

Trusting the evidence in evidence-based practice: use of fetal fibronectin testing for threatened preterm labour in remote far North Queensland

[Nursing and Midwifery in rural Australia: meeting the needs of our agricultural areas and small country towns rural communities large and small](#)

Ms Sandra Downing¹, Dr Tonia Marquardt², Dr Rebecca Wright³, Dr Emily Callander¹

¹*James Cook University, Cairns, Australia,*

²*Royal Flying Doctor Service, Cairns, Australia,*

³*Cairns Hospital, Cairns, Australia*

Background: Threatened preterm labour is a common reason for medical transfer from remote communities, however many transferred women do not deliver preterm. A tool for prediction of preterm birth such as fetal fibronectin may reduce transfers and the related social and economic costs.

Aim: To review the use of fetal fibronectin testing in women transferred for threatened preterm labour from Cape York to Cairns Hospital between 2011 and 2015 and determine the role testing could play in reducing transfers and associated costs.

Materials / methods: Royal Flying Doctor Service and Cairns Hospital records were accessed with women transferred solely for threatened preterm labour included in the study. Fetal fibronectin testing, hospital admission, outpatient stays and birth outcome data was collated and analysed. The National Hospital Cost Data Collection, round 19 was used to assign costs.

Results: Forty-seven women were included in the study however only 20 underwent fetal fibronectin testing. Transfer of 30 women who had either a negative test or were not tested but delivered at term resulted in 41 inpatient nights and 443 excess outpatient nights, costing an estimated A\$61,579. Aeromedical transfers were estimated to cost a further \$151,500.

Conclusion: Adherence to clinical guidelines and greater availability and use of fetal fibronectin testing in Cape York has the potential to reduce aeromedical transfers for threatened preterm labour. Substantial inpatient and excess outpatient stays could be avoided with associated reduction in health system and social costs. Strategies to improve adherence to guidelines and increase access to testing are required.
