

tion of the chorio-decidual membranes may result in more severe uterine contractions or even preterm labor. Another woman with a positive test experienced no labor pain and delivered twins at 38 weeks of gestation. Two separate samples obtained from this woman yielded the same results. No fever, abdominal injury, or increased vaginal discharge were detected during pregnancy. There were 9 women with twin pregnancies in our study. Two of them had positive tests. Whether multiple pregnancy increases the leakage of fFN requires further evaluation.

Various maternal host-response mechanisms, which are characterized by the recruitment of leukocytes, are thought to occur with inflammation. Leukocytes may evoke complex local actions and promote further membrane degradation and uterine contractions via protease- and prostaglandin-mediated mechanisms.^{11,15,16} One woman with a negative test had labor pain within weeks after the test. She was admitted for tocolytic therapy, and delivered at term spontaneously. We reviewed her chart to determine whether she had had a recent infection or mechanical damage to the chorion-decidual membranes. She had had a uterine myoma, 6.5 × 5.0 cm in size over the posterior wall. Occasional uterine contractions occurred after 20 weeks of gestation. No abdominal injury, fever, or increased vaginal discharge were found. A cervical culture was performed on admission, but no bacterial growth was noted. Ritodrine was administered for tocolysis during admission. She was discharged after 1 month. We consider that a uterine mass may be a risk factor for preterm labor, and should be closely followed up.

Five women with positive tests experienced preterm labor pain. Two of them delivered at term after tocolytic therapy, suggesting that tocolytic therapy should be initiated as soon as possible, and that it is important to prevent preterm labor.

Any mechanical or inflammatory-mediated damage or infection of the adhesive fFN interphase between the chorion and decidua may result in the reappearance of fFN in genital secretions.^{8,9} We suggest that tocolytic therapy should include tocolytic drugs

(β -agonist, calcium blocker, $MgSO_4$), antibiotics, NSAIDs, and complete bed rest to completely block uterine contractions.

As a predictor of preterm labor or labor pain, fetal fibronectin was found in this study to have high sensitivity (83.3%), high specificity (92.1%), high negative predictive value (97.2%), but somewhat lower positive predictive value (62.5%). In conclusion, fFN can offer immediate data before the results of a cervical culture are available. fFN in the cervicovaginal secretions of high-risk pregnant women has potential value as a predictor of preterm labor.

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