	547	94.1	34	5.9		
		Risk					2.93 (1.37 – 6.24)	0.005
	FMF	>165.5	487	97.4	13	2.6		
		Risk	<165.5	115	78.8	31	21.2	10.1 (5.1 – 19.9)
<37 weeks	NICE	Low risk	25	89.3	3	10.7		
		Risk	High risk	2	66.7	1	33.3	4.17 (0.29 – 60.9)
	FMF	>74	27	87.1	4	12.9		
		Risk	<74	0	0.0	0	0.0	
≥ 37 weeks	NICE	Low risk	522	94.4	31	5.6		
		Risk	High risk	53	85.5	9	14.5	2.86 (1.29 – 6.33)
	FMF	>165.5	465	97.5	12	2.5		
		Risk	<165.5	110	79.7	28	20.3	9.86 (4.86 – 20.0)

+relative ratio (95% Confidence Interval) could not be calculated in all cases due to zero values

Table 5. Comparison of prognostic value of the two methods for SGA overall, <37 and >37 weeks

	AUC ⁺	95% DE	P	Cut-off	Sensitivity (%)	Specialty (%)	PPV ‡ (%)	NPV ‡ ‡ (%)	Accuracy (%)
Sample total									
NICE Risk	0.48	0.41 – 0.56	0.647	-	6,7	89.7	6.3	90.4	82.0
FMF Risk	0.63	0.55 – 0.71	0.001	< 318	60	61.9	13.9	93.8	61.7
FMF Risk				100	30	89.1			
FMF Risk				210.5	50	72.5			
<37 weeks									
NICE Risk	0.54	0.30 – 0.78	0.743	-	12.5	95.5	50.0	75.0	73.3
FMF Risk	0.54	0.28 – 0.79	0.760	-	-	-	-	-	-
≥37 weeks									
NICE Risk	0.48	0.40 – 0.56	0.574	-	5.8	89.5	4.8	91.1	82.4
FMF Risk	0.64	0.55 - 0.72	0.001	< 318	63.5	62.0	13.4	94.8	62.1

Table 6. SGA rates and logarithmic regression

			SGA				OR (95% CI)+	P
			No		Yes			
			N	%	N	%		
Sample total	NICE	Low risk	525	90.4	56	9.6		
		Risk	High risk	60	93.8	4	6.3	0,63 (0.22 – 1.78)
	FMF	> 318	362	93.8	24	6.2		
		Risk	< 318	223	86.1	36	13.9	2.44 (1.42 – 4.19)
<37 weeks	NICE	Low risk	21	75.0	7	25.0		
	Risk	High risk	1	50.0	1	50.0	3.00 (0.17 – 54.6)	0,458
≥ 37 weeks	NICE	Low risk	504	91.1	49	8,9		
		Risk	High risk	59	95.2	3	4,8	0.52 (0.16 – 1.73)
	FMF	> 318	349	94.8	19	5,2		
		Risk	< 318	214	86.6	33	13,4	2.83 (1.57 – 5.11)