

Editorial

Reduced Incidence of Early Preterm Birth in the State of Thuringia Following Initiation of a Screening Program by the Government in 2016 for Genital Infection Based on Intravaginal (i.vag.) pH-Self-Monitoring

Udo B Hoyme^{1*} and Martin Hesse²

¹Klinik für Frauenheilkunde und Geburtshilfe, Ilm-Kreis-Kliniken Arnstadt-Ilmenau gGmbH, Germany

²Berufsverband der Frauenärzte E.V., Landesvorsitzender Thüringen, Germany

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Effective prevention of preterm birth due to genital infection as cause of serious risks for the infant as well as the mother pre- and postpartum is one of the still unsolved problems in modern medicine. The government of the state in cooperation with the professional organization of OB/GYN physicians decided in 2016 to establish and promote a self-care screening program based on frequent i.vag. measurement of pH in order to reduce the incidence of preterm birth by early diagnosis and immediate therapy of genital infection:

- Screening for pH >4.5 i.vag. at ≥ 14 to 32 gestational weeks, recommendation of self-examination twice a week
- Diagnosis of bacterial vaginosis, abnormal vaginal flora, vaginitis, cervicitis, sexually transmitted infection, others
- Therapy preferably ≤ 24 weeks, e.g. Clindamycin, Metronidazole, lactobacilli
- Objective prolongation of pregnancy >32 weeks as well as cure.

More than 200 local OB/GYN specialists in the state were in charge of diagnosis and therapy according to national guidelines. Results were monitored annually by the national department for medical quality control. Starting at zero in 2016, >80% of pregnant women in the state had their vaginal pH measured at the end of 2020, about 20% of them by self-measurement. The incidence of prematurity <32 + 0 weeks has declined in 2017 from 1.46% to 1.31% (n = 17.387), 1.26% in 2018 (n = 17.180) 1.18% in 2019 (n = 16.080) and 1.1% in 2020 (n = 15.156) as of newborns <1500 g from 1.48% to 1.22%, 1.15%, 1.13% and 1.1% respectively. These data are in contrast to an almost unchanged higher incidence of early preterm birth in neighbouring states with a similar socio-economic structure in 2019 as well as the whole of the country in 2017. The 4th millennium goal missed worldwide in 2015 as well as the newly declared 3rd objective of the UN could come closer using the simple and cheap i.vag. pH-self-screening regime in prevention of preterm birth, an approach partly turning the woman from being the object of medical care to being the subject in self-control of her pregnancy. This is also a well perceived change in paradigm from the perspective of females as well as physicians and also a new quality in prevention. The effective and uncomplicated regime should have the potential to be used by everyone everywhere. Another hypothetical aspect, reduced incidence of post-partum maternal death due to pre-partum screening, diagnosis and treatment of genital infection, also deserves further investigation.

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***Corresponding author:** Udo B Hoyme, Klinik für Frauenheilkunde und Geburtshilfe, Ilm-Kreis-Kliniken Arnstadt-Ilmenau gGmbH, Bärwinkelstraße 33, 99310, Arnstadt, Germany, E-mail: Udo.Hoyme@ilm-kreis-kliniken.de