

# Preterm Birth Prevention

Maternity

## Introduction

The purpose of this leaflet is to provide information to those who have been identified as being at higher risk of having a preterm (premature) 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 and 42 weeks of pregnancy. Births before 37 weeks of pregnancy are known as preterm (premature) births. On average, 8 out of 100 babies will be born prematurely before 37 weeks.

We often do not know why premature birth happens and it is difficult to predict who will have a premature birth. Most premature labours start on their own (spontaneous) but sometimes they are carried out because there is a medical concern.

## What is the Preterm Birth Prevention Clinic (PBC)?

The PBC is an antenatal clinic that provides extra care for those who have a higher chance of having their baby early.

Preventing an early birth gives the baby more time to develop in the womb so they are better prepared to live in the outside world after birth.

The PBC is held in the antenatal department, on the ground floor of the maternity building at New Cross Hospital.

If you have been referred to the PBC, you will also need to attend all your other antenatal appointments, unless we advise otherwise.

## Why have I been referred?

At your antenatal booking appointment your preterm birth risk assessment showed that you have a higher chance of a premature birth (before 37 weeks).

You may not have your baby early, but because of this risk we will monitor you and your baby more closely providing extra antenatal care.

**The prevention of infection is a major priority in all healthcare and everyone has a part to play.**

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

We often refer to the PBC clinic for the following reasons:

- If you had a previous spontaneous premature birth before 34 weeks or if your waters broke before 34 weeks in a previous pregnancy (also known as PPROM - preterm prelabour rupture of membranes)
- If you had a miscarriage after 16 weeks in a previous pregnancy
- If you had a caesarean section in labour when you were fully dilated (the neck of your womb was fully open)
- If you had more than 15mm removed from the neck of your womb during treatment for abnormal cells (a LLETZ procedure), or if you have had this procedure done more than once
- If you needed an intervention in a previous pregnancy to prevent a premature delivery, such as a stitch to the neck of your womb, pessary or progesterone treatment
- If the shape of your womb is different, for example a bicornuate uterus
- If you have scar tissue inside your womb (sometimes known as Asherman's Syndrome).

## If I am carrying more than one baby (for example, twins) will I be referred to the PBC?

You will be referred to the PBC if your risk assessment shows this is required.

Those pregnant with more than one baby have a higher chance of going into labour prematurely on their own.

An early birth may also be planned by a maternity doctor (obstetrician) because there might be complications if the pregnancy continues for longer than that of a single baby.

## Does smoking increase my risk of having a preterm birth?

Smoking during pregnancy doubles your chance of having a premature birth. So if you smoke you will be referred to the Maternity Tobacco Dependency team who will provide support and treatment to stop smoking.

The sooner you stop smoking the better. This is because if you do not smoke your baby is less likely to be born early and therefore face the breathing, feeding and health problems that go with being premature.

Babies of smokers are, on average, lighter than other babies due to the effects on the placenta. This can cause problems during and after labour. Low birth weight babies are also more likely to have problems keeping warm and more likely to get infections.

## How should I prepare for my PBC appointment?

We advise you to avoid having sexual intercourse or inserting anything in the vagina for at least 24hrs before you attend the clinic.

We also advise that you **attend with an empty bladder**.

## What will happen at my PBC appointment?

You will usually be seen by a doctor from the preterm birth team, along with a midwife and an assistant. As this is a teaching Trust, we sometimes have clinicians who are training to scan or medical students present, with your consent.

We will ask you questions about your medical history and any previous pregnancies to assess your risk of preterm birth. This will help us to decide which tests to offer you and your personalised plan of care.

## What tests might I have at PBC?

We may offer you the following tests, all of which are safe for you and your baby:

- **An internal scan to check the length of the neck of your womb**

A probe is inserted gently into your vagina. If the length of the neck of your womb is less than 25mm, there is evidence that you have a higher chance of a premature birth

Your bladder needs to be empty for an internal scan as this helps us to see the neck of your womb more clearly

You may only need one scan or scans every 2-4 weeks in weeks 16 to 24 of your pregnancy. We will discuss this with you at your appointment.

- **A sample to check for an infection called bacterial vaginosis (BV)**

A sample is taken by swab from your vagina to rule out infection

BV is linked with premature birth but there is no evidence that it causes it.

If an infection is found, you may be offered antibiotics.

## What happens next?

Your medical history, the length of the neck of your womb, will help us to work out your risk of a preterm birth and whether any treatment is needed.

Most women who attend the clinic will not need treatment or extra monitoring.

If we decide to monitor you more closely, you will have extra antenatal appointments with us. At the PBC we will discuss when next and how often we will see you to check your pregnancy is progressing as expected. Your care will be personalised to meet your needs.

- If we think that your chance of a premature birth is low, we will discharge you from the PBC.
- If we think that your chance of a premature birth is high, we may offer you a treatment or monitor you more closely if no treatment options are available.

## What treatments are available?

The treatment options we offer are:

1. Vaginal Progesterone

2. Cervical Cerclage

or a combination of both treatment options

### 1. Vaginal Progesterone

Progesterone is a hormone that can help prevent contractions allowing a pregnancy to continue longer.

It is given in the form of a pessary, which is a tablet that you insert into your vagina.

We will give you a prescription to collect from our hospital pharmacy.

You will normally need to use the pessaries once or twice a day, your doctor will tell you how often. Continue to use the pessaries until you are at least 34 weeks pregnant.

### 2. Cervical Cerclage

This is where we insert a stitch around the neck of your womb to help keep it closed and support the pregnancy.

We will not be able to offer you a stitch if you have vaginal bleeding, signs of infection, are having contractions or if your waters have already broken.

The procedure is done in our operating theatre under anaesthetic. You will either be numb from the waist down (a spinal anaesthetic) or you will be asleep (a general anaesthetic).

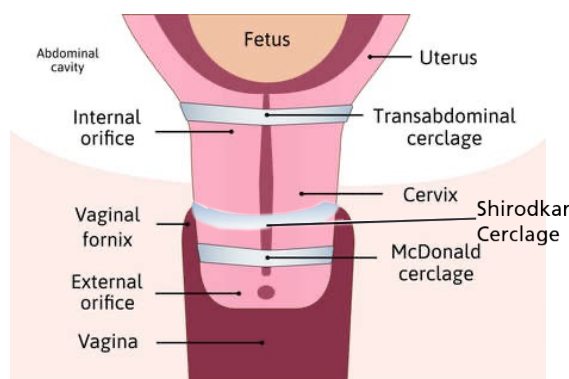
This is usually a day procedure but sometimes we ask you to stay overnight in hospital for monitoring.

## Types of Cervical Cerclage

When we find that the neck of the womb is short, we offer you a stitch to try to stop it from opening too early in pregnancy. This stitch is put in through the vagina (transvaginal). A stitch can also be put in through the abdomen but this is usually done before pregnancy.

A transvaginal stitch may be **low (McDonalds)** or **high (Shirodkar)**, depending on your situation and the stage of your pregnancy.

The stitch can be put in up to 24 weeks of pregnancy; rarely, we may insert a stitch later.



## How is a Cervical Cerclage performed

A stitch is placed around the neck of the womb and then tied with a knot leaving some thread hanging so it can be seen and removed when the time comes.

If you are given a high stitch, you will usually need another operation under anaesthetic to remove it.

We will talk to you about the type of stitch you need and when it can be put in. Before you have the stitch we will make sure you have written information explaining all about the procedure.

## What should I expect after a Cervical Cerclage procedure?

Afterwards you will be prescribed pain relief. You may also be prescribed antibiotics and/or progesterone to go home with.

It is common to have mild vaginal bleeding, mild cramping, or brownish discharge for 2-3 days. In the absence of any other concerns, your pregnancy should carry on as usual. We will advise you on when it is safe to resume sexual intercourse.

All patients who have had a stitch to the neck of the womb are followed up in the PBC.

## Potential complications following a Cervical Cerclage

Rarely, complications can occur after having a stitch around the neck of the womb. These can include excessive bleeding, injury to your bladder, neck of the womb or vagina, an infection in the vagina or womb, or your waters breaking early. If your waters break early, the chance of a miscarriage, infection or premature birth is high.

## What should I watch out for?

Unfortunately, even with extra monitoring and treatment, we are not able to prevent all premature births and late miscarriages.

Premature labour may feel like normal labour but it can also be faster or less painful, especially if you are very early on in your pregnancy.

If you have any of the following signs, although you might not be in premature labour, you must seek medical advice:

- Cramps like strong period-like pains or regular contractions

- Feeling sick, being sick or having diarrhoea
- Backache (on and off or constant)
- A 'show' when the mucus plug from the neck of your womb comes away. This is usually a sticky green or bloody discharge
- Your waters breaking (you might feel a soft popping sensation). There may be a slow trickle or a gush of clear or pinkish fluid from your vagina
- Bleeding from the vagina
- Frequent need to urinate
- Offensive vaginal discharge
- Feeling of pressure in the vagina.

## What should I do if I think I am in preterm labour?

If you think you are in preterm labour contact the hospital:

### **Less than 16 weeks pregnant**

Contact the Early Pregnancy Unit on 01902 694606 or attend A&E

### **Over 16 weeks pregnant**

Please call the Maternity Triage Unit (MTU) immediately on 01902 695030

## What if I have any questions?

If you have any questions or concerns, please speak to the midwife or doctor caring for you.

**Please use this space to write down any notes or questions you may have:**

## Useful contact telephone numbers

### **Early Pregnancy Unit**

01902 694606 (Mon - Fri 0900 - 1700)

### **Fetal Medicine Unit**

01902 695143 (Mon - Fri 0900 - 1700)

### **Maternity Triage Unit (MTU)**

01902 695030 (open 24 hours)

### **Fetal Assessment Unit**

01902 695031 (Mon – Fri 0900 - 2000,Weekends 0900 – 1700)

### **Tommy's midwives' pregnancy helpline**

0800 014 7800 (Mon- Fri 0900-1700)

## Useful websites for more information

### **NHS website**

[Premature labour and birth - NHS \(www.nhs.uk\)](https://www.nhs.uk)

### **Tommy's premature labour and birth website**

[www.tommys.org/pregnancy-information/premature-birth](https://www.tommys.org/pregnancy-information/premature-birth)

### **Bliss (for babies born premature or sick)**

[www.bliss.org.uk](https://www.bliss.org.uk)

### **Little Heartbeats (for people who have experienced PPROM)**

[www.little-heartbeats.org.uk](https://www.little-heartbeats.org.uk)

### **Royal College of Obstetricians and Gynaecologists cervical suture patient information**

[www.rcog.org.uk/for-the-public/browse-our-patient-information/cervical-stitch](https://www.rcog.org.uk/for-the-public/browse-our-patient-information/cervical-stitch)

## English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

## Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

## Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

## Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਆਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

## Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

## Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。