

## **Obstetrics & Gynaecology**

### **Preterm prevention clinic**

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.

#### **Preterm labour**

We would usually expect labour to occur 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 referred to as preterm birth.

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, 8 in 100 babies are born before 37 weeks. Very premature birth is less common, with fewer than 1 in 100 babies being born between 22 and 28 weeks of pregnancy.

It is important to know that there are risks associated with premature birth. We will discuss these risks further with you in clinic, where specialist help and support are available for you.

#### **Risk factors for premature labour**

There are certain factors that can increase the risk of preterm labour. 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 the clinic to understand your risk of preterm labour better.



## Patient Information

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
  - your waters have broken early
- you are known to have a short cervix
- in your medical history:
  - 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

These are some of the known risk factors for preterm labour. 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 of the causes of preterm labour.

## 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 lots of questions about your previous pregnancies and your medical history.

You may be offered some swab tests (taken using a speculum examination). 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, depending on your risk factors).

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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 will allow us to 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 advise you how to do this.

We usually repeat this process every 4 weeks until around 24 weeks, however everyone is very different so the plan can vary from patient to patient.

## **What care and treatment will I be offered?**

### **Monitoring**

Most women who attend the clinic do not require any treatment. We offer to see you regularly to monitor 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

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regular monitoring. This special stitch is placed around your cervix to keep it closed.

This is not beneficial for everyone but if we feel that this may benefit you, we will discuss this further with you during your clinic visit and will provide you with additional information.

### **Progesterone**

This is a hormone that plays a role in maintaining pregnancy. Some evidence suggests that progesterone may be effective in treating a shortening cervix. However, a recent large 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 that 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**

As we mentioned, we do not yet understand why many women go into labour early. We can 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.

### **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](mailto:pretermprevention@uhcw.nhs.uk)

### **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.

### **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/>

## 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.

### Did we get it right?

We would like you to tell us what you think about our services. This helps us make further improvements and recognise members of staff who provide a good service.

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