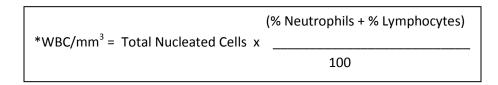


## **Amniotic Fluid Testing for Infection**

Send a minimum of 3cc amniotic fluid to Microbiology laboratory for: 1) gram stain (unspun) 2) Mycoplasma/Ureaplasma cultures 3) Aerobic culture 4) Anaerobic culture AND Send a minimum of 2cc to Core laboratory for: 5) Cell count Note: if karyotype/microarray desired; send additional fluid (20cc minimum) in separate containers to Core laboratory for cytogenetics Positive gram stain<sup>1</sup> Negative gram stain WBC ≥30cells/mm<sup>3\*</sup> WBC <30cells/mm<sup>3\*</sup> Presume positive amniotic fluid culture Glucose ≥20mg/dl Glucose <20mg/dl Presume negative amniotic fluid culture<sup>2</sup> Presume positive Presume negative amniotic fluid amniotic fluid culture culture





## References

1. Romero R, Yoon BH, Mazor M, Gomez R, Diamond MP, Kenney JS, et al. The diagnostic and prognostic value of amniotic fluid white blood cell count, glucose, interleukin-6, and Gram stain in patients with preterm labor and intact membranes. **Am J Obstet Gynecol 1993; 169:805-816.** *Amniotic fluid IL-6 determination had the highest sensitivity* (100% 11/11) for the detection of a positive amniotic fluid culture, but the Gram stain had the highest specificity (99.1%, 108/109).

	Sensitivity	Specificity
Gram stain	7/11 (63.64%)	108/109 (99.08%)
IL-6 (≥11.30ng/ml)	11/11 (100.0%)	90/109 (82.57%)
WBC (≥30cells/mm³)	7/11 (63.64%)	103/109 (94.50%)
Glucose (≤14mg/dl)	9/11 (81.82%)	89/109 (81.65%)
Gram stain + WBC(≥30cells/mm³)	10/11 (90.91%)	102/109 (93.58%)
Gram stain + Glucose (≤14mg/dl)	10/11 (90.91%)	88/109 (80.73%)
Gram stain + IL-6	11/11 (100.0%)	89/109 (81.65%)
Gram stain + Glucose (≤14mg/dl) + WBC(≥30cells/mm³)	10/11 (90.91%)	85/109 (77.98%)
Gram stain + WBC(≥30cells/mm³) + IL-6 (≥11.30ng/ml)	11/11 (100.0%)	87/109 (79.82%)
Gram stain + Glucose (≤14mg/dl) + IL-6 (≥11.30ng/ml)	11/11 (100.0%)	78/109 (71.56%)
Gram stain + WBC(≥30cells/mm <sup>3</sup> ) + IL-6 (≥11.30ng/ml) + Glucose (≤14mg/dl)	11/11 (100.0%)	76/109 (69.72%)

- 2. Romero R, Yoon BH, Mazor M, Gomez R, Gonzalez R, Diamond MP, et al. A comparative study of the diagnostic performance of amniotic fluid glucose, white blood cell count, interleukin-6, and Gram stain in the detection of the microbial invasion in patients with preterm premature rupture of membranes. **Am J Obstet Gynecol 1993, 169:839-51.** The combined use of the Gram stain and amniotic fluid white cell count determinations (>30/mm³) showed the highest specificity (77.9%, 53/68)... in the detection of a positive amniotic fluid culture.
- 3. Abdel-Razeq SS, Buhimschi IA, Bahtiyar MO, Rosenberg VA, Dulay AT, Han CS, Werner EF, Thung S, Buhimschi CS. Interpretation of Amniotic Fluid White Blood Cell Count in "Bloody Tap" Amniocentesis in Women with Symptoms of Preterm Labor. **Obstet Gynecol 2010; 116:344-54.** In the setting of an amniotic fluid sample contaminated with 1,000 RBCs/mm³ or more, WBC count is less accurate indicator of inflammation and infection. In such samples, correction of WBC count enhances diagnostic performance (threshold 123 WBCs/mm³).

**Revised February 2013** 

## **Notification to Users**

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities. The algorithms remain the intellectual property of the University of North Carolina at Chapel Hill School of Medicine. They cannot be reproduced in whole or in part without the expressed written permission of the school.

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