NHS
The Mid Yorkshire Hospitals
NHS Trust

Preventing preterm birth

Striving for excellence

Who is this information for?

This leaflet is for women who are at risk of having a late miscarriage (after 16 weeks) or pre-term birth (before 37 weeks). Pre-term birth is the main reason for short and long term ill-health in new-born babies and is a major cause of perinatal death, which is a death in the first four weeks of life. This leaflet discusses what can be offered to reduce the possibility of another pre-term birth.

What are the possible causes of preterm birth?

About one in five babies born before 37 weeks are born because the obstetrician or another doctor caring for the mother advised a planned early delivery. This means that up to four in five early births are not planned, and the majority will not have been anticipated by either the mother or the health care team looking after her. About a third of women who have spontaneous preterm birth are following an early breaking of the waters (pre-term pre-labour rupture of the membranes, PPROM) and another third are due to infection. The final third is spontaneous early labours and may remain unexplained even after the birth, and with additional testing.

How to identify which woman is at risk of preterm birth?

There are certain risk factors that could increase the risk of preterm birth.

These include:

- previous history of mid trimester pregnancy loss/s
- pre-term birth (< 34 weeks)
- pre-term pre-labour rupture of the membranes (PPROM) at less than 34 weeks
- cone biopsy
- history of large loop excision of the transformation zone (LLETZ), repeated LLETZ or one LLETZ procedure, if depth of the tissue

taken is 10mm or more
- cervical injury or women who have had a cervical stich in the previous pregnancy
- uterine abnormalities e.g., bi-cornuate or uni-cornuate uterus.

If you had any of these risk factors you will be seen or referred to the preterm clinic.

Other risk factors include urinary tract or vaginal infections and fibroid uterus. You will be checked or treated if you are deemed to be at risk of having an infection or if these are identified during the course of your pregnancy.

If you are aware of uterine fibroids (single fibroid over 10cm or 3 or more fibroids of 5cm or more) or it has been picked up at the time of the dating scan, your fibroid/s will be monitored in pregnancy by doing scans in general antenatal clinics.

How can we predict that you are at risk of preterm birth?

We can predict the risk of you birthing early by doing some screening tests. These include; checking you to exclude or diagnose urine infection, vaginal infection and shortening of your cervix by doing an internal scan to measure the length of the cervix (neck of the womb).

You will have your urine checked on a four weekly bases if you had a previous history of recurrent urine infection or if the urine infection was identified at the time of booking when you were not having infection symptoms (asymptomatic bacteriuria).

Vaginal swabs, a high vaginal swab to identify infection and a swab to check for chlamydia will be taken on the first visit to the antenatal clinic or in the preterm clinic. You will receive an antibiotic course if required based on the report of the tests. High vaginal swabs are repeated every four weeks if you have had a stitch placed in your cervix during your pregnancy.

Cervical length scans: are scans performed to monitor the cervical length measurements and are performed by the consultant obstetricians in the preterm clinic. An ultrasound probe is placed in your vagina (a transvaginal scan (TVS) to check the length of your cervix on 2-4 weekly bases between 16-26 weeks of your pregnancy. A repeat TVS may be required at 28 weeks gestation. The scanning probe cannot go up into the cervix but rests alongside the cervix in the upper vagina. The cervix measures approximately 35-40mm in length during 16-26 weeks of pregnancy.

It is thought that up to one in three late miscarriages or pre-term births could be prevented by following this plan of care (Norwitz and Caughey, 2011).

What happens if your cervical length remains within normal limits?

You will be managed without any further treatment if your cervical length remains equal to or more than 25mm. You may be sent back to your community midwife with a clearly written further management plan if you are having a low risk pregnancy otherwise.

What happens if you had a short cervix?

You will be offered either Injection Progesterone or a cervical stitch if the vaginal scan (TVS) identified a short cervix:

Progesterone injections (17alpha Hydroxyl Progesterone Caproate)

Treatment should be from the time that the cervix is found to be shortened on a scan. Intramuscular injections, 17alpha hydroxyl Progesterone Caproate 250mg are prescribed on weekly basis till 34 weeks of your pregnancy.

Cervical stitch (Cerclage)

This procedure involves a stitch being inserted into the cervix under an anaesthetic. It may be done at any time up to 24 weeks of pregnancy.

a. A cervical stitch may be considered if your cervical length measures less than 15mm at any time between 16-24 weeks of your pregnancy, or if a previously normal measurement falls below 25mm with other changes to your cervix.

b. A planned (elective) cervical stitch is best carried out around 14 weeks of pregnancy and is usually considered where there is a strong suggestion of cervical weakness (i.e. recurrent mid trimester delivery or with a history of having a cervical stich).

c. Rescue Cerclage. This is a consultant decision and is only appropriate in cases of true cervical weakness - no uterine activity, intact membranes and an open (dilated) cervix. Rescue cerclage will only be considered in the absence of evidence of infection, uterine activity and bleeding.

Ideally, the stitch should remain in place until about 36-37 weeks of your pregnancy but should be removed if your waters break early, or if preterm labour is diagnosed. Refer to cervical stitch information leaflet for further information.

Contact information

If you think you may be going into preterm labour (increased vaginal discharge, bleeding, leakage of the waters or regular tightening's) please call the Triage department at Pinderfields Hospital on: 01924 543002/543003 for further advice. There is a midwife available on this number 24 hours a day, seven days a week.

Further information

NICE guidance NG25, published Nov 2015, sections 1.2 onwards. https://www.nice.org.uk/guidance/ng25/chapter/Recommendations
RCOG patient information leaflet on Cervical Stitch published May 2018. https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-cervical-suture.pdf
Norwitz and Caughey: Progesterone supplementation and the prevention of pre-term birth. Rev Obstet Gynecol 2011 4(2):60-72

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We are committed to providing high quality care. If you have a suggestion, comment, complaint or appreciation about the care you have received, or if you need this leaflet in another format please contact the Patient Advice and Liaison Service on: **01924 542972** or email: **myh-tr.palsmidyorks@nhs.net**

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