

Obstetrics & Gynaecology

Preterm Prevention Clinic: Information for you

You have been invited to the preterm prevention clinic as your midwife or doctor is concerned that you may be at an increased risk of preterm labour.

This information leaflet will explain what preterm labour is and what is known about some of the causes of preterm labour. This leaflet will also explain why women may be at an increased risk and what investigations, monitoring and support we can offer you in the clinic. The reason we would like to offer investigations and monitoring is because treatment can be provided if tests show that it is needed. The treatment options that can be recommended and contact information for specialist clinics and support groups are also described in this leaflet.

Preterm labour

We would normally expect labour to occur between 37 and 42 weeks of pregnancy. This is when regular contractions lead to opening up of the neck of the womb (the cervix). If labour occurs before 37 weeks, it is known as preterm labour and preterm birth is the delivery of a baby before 37 weeks of pregnancy.

Going into labour early is worrying and distressing for patients and their families. It is understandable that you would be concerned about the effects this would have on your baby. In the UK, having a baby early is common; eight in 100 babies are born before 37 weeks. Very premature birth is much less common, with fewer than one in 100 babies being born between 22 and 28 weeks of pregnancy.

Approximately one in four premature births are **not** as a result of labour starting early, but babies are born preterm because the doctor had recommended an early delivery as there were concerns about the health of



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the mother and/or baby. However, **most** babies are born early because labour starts naturally sooner than it should.

Premature babies have an increased risk of health problems, particularly with breathing, feeding and being at increased risk of infection. The earlier a baby is born, the more likely they are to have these problems and may need to be looked after in the neonatal unit. However, more than nine out of ten premature babies born after 28 weeks survive and only a small number will have serious long-term disabilities.

If you give birth before 24 weeks of pregnancy, it is sadly less likely that your baby will survive. Babies who do survive after such a premature birth often have serious health problems.

We will discuss these risks with you further in the clinic. It is important for you to know that specialist help and support is available here.

What causes premature labour?

Most babies born prematurely arrive without warning. There are certain factors that can increase the risk of preterm labour which are explained below. These factors can be related to previous pregnancies, your current pregnancy and also your medical history. For this reason we will ask lots of questions when you attend clinic to understand your risk of preterm labour better.

You may be at increased risk of preterm labour if:

- In your previous pregnancies:
 - you have had a preterm birth or your waters broke before 37 weeks
 - you have had a previous late miscarriage (after 14 weeks of pregnancy)
 - you have had a previous caesarean section at full dilatation
- In your current pregnancy
 - you have had vaginal bleeding after 14 weeks
 - you are carrying twins or triplets
 - you have excess fluid around your baby
 - your waters have broken early
 - you have had fertility treatment
 - you are known to have a short cervix
- In your medical history:

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- you have had an operation on your cervix in the past, often for an abnormality identified on your smear test
- you have an abnormality in the shape of your womb
- you are a smoker

These are some of the known risk factors for preterm labour but most of the time we are not able to explain exactly why labour happens earlier than expected. Professor Quenby and her team are doing a lot of research to try and expand our knowledge in the causes of preterm labour.

What happens in the Preterm Prevention Clinic?

You will meet Professor Quenby and/or some of her team. Please bring your handheld notes with you if you have them. The team will ask you lots of questions about your previous pregnancies and your medical history.

You may be offered some swab tests (taken using a speculum examination) and if indicated, a transvaginal scan (this is an internal scan where a probe is gently inserted into your vagina) to check the length of the neck of the womb (this does not increase the risk of you having a miscarriage or going into preterm labour). This is usually offered in the second trimester onwards (after 14 weeks, although this will depend upon your risk and may be started slightly later in your pregnancy) if we feel that you are at risk of having your baby early due to a short cervix. Women who attend the clinic are often anxious about this scan but it is generally very well tolerated. It is important that you have emptied your bladder prior to the scan as this enables us to look at the neck of your womb more accurately. The transvaginal scan is the only way to accurately measure the length of your cervix, an abdominal scan (where the probe is placed on your abdomen) cannot measure the neck of the womb accurately.

Prior to the scan please inform us if you have any allergies, particularly to latex.

In the clinic before the scan we will ask you to produce a urine sample. It is important that this is a urine sample from the middle of the stream of urine to reduce the risk of an incorrect result. The team in the clinic will advise you how to do this.

We usually repeat this process every 4 weeks until around 28 weeks, however everyone is very different so the plan can vary from patient to patient.

What care and treatment will I be offered?

Monitoring

The majority of women who attend the clinic do not require any treatment. We offer to see you regularly to monitor the length of the cervix for women at an increased risk of preterm labour and also to provide you with some support throughout your pregnancy.

Cervical stitch

If you have had one preterm birth in the past we will offer you regular scans to check the length of the cervix. If your cervix is getting shorter you may be offered a cervical stitch (also known as cervical cerclage or suture). If you have had more than one preterm birth, you may be offered a cervical stitch at approximately 14 weeks to try and prevent another preterm delivery rather than embarking on regular monitoring of the length of the cervix. This is a special stitch which is put around your cervix to keep it closed. This is not beneficial for everyone who attends the clinic but if we feel that this may benefit you we will discuss this further with you in the clinic and give you some further information.

Progesterone

This is a hormone that plays a role in maintaining pregnancy. There is some evidence to support the use of progesterone to treat a cervix which is shortening. Most recently a large study in the UK showed that progesterone did not help to improve the outcomes of babies born too early when their mother had a short cervix in pregnancy but further studies are ongoing.

Bed rest

This may be recommended as part of your treatment. It has not been proven in research trials but is sometimes recommended in certain situations.

Steroids

If you are more than 24 weeks pregnant and we think that there is a very high chance that you may deliver in the following week, you will be advised to stay in hospital and you may be offered a course of two steroids injections usually over a 24 hour period to help with your baby's development to reduce the chance of problems caused by being born early (unless you had already received steroids in this pregnancy).

Research

As we mentioned, we do not yet understand why many women go into labour early. We are able to monitor for infection and monitor the length of your cervix but sometimes it is still difficult to predict who will deliver early. As a result of this we may ask you to take part in a research study as part of the clinic. This is optional and your care will not be affected if you choose not to take part. This will be discussed in the clinic.

Summary

Having a baby born early can be worrying and distressing for parents and their families. It is important for you to know that there is help available.

If you have symptoms of labour it is important that you do not wait to be seen in the clinic but that you contact EPAU on 02476967000 if you are less than 20 weeks pregnant or labour ward triage on 02476967333 if you are more than 20 weeks pregnant

Before your appointment please

- Bring your handheld notes

During appointment

- We will ask you for a urine sample (this is a midstream sample)
- Inform us if you have a latex allergy

We will talk to you and maybe offer an internal examination and an internal scan

After the appointment

We will create a plan to care for you in your pregnancy and see you regularly in the clinic if needed

Further Support

Tommy's

<https://www.tommys.org/>

Borne

<http://www.borne.org.uk/>

Patient Information

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact us and we will do our best to meet your needs.

The Trust operates a smoke free policy.

Document History

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