Actim[®] PROM

A rapid diagnostic test for the detection of premature rupture of fetal membranes. No interference with blood, semen, urine, or infections.

- Actim® PROM identifies IGFBP-1 in vaginal swab specimen to detect premature rupture of fetal membranes.
- Test results are available at the patient's bedside in just 5 minutes.
- Blood and other common contaminants do not interfere with the test results.





A unique rapid test that detects IGFBP-1 in vaginal fluids

Actim PROM is based on highly specific and unique monoclonal antibodies that bind to the insulin-like growth factor binding protein-1 (IGFBP-1) present in amniotic fluid in high amounts.

The concentration of IGFBP-1 in amniotic fluid rises early in pregnancy and remains elevated until birth. Amniotic fluid is not normally found in the vagina, but when fetal membranes rupture, amniotic fluid leaks into the vagina and the IGFBP-1 concentration rises quickly. Actim PROM detects IGFBP-1 in vaginal swab samples and helps to identify premature rupture of membranes.

Thanks to its optimal cut-off, Actim PROM can identify even small amounts of amniotic fluid with a minimal risk of false positive results due to the very low levels of IGFBP-1 normally found in the vagina during pregnancy.



Figure 1. Actim PROM identifies premature rupture of fetal membranes from a vaginal swab sample

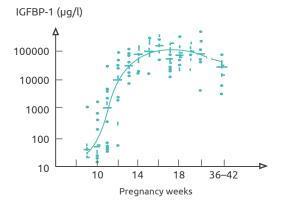


Figure 2. IGFBP-1 concentration in amniotic fluid rises quickly in early pregnancy and remains high until birth (Wathen et al. 1993).

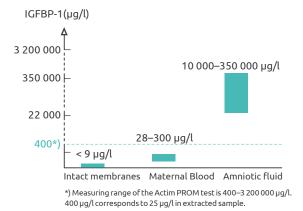


Figure 3. The measuring range of Actim PROM covers all clinically relevant concentrations of IGFBP-1.

Complications of PROM

Premature rupture of membranes (PROM) occurs when the fetal membranes break before the onset of labor. If rupture of membranes occurs before 37 weeks of gestation, it is referred to as preterm PROM (PPROM). Once the membranes break, both the birth-giver and the child are at high risk of infection and other complications.

Premature rupture of membranes causes complications in 2% to 20% of pregnancies. It can occur at any gestational age, and it eventually leads to the start of labor and delivery. PROM is a leading cause of approximately one third of all preterm births, and it is associated with one fifth of perinatal deaths.

A reliable test for all patients suspected with PROM

IGFBP-1-testing
is mentioned in several
national guidelines
as a recommendation
to detect PROM when
the rupture of membranes
remains uncertain.*

Actim PROM is opimized to be **so sensitive that it detects even the smallest ruptures** that are clinically invisible (even less than 2 µl of amniotic fluid). These tiny ruptures cannot be detected with traditional methods, but are clinically relevant as they can induce delivery, cause infections, and threaten the health of both the birth-giver and the fetus.

Thanks to Actim PROM's **specificity** to the amniotic fluid forms of IGFBP-1, **the test** can be performed even in the presence of blood, other bodily fluids or infectious agents in the extracted specimen. The high specificity and sensitivity minimize false negative and false positive results, making Actim PROM an optimal solution for diagnosing premature rupture of membranes.

Table 1. Actim PROM has the highest sensitivity, specificity and accuracy in PROM diagnosis (Erdemoglu & Mungan, 2004). When patients with bleeding are also included in the study, the performance of Actim PROM surpasses PAMG-1 tests. (Marcellin et al. 2011)

vity Specificity	Ассигасу	
97 %	97 %	
16 %	56 %	
91 %	92 %	
vity Specificity	PPV**	NPV***
97 %	98 %	97 %
95 %	95 %	95 %
	16 % 91 % vity Specificity 97 %	16 % 56 % 91 % 92 % vity Specificity PPV** 97 % 98 %

Table 2. Clinical evidence of PROM diagnosis with Actim PROM.

	Sensitivity	Specificity	PPV	NPV
Akercan et al., 2005	100 %	92 %	84 %	100 %
Erdemoglu and Mungan, 2004	97 %	97 %	ND	ND
Jain and Morris, 1998	100 %	89 %	76 %	100 %
Rutanen et al., 1996	100 %	95 %	93 %	100 %

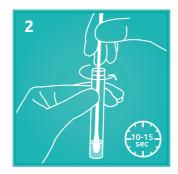
^{*}Examples include "Preterm labour and birth", NICE (National Institute for Health and Care Excellence), 2015: www.nice.org.uk/guidance/ng25 (cited on 17.11.2022) and "Permature Birth". Working group established by the Finnish Medical Society Duodecim and the Finnish Gynecological Association. Finnish Medical Society Duodecim, 2018: www.kaypahoito.fi/hoi50089 (cited on 20.09.2022).

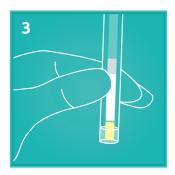
^{**}PPV (Positive Predictive Value) = Positive predictive value

^{***}NPV (Negative Predictive Value) = Negative predictive value

Results available at the bedside in just 5 minutes











- 1. Collect the specimen with or without a speculum.
- 2. Extract the specimen.
- 3. & 4. Activate the test.
- 5. Interpret the test result.

Actim PROM saves time and valuable resources

The diagnosis of PROM is traditionally based on a variety of clinical symptoms and methods. Because symptoms differ among patients, diagnosing this condition can often be challenging and time-consuming.

With Actim PROM, the diagnosis can be made in a timely manner, so treatment can be decided early on to avoid any complications for both the pregnant patient and the fetus.

- Medical attention can be directed to the right patients.
- Unnecessary use of medication and their side effects can be avoided.
- Avoidable hospital visits and patient transfers can be reduced.
- Birth-givers' peace of mind is improved, limiting unnecessary anxiety and worries.

Ordering information

Product	Product code	
Actim PROM, 20 tests	30832ETAC	
Actim PROM, 10 tests	30831ETAC	
Actim PROM, 1 test	30830ETAC	
Actim PROM Controls	30800ETAC	
Actim 1ngeni Instrument	19101AC	
Actim PROM 1ngeni, 10 tests	30831RETAC	



The test kit contains all the materials needed - no extra laboratory equipment is required to perform the test.



The test kit can be conveniently stored at room temperature.



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Selected references

- Akercan F et al. The value of the insulin-like growth factor binding protein-1 in the cervical-vaginal secretion detected by immunochromatographic dipstick test in the prediction of delivery in women with clinically unconfirmed preterm premature rupture of membranes. Eur J Obstet Gynecol Reprod Biol (2005) 121:159-163.
- Chalurkar U and Andallu R. Detection of Prom using Strip Immuno Assay Test to Detect Insulin Like Growth Factor Binding Protein-1(IGFBP-1) in Amniotic Fluid in Comparison with Fern Test. Int J Contemporary Medical Research (2017) 4: 1118-1121.
- Erdemoglu E and Mungan T. Significance of detecting insulin-like growth factor binding protein-1 in cervicovaginal secretions: Comparison with nitrazine test and amniotic fluid volume assessment. Acta Obstet Gynecol Scand (2004) 83: 622–626
- 4. Gaucherand P et al. Comparative study of three vaginal markers of the premature rupture of membranes. Acta Obstet Gynecol Scand (1997) 76:536–540.
- Guibourdenche J et al. Rapid detection of insulin-like growth factor-binding protein-1 and foetal fibronectin in cervicovaginal secretions to diagnose premature membrane rupture. Ann Clin Biochem (1999) 36:388–390.
- Jain K and Morris PG. A clinical study to evaluate the usefulness of the MAST test in diagnosing pre-labour rupture of membranes. J Obstet Gynaecol (1998) 18:33–36.

- Kallioniemi H et al. Usefulness of the insulin-like growth factor binding protein-1 bedside test for ruptured fetal membranes. Obstet Gynecol Scand (2014) 93:1282-1289.
- Kubota T and Takeuchi H. Evaluation of insulin-like growth factor binding protein-1 as a diagnostic tool for rupture of the membranes. J Obstet Gynecol Res (1998) 24: 411–417.
- Marcellin L. et al. Comparison of two bedside tests performed on cervicovaginal fluid to diagnose premature rupture of embranes. Journal de gynecologie, obstetrique et biologie de la reproduction (2011) 40:651-656.
- 10. Palacio M et al. BMC Pregnancy and Childbirth (2014), 14:183
- Rutanen E-M et al. Evaluation of a rapid strip test for insulin-like growth factor binding protein-1 in the diagnosis of ruptured fetal membranes. Clinica Chimica Acta (1996) 253: 91–101.
- Rutanen E-M et al. Measurement of insulin-like growth factor binding protein-1 in cervical/vaginal secretions: comparison with the ROMcheck Membrane immunoassay in the diagnosis of ruptured fetal membranes. Clinica Chimica Acta (1993) 214: 73–81.
- Rutanen E-M. Insulin-like growth factors in obstetrics. Curr Opin Obstet Gynecol (2000) 12:163–168.
- Wathen NC et al. Levels of insulin-like growth factor-binding protein-1 increase rapidly in amniotic fluid from 11 to 16 weeks of pregnancy. J Endocrinol (1993) 137:R1–R4.
- 15. Yang J et al. Vaginal bleeding during pregnancy and preterm birth. Am J Epidemiol (2004) 160:118–125.

The full reference list can be found on our website.