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FAQ

(Misconceptions)

AMNICATOR® ?

- **INACCURATE?**
The Nitrazine test is extremely accurate compared to other methods^{3,4,5}
- **FALSE POSITIVES?**
False positives can occur with the Nitrazine test and can be easily excluded by questioning the mother and correct sampling technique.
- **NOT SPECIFIC?**
The Nitrazine test is very specific compared to other methods^{3,4,5}
- **OLD TECHNOLOGY?**
The Nitrazine test remains the most popular and effective point-of-care diagnostic^{1,3,4,5}

➔ Accurate diagnosis is vital.² Nitrazine test is the most documented and reported method for the detection of amniotic fluid/ruptured membranes. Nitrazine is a very specific and accurate test^{3,4,5} if used and interpreted correctly.

➔ Alternatives to Nitrazine are more costly, less accurate, require laboratory facilities or require up to 24 hours for results.

➔ Recent clinical evaluations have shown **Amnicator®** (Nitrazine Test) to have a sensitivity of 97.5% and specificity of 93.3%³ compared to other methods.

➔ "Nitrazine testing is accurate in 90 to 98 percent of cases"⁴

➔ "The Nitrazine test has an overall accuracy of 93.3% in the diagnosis of PROM"⁵

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➔ “The nitrazine test is probably the most widely used test for differentiating amniotic fluid from other body fluids, but it has a false-positive rate of about 15%”¹

The 15% can be overcome by excluding/discarding the following before sampling:

Infection: *Question Patient, Visual Inspection*

Semen: *Question Patient*

Antibiotic therapy: *Question Patient*

Blood: *The colour of the blood could create bad condition for reading*

Obstetric Creams: *Ensure the swab does not touch and creams, lubricants.*

Sampling Technique: *The membranes should not be touched with the swab, do not introduce the swab in cervix. Sample either by asking the woman to sit on a suitable receptacle or obtaining a sample from a pool of amniotic fluid in the posterior fornix.*¹

➔ “The fern test is less likely to produce false-positive results, although it has a higher rate of false-negatives”¹

A false positive is preferred to a false negative result as the rupture is therefore not misdiagnosed. A fern test takes longer, costs more and requires a full laboratory facility.

Enkin M. *et al*, **A guide to effective care in pregnancy and childbirth**; *Oxford University Press*, 3RD Edition 2002

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References:

1. Enkin M. *et al*, *A guide to effective care in pregnancy and childbirth*; *Oxford University Press*, 3RD Edition 2002
2. Magowan B. *et al*, *Churchill's Pocketbook of Obstetrics and Gynaecology*; *Churchill Livingstone (Elsevier Science Limited)*, 2nd Edition 2000
3. Filet J.P. *et al*, Evaluation of 3 diagnostic methods in premature rupture of membranes: diamine-oxidase assay, alpha-fetoprotein assay, colorimetric method evaluating the pH; *Rev Fr Gynecol Obstet* **1994** Mar;**89(3)**:123-8
4. Gabbe, S.G. *et al*, *Preterm Premature Rupture of Membranes Diagnosis*; *Obstetrics: Normal and Problem Pregnancies*, 4th Edition, Churchill Livingstone, Philadelphia, 2002: 805
5. Athayde, N. *et al*, *Premature Rupture of Fetal Membranes (PROM)*, Diagnosis; Ransom, S.B., *Practical Strategies in Obstetrics and Gynecology*, W. B. Saunders Company, Philadelphia, 2000, 254

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