

# STANDARD OPERATING PROCEDURE

## ACTIM PARTUS TEST IN THE PREDICTION OF PRETERM LABOUR

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## APPENDIX 1



# Actim<sup>®</sup> Partus How to Use Guide

Can be used as indicated below:



Lubricants



Following Intercourse



Mild Bleeding

Actim Partus is a visually interpreted, qualitative immunochromatographic dipstick test for detecting the presence of phosphorylated IGFBP-1 (insulin-like growth factor binding protein-1) in cervical secretions during pregnancy. The test is intended for professional use to help predict the risk of preterm or imminent delivery when fetal membranes are intact.

### Step 1 - Taking the Sample

- The sample should be collected prior to performing digital examination and/or transvaginal ultrasound
- Take cervical secretion sample using the polyester swab
- Leave the swab in the cervical os for 10 - 15 seconds to allow absorption



### Step 2 - Extract

- Place the polyester swab in the extraction solution tube
- Swirl the swab vigorously in the solution for 10 - 15 seconds
- Discard the swab



### Step 3 - Dip

- Dip yellow area of the dipstick into the extracted sample contained in the tube
- Hold until the liquid reaches the results area
- Remove dipstick and place it in a horizontal position



### Step 4 - Read Result

- If two blue lines (test line and control line) appear, the test result is positive. A result can be interpreted as positive as soon as these two blue lines become visible in the result area
- If only one blue line (the control line) appears, the test result is negative. A negative result must be read at 5 minutes
- Do not interpret results after 5 minutes

(Refer to the Instructions For Use for full information)

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**PURPOSE**

The purpose of this Standard Operating Procedure (SOP) is to ensure that all staff can understand the indications and pathway for these women who present with symptoms and signs of preterm labour.

Actim Partus test is a visually interpreted, qualitative immunochromatographic dipstick test for detecting the presence of phosphorylated IGFBP-1 (insulin-like growth factor binding protein-1) in cervical secretions. The presence of phosphorylated IGFBP-1 during weeks 24-34 of pregnancy, along with symptoms of labour, suggests the possibility of a preterm labour.

The appropriate use of Actim Partus test, should reduce the number of unnecessary interventions such as corticosteroids and tocolysis used, and it will also be beneficial in reducing unnecessary transfers between units.

**OBJECTIVE**

To be able to perform an Actim Partus test when clinically indicated

**SCOPE**

This guidance is relevant to following staff groups:

- All midwifery and maternity assistant staff who work in maternity
- All medical staff working within the Obstetrics and Gynaecology team – Consultants, Middle Grades and Juniors

**COMPETENCIES**

As per Trust Point of Care guidelines

**INDICATIONS / PATHWAY****Eligible patients**

- Gestation between 24+0 weeks and 34+0 weeks.
- Singleton or multiple pregnancy.
- No evidence of ruptured membranes.
- No moderate or heavy bleeding or suspected placental abruption or placenta praevia.
- No fetal compromise or demise.
- Do NOT use with vaginal lubricants / gel as can cause either false positive or false negative results.
  
- Do not perform diagnostic tests if labour becomes established or evidence of cervical dilation.

**PROCESS**

- Collect sample following a speculum examination after visualisation of the cervical os.
- Hold the swab in vagina for 10-15 seconds.
- Extract specimen
- Place the swab in the Specimen Extraction Solution, swirl around vigorously for 10-15 seconds, and discard the swab
- Place the yellow dip area into the extracted sample and hold it there until you see the liquid enter the result area

- Remove the dipstick from the solution and place it in a horizontal position.
- A negative result (control line only) should be read at 5 minutes. The results should not be interpreted after this time.
- A positive test result can be interpreted as soon as two blue lines - a control line and a test line - appear in the result area. If, after five minutes, only the control line has appeared, the test result is negative. Should no control line appear, the test should be discarded, and a new test performed.
- Interpretation of results:
  - If negative result - admission/in-utero transfer is not required. Consider alternative diagnoses and reassurance of low chance of preterm birth should be given to the woman. If discharged, advise that the woman returns to hospital if symptoms persist or worsen and arrange any follow up as appropriate.
  - If positive result - admit to the labour ward and when stable transfer to the antenatal bay on Joan Booker ward. Consider administration of corticosteroids and tocolysis following discussion with an obstetrician (Registrar or Consultant level). In some cases, admission for observation only is appropriate. If the woman has not delivered within 7 days, a plan of care will be decided by the obstetric consultant/obstetric team.

**If actim partus is contraindicated or not possible then a digital examination or transvaginal ultrasound of the cervix should be performed to exclude or confirm labour.**

**In utero transfers from other units**

- It is expected that women transferred in-utero with threatened preterm labour will have had an actim partus test performed before transfer.
- Management must be based on sound clinical judgement and discussion with the consultant on call.
- There may be a place for repeating the actim partus test 48 hours after the last speculum examination, especially if a negative result would assist in making a decision to discharge.
- If the previous test has been positive, do not repeat it because the result will not help with the management decisions.

**RESPONSIBILITES**

All clinical staff are responsible for complying with this policy

**AUDIT**

Regular audit of our use of Actim Partus should be performed.

**References: -**

1. NICE Guidance (NG 25): 2015 Preterm labour and birth
2. Khambay H, Bolt LA, Chandiramani M, De Greeff A, Filmer JE, Shennan AH. The Actim Partus test to predict pre-term birth in asymptomatic high-risk women. J Obstet Gynaecol. 2012 Feb;32(2):132-4. doi: 10.3109/01443615.2011.637649. PMID: 22296421.

