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Patient information

A Guide to your care if are at risk of giving birth prematurely (early)

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Introduction

You have been given this leaflet because you have been identified as being at higher risk of having a preterm (premature) birth.

We hope this leaflet will help you understand the risk factors and how the Preterm Birth Team will support you during pregnancy to try and reduce the risk of preterm birth. If you have any questions or concerns, please speak to the midwife or doctor caring for you.

What is a preterm birth?

We normally expect babies to be born between 37-42 weeks of pregnancy. When babies are born before 37 weeks then it is known as a preterm (premature) birth. About 8 out of 100 babies will be born prematurely before 37 weeks.

Reasons for referral

We offer referrals to the Preterm Birth Clinic for the following reasons:

- You went into labour naturally and had your baby between 24+0 and 33+6 weeks gestation in a previous pregnancy
- You went into labour and had a late miscarriage between 16+0 and 23+6 weeks gestation
- Your waters broke between 16+0 and 33+6 weeks in a previous pregnancy (called preterm prelabour rupture of membranes [PPROM]).
- You have had previous surgery on your cervix such as a LLETZ (large loop excision of the transformation zone) or cone biopsy to remove abnormal cells in the cervix
- You have had a previous caesarean section in labour when you were fully dilated (your cervix was fully open)
- You had a cervical cerclage (stitch) in a previous pregnancy
- Previous trachelectomy for treatment of cervical cancer
- You have a variation in the size and shape of your uterus, e.g. bicornuate, unicornuate uterus, uterine septum
- You have adhesions (scar tissue) in your uterus sometimes known as Asherman's syndrome

When and where you will be offered appointments

The Preterm Birth Clinic is held at Watford Hospital every Monday. Your referral will be reviewed by the Preterm Birth Team. You may be offered an appointment between 12 and 22 weeks' gestation. This will depend on your individual circumstances.

You will receive a text message and a notification on your Badger App at around 12-13 weeks. We will contact you sooner if you need an appointment before this time.

The preterm birth midwife may contact you to discuss the referral if the team needs more information or you need a different plan of care.

If you have been referred due to a history of one previous LLETZ then you will be offered a transvaginal ultrasound of the cervix at the time of your anomaly ultrasound. If the cervix is found to be short (25mm or less), you will be given an appointment to attend preterm clinic and if it is a normal length (more than 25mm), no further action will be taken.

What to expect at the appointment

You will meet a member of the Preterm Birth Team. They will ask questions about your previous pregnancies and medical history to determine your risk of preterm birth. You may be offered a

transvaginal scan (an internal scan). This is where a probe is inserted gently into your vagina to check the length of your cervix (neck of the womb) to assess your risk more accurately. This scan would be offered during the appointment.

You may only need one cervical length scan, or you may need the scan repeated every 2–4 weeks between 16 and 24 weeks depending on your specific needs. We will discuss this with you at your appointment.

Please note: It is important that you empty your bladder before the scan as this enables us to look at the cervix more accurately.

During the appointment, you may also be offered a vaginal swab test to rule out any vaginal infections which can increase your risk of preterm birth.

Please contact us in advance if you have any concerns or if you are anxious about having a transvaginal scan.

Management for women at risk of preterm birth

Most women who attend the clinic will not need any treatment or further management. We monitor the length of the cervix until 24 weeks of pregnancy and if the cervix is a normal length, you can continue your pregnancy care with your midwife (and your obstetrician if you have other risk factors not related to preterm birth).

For those women who are found to have a short cervix, there are several management options we may offer to try and reduce the risk of preterm labour and birth.

Cervical cerclage

This is sometimes referred to as a cervical stitch or suture. A stitch is placed around the cervix and tied to prevent the cervix opening too early during the pregnancy. This is most commonly done through the vagina (transvaginal). It's done under spinal anaesthetic where you will be made numb from the waist down. It is then removed vaginally at 36–37 weeks unless you go into labour, or your waters break before this time.

A cervical cerclage can be placed at the beginning of the second trimester (around 12-14 weeks), based on the previous pregnancy history (history-indicated stitch), or later in the second trimester in response to the cervix starting to shorten (an ultrasound indicated stitch).

A stitch may also be done abdominally (transabdominal cerclage/TAC) before or early in pregnancy. It is inserted through the abdomen using keyhole surgery or an open operation. If you do need a cervical cerclage, we will provide you with more in-depth information on the procedure and what to expect.

Progesterone (Cyclogest)

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 that is shortening. Progesterone can be given in the vagina or rectally. If we think you need to start taking progesterone, we would usually start the treatment between 16-24 weeks of pregnancy. It will continue until at least 34 weeks.

Supporting you in preterm labour

Being in preterm labour means that you will start feeling regular contractions (which may be painful) before you have completed 37 weeks of pregnancy. The contractions will be strong enough to make the cervix dilate.

Some signs and symptoms of preterm labour include:

- Backache (intermittent or continuous)
- Cramping like period pains
- Frequent need to urinate
- Feeling of pressure in your pelvis
- Bleeding vaginally (including light spotting)
- Feeling sick (nausea), being sick (vomiting) or having diarrhoea
- A 'show' when the mucous plug in the cervix comes away
- Your waters breaking. Sometimes you may feel a soft, popping sensation. There may be a slow trickle or a gush of clear or pinkish fluid from your vagina. In other cases, this may be more subtle, and you may experience increased dampness in your underwear
- A sudden increase in vaginal discharge

Preterm prelabour rupture of membranes (PPROM)

This is when your waters break before your labour starts and before you reach 37 weeks gestation. If this happens, it can sometimes trigger early labour, but not always.

It is diagnosed when pooling of amniotic fluid is seen either on a pad or by speculum examination. If you are unsure that your waters have broken and we cannot see any fluid pooling during the speculum examination, we can offer a swab test taken during the speculum examination to check for amniotic fluid. The results take 5-10 minutes.

If your waters have broken, then we would advise that you are admitted to our antenatal ward (Victoria Ward) for 48 hours. This is to observe for signs of labour or infection, and to prepare for possible early birth of your baby.

Preterm labour

If you think you are in preterm labour or that your waters have broken, contact the hospital:

- **Less than 16 weeks pregnant** - Contact the Early Pregnancy Unit (EPU) on 01923 217831 - Monday to Friday 8.30-16.00 or attend the Accident and Emergency Department if urgent, open 24/7.
- **Over 16 weeks** - Telephone Maternity Triage on **01923 217343**

Useful websites for more information

The organisations below can provide more information:

- **NHS website:** <https://www.nhs.uk/pregnancy/labour-and-birth/signs-of-labour/premature-labour-and-birth/>
- **Tommy's:** <https://www.tommys.org/pregnancy-information/premature-birth>
- **RCOG patient information leaflet:** <https://www.rcog.org.uk/for-the-public/browse-all-patient-informationleaflets/when-your-waters-break-prematurely-patient-informationleaflet/>

PALS

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