

Preterm Prevention Clinic



Why have I been referred to the Preterm Prevention Clinic?

You have been identified by your midwife or obstetrician as being at increased risk of preterm birth. Overall, most women and birthing people (over 90%) spontaneously give birth to their baby after 37 weeks of pregnancy, called term delivery.

Around 8% of pregnant people spontaneously give birth to their baby preterm before 37 weeks of pregnancy. Most babies born preterm do well, but a few have long term problems.

Most people who come to the Preterm Prevention Clinic will have a full term pregnancy without the need for any treatment or intervention.

Who is at risk?

You are considered at greater increased risk if:

- you have had a previous spontaneous preterm birth or a late miscarriage
- your waters ruptured before 34 weeks in a previous pregnancy
- your womb is an unusual shape eg bicornuate (heart shaped)
- you have had a stitch (cervical cerclage) placed in your cervix in a previous pregnancy.

You are considered at moderately increased risk if you have had:

- a previous delivery by Caesarean section at full dilatation
- significant surgery on your cervix (neck of the womb), for example to remove pre-cancerous cells.

What happens at the clinic?

The aim of the clinic is to support you by monitoring you closely in the middle part of pregnancy and acting appropriately to try to prevent a preterm birth.

On your first visit you will be seen by the clinic midwife and/or doctor. They will take a history and review your previous notes and scans. Your urine will be dipped to rule out a urinary infection. You will then be offered a scan to establish the length of your cervix.

You may also be offered vaginal swabs (using a speculum) to look for infections. Vaginal infections are uncommon, but treatment with antibiotics may reduce your risk of preterm birth. Not everyone will require swabs to be taken.

At the end of the first visit the team will use the information from your history and cervical length scan to individualise your ongoing care. Most people in the moderate risk group can be discharged after one visit, as their cervical length will be reassuring and therefore at low risk of preterm birth. If you are in the high risk group you will usually be seen again – the frequency of attendances will be tailored to your needs.

As the best intervention for different situations is not always known, you may also be invited to join a research study. Any study will be formally reviewed by an ethics committee. It is up to you to decide whether or not to take part after reading an information leaflet. If you do not feel able to take part it will not in any way affect the care you and your family receives.

What is a cervical length scan?

In the Preterm Birth Clinic, you will be offered a scan to measure the length of your cervix at every visit. To get a clear view of the cervix we will perform a scan through the vagina (trans-vaginal scan). This is performed by inserting a specially designed ultrasound transducer into the vagina. Please let us know if you have an allergy to latex so that we can use a latex-free probe cover. This type of scan does not harm the baby, or cause bleeding or miscarriage. The length of your cervix can give a guide as to the chance of you delivering your baby preterm. Sometimes the top portion of the cervix (internal os) opens up but the bottom part (external os) remains closed. This is termed 'funnelling' and is associated with a higher chance of going into labour prematurely.

What if my cervix is shortened?

If your cervix is short or there is funnelling we will discuss with you the best management. This may include closer monitoring or admission to hospital. We may also suggest progesterone treatment or cervical cerclage (cervical stitch).

Progesterone

The hormone progesterone may reduce the risk of preterm birth if you have a shortened cervix. It is supported as a treatment option in the national guidance on preventing preterm birth. Progesterone is very safe and is given in pessary form. If you are concerned about inserting them vaginally they can be used rectally. We will discuss with you the risks and benefits of progesterone treatment, if it is indicated in your situation.

Cervical cerclage

This is a minor surgical procedure performed by an obstetrician, which aims to keep your cervix closed by placing a stitch into your cervix. This is usually done under spinal anaesthetic. The stitch may be placed after your dating scan or after surveillance in the Preterm Prevention clinic has identified that your cervix is shortening.

The cervix is reached through the vagina using a speculum. Having a cervical cerclage put in place may mean that the neck of your womb is less likely to undergo changes that can cause it to open. Your baby is therefore held safely inside the womb and your chances of getting an infection or going into labour too early are also reduced. There are some risks to the procedure and not everyone will benefit. We will discuss with you whether cervical cerclage may benefit your pregnancy.

Common Questions

Can I exercise during my pregnancy?

There is no risk associated with starting or continuing moderate exercise during pregnancy. Any sport that may cause abdominal trauma, falls or excessive joint stress should be avoided.

Can I have sex during my pregnancy?

There is no evidence that having sex causes preterm birth. However we would advise you not to have sexual intercourse if:

- your placenta is low-lying. Once the placenta has moved away later in pregnancy it may be safe to resume sexual intercourse – await advice from your obstetrician or midwife

- you have vaginal bleeding
- you have had a cervical cerclage placed – avoid intercourse until you have been seen again in the Preterm Prevention Clinic.

How can I help myself?

- **Smoking** – we know smoking doubles the risk of preterm birth and we advise smokers to stop smoking immediately. Getting professional help increases the chance that you will stop smoking. Your midwife can provide support and arrange a referral to the smoking cessation services. There are benefits even if you stop smoking in the middle of pregnancy.
- **Douching** – douching (rinsing) your vagina interferes with the vagina's normal self-cleaning and with the natural healthy bacteria living in the vagina. Douching is associated with bacterial vaginosis and may increase the chance of preterm birth. We advise you not to douche your vagina.
- **Diet** – some diets are associated with a lower risk of preterm birth, although the evidence is unclear. Eating a diet rich in vegetables, fruits, oily fish, water as beverage, whole grain cereals and fibre rich bread is beneficial. Increasing the intake of omega-3 long-chain polyunsaturated fatty acids in the diet before 20 weeks of pregnancy either by eating oily fish regularly or in a supplement (500mg-1g per day) has been linked to a lower chance of preterm birth.

What should I look out for?

Speak to a midwife if you experience any of the following symptoms:

- increasing watery vaginal discharge
- increasing abdominal pain
- vaginal bleeding
- increasing feeling of pressure on your vagina.

For non-urgent enquiries you can contact Kerry Jenkin, the preterm specialist midwife by emailing:

rcht.prempreventionclinic@nhs.net

For urgent care needs please call the Maternity triage line on 01872 258000.

Further information and support

The NICE guidelines on Preterm Labour:

www.nice.org.uk/guidance/ng25

The organisations below can give you more advice and support:

www.tommys.org

www.bliss.org.uk

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

