

Patient information

Preterm (premature) birth: Information for you

We hope this leaflet will clarify 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.

This information leaflet will explain what is known about some of the causes of preterm labour, why some people may be at an increased risk and what investigations, monitoring and support we can offer you in the clinic. Investigations and monitoring are offered so treatment can be provided if tests show that this is needed.

What is preterm birth?

Babies are normally expected to be born between the 37th to the 42nd week of pregnancy. When babies are born before this, they are considered a premature birth. Around 8 in 100 babies are born prematurely in the UK every year.

What is the preterm prevention clinic?

This clinic provides extra care for women and pregnant people who have a higher risk of spontaneous early preterm (premature) birth (between 24 and 34 weeks of pregnancy) or mid-trimester miscarriage (pregnancy loss between 16 and 24 weeks of pregnancy). The clinic is led by consultant obstetricians with an interest in preterm birth prevention.

Why have I been offered this clinic?

There are several reasons or risk factors why your midwife or doctor may recommend that you attend the preterm prevention clinic. These may include:

- A previous birth before 34 weeks

- A previous late miscarriage(s) after 16 weeks
- If your waters broke before 34 weeks in a previous pregnancy
- Previous surgery to the cervix (neck of the womb) after an abnormal smear test such as LLETZ (large loop excision of the transformation zone) or cone biopsy
- An abnormally shaped uterus (sometimes called bicornuate, septate or 'heart shaped')
- Previous caesarean section when your cervix was already fully dilated
- Scar tissue in the uterus (adhesions - Asherman syndrome).

It is important to note that if you have one or more of the above risk factors, it does not necessarily mean that you will have a premature birth or late miscarriage.

What does the preterm prevention clinic do?

The clinic aims to reduce your risk of premature birth or second trimester miscarriage. We will look at what happened in any previous pregnancies and examine the results of any tests you have undergone in clinic, to find out if you are at high risk of early delivery and whether you are likely to benefit from suitable treatment or interventions.

We will discuss your individual care plan with you, it will be based on your pregnancy history and the length of your cervix as seen on your ultrasound scan. Your plan is unique to you because not every treatment is effective for all patients. This may be an anxious time for you so we will try to provide you with support and reassurance.

It is important to understand that whilst cervical surveillance and treatment can reduce your risk of preterm birth, sadly not all preterm births or pregnancy loss can be prevented.

What treatment will I be offered?

Surveillance will be offered by way of cervical length screening.

Cervical length scan: You may be offered a transvaginal scan (an internal scan 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.

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.

Progesterone (Cyclogest): You may also be offered hormone-based progesterone suppositories. If we think you need to start taking progesterone, we will usually start the treatment between 16-24 weeks of pregnancy and continue until at least 34 weeks.

Cervical stitch: You may be offered a cervical cerclage, which is a stitch placed within the neck of the womb. For this procedure you will be taken to theatre and given anaesthetic to ensure you don't feel any pain. This is usually completed the day after your ultrasound scan. A cerclage can be inserted up to 24 weeks into pregnancy, but no later.

When to seek help and advice?

Sometimes there are physical signs that you may be going into labour; often these will not result in true labour, but it is important that we assess you to make sure.

If you are concerned that you may be in labour, do not wait for your next appointment in the preterm prevention clinic. Call triage maternity or Labour Suite for advice (see telephone numbers overleaf).

It is important that you contact the maternity triage or the Labour Suite if you experience any of the following:

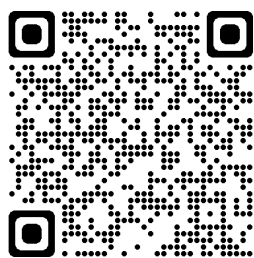
- Intermittent or continuous backache
- Period-like pains or cramps which come and go
- Frequent need to pass urine
- Feeling sick (nausea) or being sick (vomiting) or having diarrhoea
- If you think your waters have broken - sometimes you may feel a soft, popping sensation or there may be a slow trickle or a gush of clear or pinkish fluid from your vagina
- You have bleeding from the vagina.

Useful sources of information

We will support and inform you of your options throughout your pregnancy. However, there are additional valuable resources for yourself and your family available online. We recommend that you use Tommy's and Bliss should you want additional information.

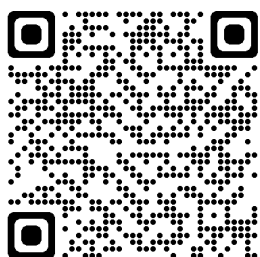
Tommy's information for parents-to-be: www.tommys.org

Or scan the below QR code:



Bliss: www.bliss.org.uk

Or scan the below QR code:



Contacts

- Antenatal clinic reception: 01284 713254
- Triage maternity: 01284 712723
- Labour Suite: 01284 713272

Clinical research

West Suffolk NHS Foundation Trust is actively involved in clinical research. Your doctor, clinical team or the research and development department may contact you regarding specific clinical research studies that you might be interested in participating in. If you do not wish to be contacted for these purposes, please email info.gov@wsh.nsh.uk. This will in no way affect the care or treatment you receive.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo) <https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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