Letter to the Editor

Need for preterm birth risk assessment in every pregnancy at any gestational age

I read with interest the article 'Development of a nomogram for individual preterm birth risk evaluation' by Gioan et al. [1].

The authors develop an individualized nomogram to predict the risk of preterm birth in singleton high risk pregnancies, with short cervix or and/or history of preterm birth and/or late miscarriage.

I recently advocated the development of a comprehensive algorithm to predict preterm birth [2] and I am glad that the authors accepted my invitation.

Before Gioan et al., other authors tried to create a convincing preterm assessment risk score, but excluded many important variables.

I think that us, as clinicians, need a simple algorithm to be applied to every pregnant patient, not only the singletons at high risk, but also the low risks, and twins, etc.

We need to know the risk of preterm birth for every patient at any given gestational age, symptomatic or asymptomatic; this knowledge will guide us to timely prescribe steroid therapy for fetal lung maturation and/or guide the transferring of the patient to a tertiary level hospital with a NICU.

In addition, I wouldn't use the bacteriological analysis of the swab, because many facilities cannot execute it in a timely manner: I would include only variables readily available to every clinician, even in low-middle income countries.

In conclusion, the work by Gioan et al. represents an excellent effort towards the target of having a preterm prediction tool for every pregnant patient at any gestational age, which will be hopefully reached in the near future.

References

[1] Gioan M, Fenollar F, Loundou A, Menard JP, Blanc J, D'Ercole C, et al. Development of a nomogram for individual preterm birth risk evaluation. J Gynecol Obstet Hum Reprod 2018. http://dx.doi.org/10.1016/j.jogoh.2018.08.014. pii: S2468-7847(18)30203-4. PMID: 30149206 [Epub ahead of print].

[2] Sisti G. Cervical length cut-off in twin pregnancy and preterm labor risk assessment algorithm: call for action. Am J Obstet Gynecol 2017;217(2): 233–4. http://dx.doi.org/10.1016/j.ajog.2017.05.007. PMID: 28502750. Epub 2017 May 11.