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**Role of cervicovaginal  $\beta$ -hCG in prediction of preterm delivery: A prospective of observational study****Priyanka Mukherjee**

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The World Health Organization (WHO) factsheet revealed that 15 million babies are born too early every year and almost 1 million children die each year due to complications of preterm birth. Preterm birth, i.e. birth before 37 weeks of gestation period, an important obstetric problem, is the major cause of neonatal mortality and morbidity across the globe. This study was prospective observational study conducted in Tata Main Hospital, Jamshedpur from 1<sup>st</sup> November 2016 to 31<sup>st</sup> October 2017. The purpose of this study was to find role of cervicovaginal  $\beta$  hCG in prediction of preterm birth in asymptomatic high-risk women. Antenatal investigations, first trimester USG scan and detailed anomaly scan was reviewed. Patient general and obstetrics examination was done. After taking consent and maintaining all aseptic precaution, per speculum examination was done and any clinical finding suggestive of infection of cervical and vagina was noted down and cervicovaginal secretion sample for  $\beta$  hCG was collected and sent to laboratory at same time. Level of  $\beta$ -hCG was measured by chemiluminescent immunoassay using commercial kit [Access 2 TOTAL  $\beta$ hCG (5<sup>th</sup> IS) Standardized to the WHO 5<sup>th</sup> International Standard for Chorionic Gonadotropin] in our institute laboratory. The data derived from this study suggested that cervicovaginal  $\beta$  hCG level at 24-34-week gestation age with cut off value of 36.45 mIU/ml can be used as a biochemical predictor of preterm birth in asymptomatic high-risk women for preterm birth with sensitivity 71.9%, specificity 81.8%, positive and negative predictive value 74.5% and 79.7% and diagnostic accuracy 77.6%. This test is having advantage of being inexpensive, noninvasive, easy to collect and widely available. Hence, being able to predict which women are likely to have a preterm birth is a prerequisite for the effective use of most interventions aimed at preventing preterm birth.

**Biography**

Priyanka Mukherjee is working as an Associate Specialist in the Department of Obstetrics and Gynecology, Tata Main Hospital, Jamshedpur, India. She has obtained her undergraduate Medical training from Gauhati Medical College in 2006. Further, she did her Specialization in Obstetrics and Gynecology from TMH. She further worked as an Associate Consultant in Max Superspeciality Hospital, New Delhi. She is actively involved in teaching program for the post graduate students, scientific research and presentations.

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