limitations, including lack of clarity in randomization and blinding, overall small sample size, and high attrition rate. In addition, the type of intervention varied in each study as did the comparator. An accurate assessment of the risks and benefits of strategies or interventions to reduce health care and racial disparities could not be assessed given the mix of neutral and weak study findings. Patient values and preferences varied largely because of the unique needs, cultural beliefs, and values of each at-risk subgroup. Thus, the Work Group made the following recommendation: There is insufficient evidence to recommend for or against specific interventions that would diminish disparities in perinatal care access and maternal and childbirth outcomes.

B. Complicated Obstetrics

a. Preterm Delivery

Recommendation

11. We recommend considering fetal fibronectin testing as a part of the evaluation strategy in patients between 24 0/7 and 34 6/7 weeks' gestation with signs and symptoms of preterm labor, particularly in facilities where the result might affect management of delivery.
    (Strong for | Not reviewed, Amended)

Discussion

The evaluation of patients between 24 0/7 and 34 6/7 weeks' gestation with signs and symptoms of preterm labor includes a pooled consideration of individual patient historical factors, clinical history, and presenting symptoms in conjunction with laboratory assessment for infections and examination to include cervical length screening in settings where clinical expertise to accomplish this assessment exists. Fetal fibronectin testing has a narrowly defined role in obstetric evaluation and, therefore, should be used only when it has the potential to alter care. The potential value of fetal fibronectin testing in the setting of evaluation or triage of preterm labor is to more precisely discriminate between the subset of women who have true preterm labor versus false labor.(125) In a woman at low risk for preterm delivery presenting with preterm contractions, a negative test might inform the decision to use or avoid tocolytics and corticosteroids.(126) Alternatively, a positive test might allow providers at some facilities to arrange the transfer of patients identified as at higher risk of preterm delivery to facilities better suited to manage the complications of preterm birth. Routine screening for preterm delivery using fetal fibronectin test in asymptomatic patients is not recommended.

Patient preferences varied little regarding fetal fibronectin use. As an additional test within a standard preterm labor workup, it places no extra burden on the patient. The Work Group finds potential value in fetal fibronectin testing at VA/DoD facilities where management of results could impact decisions to transfer to higher levels of care, and testing could have a positive impact on the associated resource use while concomitantly mitigating potential burdens of unnecessary transfers to the patient.