



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Your visit to the Preterm Birth Prevention Clinic

You have been invited to the preterm prevention clinic as your midwife or doctor is concerned that you may be at an increased risk of preterm labour.

① For more information, please contact our
Preterm Birth Prevention Clinics:

The Avenue Ward
Bridlington Hospital, Bessingby Road. YO16 4QP
Phone: 01904 726262

Antenatal Clinic
York Hospital, Wigginton Road. York. YO31 8HE
Phone: 01904 631313

Contents

Page

What will this leaflet tell me?.....	3
What is Preterm (premature) labour?	4
What causes premature labour?.....	5
What happens in the Clinic?	7
What should I bring to my appointment?	7
What investigations will be offered?.....	8
What treatment options will I be offered?	10
What can I do to reduce the risks of preterm delivery?	12
What symptoms should I look out for?	13
Summary	14

What will this leaflet tell me?

This leaflet explains why you have been invited to an appointment in this clinic and what will happen there.

In the leaflet, we explain what preterm labour is and what is known about some of the causes of preterm labour. This includes information on why some women may be at an increased risk.

The leaflet also describes the investigations, monitoring and support we can offer you in the clinic. Investigations and monitoring enable us to offer appropriate treatment. Treatment and risk reduction options are also included.

You will also find contact information for specialist clinics and support groups.

What is Preterm (premature) labour?

We would normally expect labour to occur between 37 and 42 weeks of pregnancy. This is when regular contractions lead to the opening of the neck of the womb (the cervix). If labour occurs before 37 weeks, it is known as preterm labour and preterm birth is the delivery of a baby before 37 weeks of pregnancy.

Going into labour early is worrying and distressing for patients and their families. It is understandable that you would be concerned about the effects this would have on your baby. In the UK, having a baby early is common; eight in 100 babies are born before 37 weeks. Very premature birth is much less common, with fewer than one in 100 babies being born between 22 and 28 weeks of pregnancy.

Approximately one in four premature births are not because of labour starting early, but because the doctor had recommended an early delivery as there were concerns about the health of the mother and/or baby. However, most babies are born early because labour starts naturally sooner than it should.

Premature babies have an increased risk of health problems, particularly with breathing, feeding and being at increased risk of infection. The earlier a baby is born, the more likely they are to have these problems and may need to be looked after in the neonatal unit. However, more than nine out of 10 premature babies born after 28 weeks survive and only a small number will have serious long-term disabilities.

If you give birth before 24 weeks of pregnancy, it is sadly less likely that your baby will survive. Babies who do survive after such a premature birth often have serious health problems.

We will discuss these risks with you further in the clinic. It is important for you to know that specialist help and support is available here.

What causes premature labour?

Most babies born prematurely arrive without warning. There are certain factors that can increase the risk of preterm labour which are explained below. These factors can be related to previous pregnancies, your current pregnancy and your medical history. For this reason, we will ask lots of questions when you attend clinic to understand your risk of preterm labour better.

You may be at increased risk of preterm labour if:

In your previous pregnancies:

- you have had a previous pregnancy where waters broke before 34 weeks
- you have had a previous late miscarriage or preterm birth (between 16-34 weeks of pregnancy)
- you have had a previous caesarean section at full dilatation
- you have had a cervical stitch inserted in your previous pregnancy

In your current pregnancy:

- you have had vaginal bleeding after 14weeks
- you are carrying twins or triplets
- you have excess fluid around your baby
- your waters have broken early
- you have had fertility treatment
- you are known to have a short cervix

In your medical history:

- you have had an operation on your cervix in the past, often for an abnormality identified on your smear test
- you have an abnormality in the shape of your womb
- you are a smoker

These are some of the known risk factors for preterm labour but most of the time we are not able to explain exactly why labour happens earlier than expected.

What happens in the Clinic?

You will meet a consultant or one of their team members with special interest in preterm birth prevention. We will discuss what we can do to help reduce the risk of preterm labour, or to monitor your pregnancy more closely for signs of early labour. We will make a plan of care with you that includes investigation and management options.

What should I bring to my appointment?

Please bring your handheld notes with you if you have them. The team will ask you lots of questions about your previous pregnancies and your medical history.

Please bring a urine sample with you as this will save time at your appointment. If you are not able to bring a sample, you can do this at the clinic. It is important that this is a urine sample from the middle of the stream of urine to reduce the risk of an incorrect result. The team in the clinic can advise you how to do this. Please telephone us if you need advice before you come.

What investigations will be offered?

1. You may be offered a **transvaginal scan** (this is an internal scan where a probe is gently inserted into your vagina). This checks the length of the neck of the womb (this scan does not increase the risk of you having a miscarriage or going into preterm labour).

Why would I be offered this scan?

Scientific studies have shown that some women who go on to have early births, had a shortening cervix (neck of the womb) several days or weeks before the birth happened. Performing a transvaginal scan enables us to take a measurement of the length of your cervix and this can help decide your risk of preterm birth.

When would the scan be organised?

This is usually offered in the second trimester onwards (after 14 weeks, although this will depend upon your risk and may be started slightly later in your pregnancy) if we feel that you are at risk of having your baby early due to a short cervix.

Will the scan be uncomfortable?

Women who attend the clinic are often anxious about this scan, but it is generally very well tolerated.

Can a scan through the tummy (abdominal scan) not give the same information?

The transvaginal scan is the only way to accurately measure the length of your cervix, an abdominal scan (where the probe is placed on your abdomen) cannot measure the neck of the womb accurately.

Before the scan please let us know if you have any allergies, particularly to latex.

Will the scan need to be repeated?

We may decide that you only need the one scan or it may need to be repeated every two to four weeks until around 24 weeks. However, everyone is very different so the plan can vary from patient to patient.

- 2. The Swab test:** If you are at risk of premature birth, your doctor or midwife may do a vaginal swab test, such as a fetal fibronectin test. This can predict if you are at higher risk of giving birth prematurely. Fetal fibronectin is a protein made by babies' cells in the womb, and acts as a 'glue' that keeps the amniotic sac attached to the lining of the womb. If you destined to give birth early, the protein may be released into the vagina, where it can be measured using a swab.

Your healthcare professional can use the results of this test (alongside other risk factors you have) to estimate the likelihood that you will give birth early.

What treatment options will I be offered?

Some women have a higher risk of early delivery and in this case, we will discuss your options. This depends on many things, including how you feel about it.

Options that may be discussed with you in the clinic are:

1. Monitoring - Wait and Watch

Most women who attend the clinic do not need any treatment. We can offer to see you regularly to monitor the length of the cervix for women at an increased risk of preterm labour. We will provide you with support throughout your pregnancy. If you belong to this group, then we would transfer your care to your consultant under whom you were originally booked after 24 weeks.

2. Cervical stitch

If you have risk factors for preterm birth in your history, we will offer you regular scans to check the length of the cervix. If the length of cervix is found to be short, we may discuss a procedure called a cervical stitch (sometimes called a suture or cerclage). This is usually done under a light spinal anaesthetic (injection in your back that makes your bottom half go numb for a short time) where we put a stitch around your cervix to try to keep it tightly closed. This aims to prevent early birth in some women who are at higher risk, though it does not work for everyone. The stitch is removed when a woman is in labour or at 36 to 37 weeks, whichever comes first. If the stitch is an option for you, we will give you more information and help you decide if you want one.

A few women will be offered an early cervical stitch at 13-15 weeks of pregnancy because they have had one before or because of things that happened in previous pregnancies including three or more previous preterm deliveries.

3. Progesterone pessaries

This is a hormone that plays a role in maintaining pregnancy. There is some evidence to support the use of progesterone for a cervix which is shortening.

4. Steroids

If you are more than 24 weeks pregnant and we think that there is a very high chance that you may deliver in the following week, you will be advised to stay in hospital and you may be offered a course of two steroid injections usually over a 24 hour period to help with your baby's development to reduce the chance of problems caused by being born early (unless you had already received steroids in this pregnancy).

5. Research

As we mentioned, we do not yet understand why many women go into labour early. We can monitor for infection and monitor the length of your cervix but sometimes it is still difficult to predict who will deliver early. As a result of this if there is an ongoing research study, we may ask you to take part in it as part of the clinic. This is optional and your care will not be affected if you choose not to take part. This will be discussed in the clinic.

What can I do to reduce the risks of preterm delivery?

- Stop smoking: This is the single most important thing that you can do to make your pregnancy as healthy as possible, including reducing the risk of preterm birth. Stopping smoking not only gives your baby the best possible start in life, it has lots of health benefits for you too. Only stopping completely, rather than just cutting down, really protects your baby.

We know that it is hard to give up smoking on your own, but many women do it successfully in pregnancy. Many people find it much easier to quit with specialist support and we or your midwife would be very happy to refer you to a specialist team.

- There is a link between gum disease and preterm birth. Look after your teeth and have your free check-up with a dentist during pregnancy and for a year afterwards.
- We know that women who suffer a lot of stress, or poor mental health or domestic abuse are more likely to birth early. Please speak to your midwife or doctor if you need support for any of these matters; we would be very happy to help.
- There is no evidence that continuing to work, doing exercise, or having sex increase the risk of preterm birth.

What symptoms should I look out for?

It is important to report any unusual symptoms to your midwife or doctor. If we can pick up signs of things like early labour, your waters breaking, vaginal bleeding, urine or other infections quickly, it is more likely that we will be able to prevent things progressing to an early birth.

If you have symptoms of labour it is important that you do not wait to be seen in the clinic but instead contact:

York Hospital

If you are less than 16 weeks pregnant, please contact the Gynaecology Assessment Unit.

If you are more than 16 weeks pregnant, please contact labour ward triage.

Scarborough Hospital

If you are less than 16 weeks pregnant, please contact the Early Pregnancy Assessment Unit on Women's Unit

If you are more than 16 weeks pregnant, please contact labour ward triage.

Summary

Having a baby born early can be worrying and distressing for parents and their families. We think that it is important for you to know that there is help available.

Before your appointment please

- Bring your handheld notes with you
- We will ask you to bring a urine sample (this is a midstream sample)

During the appointment

We will talk to you and maybe offer a speculum examination for a swab test and/or organise an internal scan.

After the appointment

We will create a plan to care for you in your pregnancy and see you regularly in the clinic if needed

Further Support

<https://www.tommys.org/pregnancy-information/premature-birth/what-happens-if-im-told-i-am-risk-premature-birth>

You are **free to choose** to accept or refuse any appointments, tests, or treatments we offer to you. We are very happy to explain things again if you are unsure or have more questions.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Mr Bhavesh Patel, Scarborough Hospital, Woodlands Drive, Scarborough, YO12 6QL. Phone: 01723 368111, email: Bhavesh.patel@york.nhs.uk

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

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Please telephone or email if you require this information in a different language or format, for example Braille, large print or audio.

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或發電

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