

Preterm Birth Prevention Clinic

Maternity Department

Patient Information Leaflet

Contact Numbers

Antenatal Clinic 01922656577 Monday-Friday 9am -5pm

Maternity Triage 01922656967 (24 hours)

Fetal Assessment Unit Monday -Friday 9am -5pm (from 20 weeks)

Delivery suite 01922 656246 (24 hours)



What is a preterm birth?

Most pregnancies last between 37 and 42 weeks. Preterm birth is when a baby is born before 37 full weeks of pregnancy.

There are 60,000 babies born preterm every year in the UK. The earlier a baby is born, the higher the risk is of health problems.

Why have I been referred?

The clinic aims to provide extra care for women who may have a higher risk of having a baby born too early.

This can be for a number of reasons, such as:

- A previous birth before 34 weeks.
- In a previous pregnancy, the 'waters' (amniotic sac) have broken before 34 weeks.
- Previous surgery to the cervix after an abnormal smear test.
- An unusually shaped womb (uterus).
- A previous caesarean section performed when the cervix is fully dilated.

Being told you are at a higher risk of preterm birth can be shocking and distressing, but we would like to reassure you by offering you regular appointments in our specialist Preterm Birth Prevention Clinic.

If you have one or more of these risk factors, it does not necessarily mean that you will have a preterm birth.

What will happen when I visit the clinic?

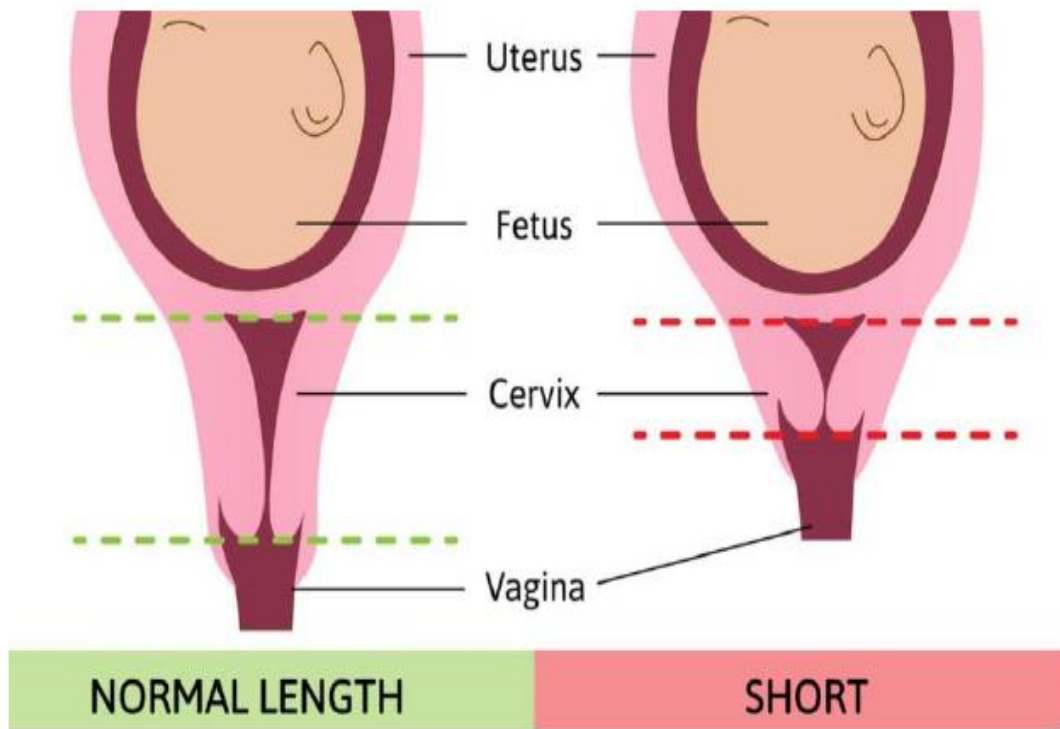
You will be seen by a consultant obstetrician, accompanied by a midwife with special interest in preterm. These clinics are held on Tuesday Mornings with the lead Preterm Obstetricians Paul Woollett and Tony Thomas.

They will look at what happened during your previous pregnancy and decide whether you are likely to benefit from treatment or interventions to help prevent a preterm birth in your current pregnancy.

We may offer you one or more of these investigations, depending on your individual risk factors:

- A urine test and / or a vaginal swab (taken using a speculum) to check for infection, because some infections can make a preterm birth more likely

- A trans-vaginal scan where, with your consent, the sonographer will put an ultrasound probe into your vagina to measure the length of your cervix. A short cervix increases your risk of preterm birth (see diagram below).



(Image courtesy of www.sitarambhartia.org)

What treatment will I be offered to reduce the risk of pre-term birth?

There are a number of treatments which we may offer you to prevent preterm birth. These include one or more of the following:

- Cervical cerclage - this where a stitch is put around the neck of your womb. A cervical stitch is usually put in between 12 and 28 weeks of pregnancy and then removed at 36 to 37 weeks unless you go into labour before this.
- Progesterone pessaries (a hormone tablet you insert into your vagina). Evidence suggests that this reduces preterm birth in women in whom the cervix is short, even if they have no other reason to think that they are at risk of preterm birth.

- A combination of cerclage and pessaries.
- Antibiotics to treat any infection.

Is there anything I can do to reduce the risk?

If you smoke, it is extremely important that you stop.

Smoking during pregnancy approximately doubles the risk of preterm birth and can seriously affect the function of the placenta and the baby's growth. Please ask your midwife for advice and referral to our designated smoking advisors

When to seek advice

The following symptoms before 37 weeks of pregnancy could be signs that you are about to go into labour:

- An increase in pelvic pressure within the vagina or rectum.
- An increase in discharge and / or a gush / repeat trickling of fluid
- Bleeding or losing your mucus plug.
- Period type pains in your abdomen or lower back. These may have a rhythm or be constant.

If you have any of these symptoms, please call Maternity Triage on **01922 656967**.

What happens if I deliver my baby early?

Some babies struggle to adapt to life outside of their mother's womb soon after delivery. The risk of this increases in small babies and those born at earlier gestations, as the baby's lungs and body systems are less well developed.

If we suspect you are going to deliver your baby early, we aim to prepare your baby as much as possible for the stress of being born. This means we will offer you:

1. Steroid injections which mature your baby's lungs and make it easier for your baby to breathe in the first few hours after birth.
2. Magnesium infusion (drip) – this protects your baby's brain from the stresses of being born.
3. Antibiotics in labour to reduce the risk of infection in your baby.

Our team of neonatal (baby) doctors and nurses will explain what to expect, should your baby be born earlier than expected. We encourage you to ask questions and inform us of any plans around birth that you have.

After delivery, our midwifery team will encourage you to express colostrum (the first breast milk produced during pregnancy and immediately after the birth) for your baby. Colostrum is extremely rich in growth and protective factors. These help to develop babies' immature systems and protect them from infection and the complications of preterm birth.

For more information on how we care for women and pre-term babies, please search for PERIPrem (Perinatal Excellence to Reduce Injury in Premature Birth).

What happens if I deliver my baby very early (less than 27 weeks)?

Babies born between 22 and 27 weeks will need specialist support that is not routinely available in all hospitals. Our local specialist baby unit is New Cross Hospital, Wolverhampton. If we suspect that you are likely to deliver your baby before 27 weeks, we will aim to transfer you to New Cross Hospital prior to your delivery. However, in some cases, it may be necessary to transfer you to a different specialist hospital within the West

Midlands or beyond. This is because the safest place for your baby is delivering in a hospital with these specialist facilities.

If you deliver your baby at Walsall at less than 27 weeks gestation, our baby doctors are trained to deliver the specialist care required. However, once your baby has been stabilised, he/she will be transferred to the nearest available specialist unit.

Useful sources of information

Cervical stitch information:

<https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-cervical-stitch-large-print.pdf>

Preterm birth information:

<https://www.tommys.org/pregnancy-information/premature-birth>

Antenatal steroids information:

<http://www.rcog.org.uk/womens-health/clinical-guidance/corticosteroids>

Buccal colostrum leaflet:

<http://swmnodn.org.uk/wp-content/uploads/2020/04/Buccal-Colostrum-leaflets-2020-v1.pdf>

PERIPrem information:

[PeriPrem \(swneonatalnetwork.co.uk\)](http://swneonatalnetwork.co.uk)

