

# Modest prediction of preterm birth using clinical features

July 26 2012

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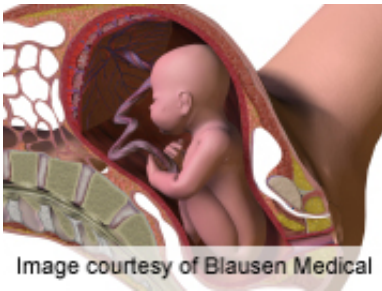


Image courtesy of Blausen Medical

For healthy nulliparous women, the ability to predict spontaneous preterm birth using clinical characteristics is modest, according to a study published online July 16 in *PLoS One*.

(HealthDay) -- For healthy nulliparous women, the ability to predict spontaneous preterm birth (SPTB) using clinical characteristics is modest, according to a study published online July 16 in *PLoS One*.

Gustaaf Albert Dekker, M.D., Ph.D., from Lyell McEwin Hospital in Adelaide, Australia, and colleagues examined risk factors for SPTB among 3,184 healthy nulliparous women with a singleton pregnancy.

The researchers found that 4.9 percent of women had their pregnancy complicated by SPTB, including 3.0 percent with intact membranes (SPTB-IM) and 1.9 percent with prelabor rupture of the membranes (SPTB-PPROM). Shorter cervical length, abnormal uterine Doppler

flow, use of marijuana before pregnancy, lack of overall feeling of well-being, Caucasian ethnicity, maternal history of diabetes and/or preeclampsia, and family history of [low birth weight](#) babies were identified as independent risk factors for SPTB-IM. Independent risk factors for SPTB-PPROM included, but were not limited to, shorter cervical length, [short stature](#), longer time to conceive, family history of recurrent gestational diabetes, hormonal [fertility treatment](#), and mild hypertension. The risk of SPTB-PPROM was significantly increased for women with a low [body mass index](#) (less than 20 kg/m<sup>2</sup>; odds ratio, 2.64). After internal validation the area under the receiver operating characteristics curve was 0.69 for SPTB-IM and 0.79 for SPTB-PPROM.

"Given no reliable biomarkers have emerged as risk predictors of SPTB, the development of a clinically useful test will probably require SPTB phenotype-specific combinations of clinical risk factors and the discovery and evaluation of novel biomarkers," the authors write.

**More information:** [Abstract](#)  
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