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| **Primary Prevention of Preterm Birth Associated with Prevalent Reproductive Tract Infection: A Critical Time and Treatment Analysis Focusing on Bacterial Vaginosis and Abnormal Vaginal Microflora≥≥≤** |
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| **Introduction** **Background:** Twenty percent of both fetal deaths (FDs) and preterm births (PTBs) are ascribed to infection/inflammation, but as yet, there are no evidence-based practices understood to prevent these common adverse outcomes.   **Objective:**  Analyze selected prospective controlled trials evaluating primary prevention of preterm birth (PTB) or late miscarriage (LM) associated with bacterial vaginosis (BV) and/or related abnormal vaginal microflora for factors associated with clinical success.≥≥≤  **Material and Methods** We evaluated selected controlled treatment trials among asymptomatic women with bacterial vaginosis or related abnormal vaginal microflora which examined comparable PTB/LM and related outcomes.  Study design, populations, clinical diagnosis, antimicrobial choices, and screening/treatment timing and performance of test of cure (TOC), were evaluated for positive or negative effects.  Relative risks and Bayesian statistics, as well as number needed to treat (NNT), were compared.  A small number of selected insightful, uncontrolled studies were also analyzed. Searches in Medline, PubMed and Cochrane Database indexes were conducted to identify English language studies published which reported experimental trials of antibiotic treatment intended to reduce risk of PTB, LM and related other outcomes among asymptomatic women with BV or related abnormal vaginal bacteria.≥≥≤  **Results** Ten studies met evaluation criteria.  Four study characteristics associated with ≤ 0.50 reduction in PTB or LM were identified: 1) early (<20 weeks gestation) screening and completed treatment ; 2) clindamycin (macrolide/lincosamide) oral or topical treatment; 3) comprehensive “screen and treat” study designs in which prevalent reproductive tract infections (RTIs) were  systematically identified and treated; and 4) timely “test of cure” (TOC) with indicated re-treatment.  Overall, populations at highest risk of idiopathic/unexplained PTB benefitted most, as did African-American women.  Metronidazole treatment was observed to be beneficial when given early in pregnancy.  **Conclusions** Trials evaluating prevention of PTB and/or LM demonstrated biologically plausible and clinically practicable features that were associated with improved outcomes: 1) early gestation screening and treatment of BV and/or abnormal microflora followed by TOC with indicated re-treatment; 2) use of oral or vaginal clindamycin for treatment at ≤ 20 weeks gestation; and 3) comprehensive screening and treatment of prevalent genito-urinary infections and BV.   Benefits tended to be greatest in populations with higher rates of PTB.  African-American women demonstrated differential benefits compared to other women.  These findings can inform both future research design and clinical care strategies designed to prevent PTB and associated sequelae caused by susceptible infections/BV and inflammation. |
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