Introduction
Inflammatory factors rank first among the reasons of preterm labor (PL). Development of the ultrasound technology increases the opportunities of non-invasive evaluation of the condition of the fetus with subclinical forms of intrauterine infection and PL prognosis, allowing to start nosotropic treatment timely.

Purpose
Study of opportunities of using the compound of clinical, anamnestic, instrumental, and laboratory data for prediction of PL risk due to fetal infection in patients with threatened PL.

Methods
Retrospective study of 134 patients with threatened PL in 22-35 weeks of gestation: ultrasound examination (US) with cervical length measurement (CL) and thymico-thoracic ratio (TTR) (fig.1) were carried out.
1-st group - PL with histologically verified chorioamnionitis (n=39);
2-nd group - term delivery without clinical signs of intrauterine infection (n=95).
Prognostic accuracy for PL for combinations of anamnesis data, risk factors for current pregnancy, clinical/laboratory signs of infection, preterm premature rupture of membranes (PPROM) and US data was calculated using logistic regression. Fetal fibronectin test was not performed in most of cases and therefore was excluded from the analysis.

Results
The use of multiple US-signs proved to be more precise method for prognosis of PL (fig.2) in patients with fetal infection than using the model considering clinical and laboratory signs of infection, anamnestic risk factors for PL and for current pregnancy, or the model furthermore taking into account CL and PPROM.
The model combining TTR and PPROM had the maximal precision (fig.2,3), maximal positive predictive value (+PV) with high negative predictive value (-PV) (fig.2).

Conclusion: Diagnostic value of US in preterm labor prognosis in patients with fetal infection exceeds the value of clinical, anamnesis and laboratory data. Precision of prognosis increases if PPROM takes place.