

Maternity

Preterm prevention clinic

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

Preterm labour

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

Going into labour early can be worrying and distressing for patients and their families. You may be concerned about the effects this would have on your baby. In the UK, 8 in 100 babies are born before 37 weeks. Very premature birth is less common, with less than 1 in 100 babies being born between 22 and 28 weeks of pregnancy.

It is important to know that there are risks with premature birth. We will discuss these risks with you in clinic and offer help and support.

Risks factors

There are certain things that can increase the risk of preterm labour. This can be from previous pregnancies, your current pregnancy and your medical history. For this reason, we will ask lots of questions at the clinic to understand your risk of preterm labour better.

You may be at increased risk of preterm labour if:

- In your earlier pregnancies:
 - you have had a preterm birth, or your waters broke before 37 weeks
 - you have had a late miscarriage (after 14 weeks of pregnancy)
 - you have had a caesarean section at full dilatation



Patient Information

- In your current pregnancy:
 - you have had vaginal bleeding after 14 weeks
 - your waters have broken early
- You have a short cervix
- In your medical history:
 - you have had an operation on your cervix, often for an abnormality found on your smear test
 - you have an abnormality in the shape of your womb

These are some of the known reasons for preterm labour. Most of the time, we cannot 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 of the causes of preterm labour.

The signs of premature labour

You may have some signs that labour has started before 37 weeks. If you have any of the following you must at once call labour ward triage on **02476 967333** (after 20 weeks) or EPAU on **02476 967000** (before 20 weeks) as you might be in early labour.

- Regular contractions – This feels like your tummy is getting tight and then relaxing
- Backache that comes and goes
- Period pains in your lower tummy or vaginal area
- Pressure in your vaginal area
- A 'show'- A mucus plug that is sticky and may have streaks of blood
- Your waters have gone – This can be a big gush or a trickle of fluid

What happens at the preterm prevention clinic

You will meet Professor Quenby and her team of specialist midwives and maternity support worker. The team will ask you about your earlier pregnancies and your medical history.

You may be offered some swab tests (taken using a speculum), and if needed, 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.

Patient Information

This does not increase the risk of you having a miscarriage or going into preterm labour. This is usually offered in the second trimester (after 14 weeks, depending on your risk factors).

Women who attend the clinic are often worried about this scan. It is not painful, but it may be uncomfortable. It is important to empty your bladder before the scan as this lets us look at the neck of your womb more accurately.

The transvaginal scan is the only way to measure the length of your cervix accurately. An abdominal scan (where the probe is placed on your abdomen) cannot measure the neck of the womb accurately.

Before the scan, please let us know if you have any allergies, particularly to latex.

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

We usually repeat this process every 4 weeks until around 24 weeks, but the plan can be different for each patient.

Care and treatment

Monitoring

Most women who attend the clinic do not need any treatment. We offer to see you regularly to check the length of the cervix. This is for women who are at an increased risk of preterm labour and to provide you with some support throughout your pregnancy.

Cervical stitch

If you've had 1 preterm birth in the past, we'll offer you regular scans to check the length of the cervix. If your cervix is getting shorter, we may offer you a cervical stitch, also known as cervical cerclage or suture.

If you've had more than 1 preterm birth, we may offer a cervical stitch at around 14 weeks to try and prevent another preterm delivery instead of regular monitoring. This special stitch is placed around your cervix to keep it closed.

This is not useful for everyone but if we feel that this may help you we will discuss this with you during your clinic visit and provide you with more information.

Patient Information

Progesterone

This is a hormone that plays a role in keeping pregnancy. Progesterone may help treat a shortening cervix, but a recent study in the UK showed that progesterone did not improve outcomes for babies born too early when their mother had a short cervix in pregnancy. Further studies on this topic are currently ongoing.

Bed rest

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

Steroids

If you are more than 24 weeks pregnant and we think there is a very high chance that you may deliver within the next week, you will be advised to stay in hospital. You may also be offered a course of 2 steroids injections, usually given over a 24-hour period. This is to help with your baby's development and to reduce the risk of complications caused by being born early (unless you had already received steroids in this pregnancy).

Research

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

Important contacts

UHCW – EPAU: 024 7696 7000 (less than 20 weeks pregnant) or labour ward triage 024 7696 7333 (more than 20 weeks pregnant). Fetal well-being unit 024 7696 7427 (07:30 am – 08:30 pm).

George Eliot – EPAU: 024 7686 5570 (less than 20 weeks pregnant) or maternity triage 024 7686 5246 (more than 20 weeks pregnant).

Warwick Hospital: 01926 495 321 EPAU ext. 4559/4540 (less than 20 weeks pregnant) or delivery suite ext. 4552/4553 (more than 20 weeks pregnant).

If you have any non-urgent questions, please email the preterm prevention team on: pretermprevention@uhcw.nhs.uk

Patient Information

During appointment

- We will ask you for a urine sample (this is a midstream sample).
- Tell 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.

More information

Tommy's - <https://www.tommys.org/>

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

Bliss – <http://www.bliss.org.uk/>

Sands - <http://www.sands.org.uk/>

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