

# Pre-term Birth Clinic

**This leaflet explains what happens at our specialist clinic, which monitors and treats women and birthing people who are at a higher risk of spontaneous late miscarriage early pre-term (premature) birth.**

## What is the Pre-term Birth Clinic?

It is a specialist clinic which monitors and treats women and birthing people who are at a higher risk of spontaneous early pre-term (premature) birth. This means birth before 34 weeks of pregnancy). We also see people with a history of second trimester miscarriage (after 16 weeks) that are related to an issue with the cervix. The clinic is led by a consultant in fetal medicine and obstetrics (Miss Surabhi Bisht) and patients referred to this clinic will get to see either Miss Surabhi Bisht or Miss Shivani Gajree. There will be a healthcare assistant who will be assisting them during your assessments in the clinic.

## Why have I been referred here?

The information you gave your midwife at booking suggest that you may have one or more of the following risk factor for your baby being born early. This could be something that happened in a previous pregnancy or birth, or related to a health condition or surgical procedure you have had in the past. We know that you may be at higher chance of preterm birth if:

- You have had a previous baby born before 34 weeks.
- You have had a previous late miscarriage (16–24 weeks).
- Your 'waters' (amniotic sac) broke before 34 weeks in a previous pregnancy.
- You have had certain types of treatment to your cervix (for example, LLETZ or cone biopsy for a treatment of an abnormal smear).
- A previous Caesarean birth at full dilatation.
- A short cervix found during a scan in this or a previous pregnancy.
- You have an unusually shaped uterus (womb) or scarring to the lining of your uterus.
- You had a cervical cerclage (stitch around the neck of your womb) in a previous pregnancy or you have a stitch in place now.

If you have one or more of these risk factors, it does not necessarily mean you will have a premature birth or a second trimester miscarriage but it does mean we will offer additional monitoring and any appropriate treatment.

## What care does the Pre-term Birth Clinic offer?

The care we offer aims to reduce your chance of premature birth or second trimester miscarriage. We look at what may have happened during a previous pregnancy, if relevant and the results of the tests you have in the clinic, to find out if you are at high risk of premature birth and whether you should be offered any treatment or interventions.

We will work with you to develop your individual care plan at your first visit (usually when you are around 14–16 weeks). We base your care plan on your pregnancy history and the length of

your cervix which is measured during the scan you have at your first appointment. The plan sets out the monitoring that is recommended and includes what may happen if something changes while we are monitoring you. It is important to know that not all treatments are appropriate or effective for all patients so the care plan will be shaped around your own unique history and needs. We will also provide you with support and reassurance during what may be an anxious time for you. It is important to understand that while there is evidence to suggest the surveillance and treatment can reduce your risk, unfortunately, not all miscarriages and pre-term births can be prevented.

## What tests will I have at the Pre-term Birth Clinic?

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

- A urine test and/or a vaginal swab (taken using a speculum) to check for infection. We know that some infections can make a second trimester miscarriage or premature birth more likely.
- A trans-vaginal scan, this procedure involves placing an ultrasound probe into your vagina to measure the length of your cervix. We know that a short cervix can increase your risk of a second trimester miscarriage or premature birth.
- A vaginal swab (AmniSure<sup>®</sup> test) which looks for any trace of amniotic fluid in your vagina which would indicate that your waters may have broken or been leaking. This gives either a negative or positive result. A negative result on the AmniSure<sup>®</sup> test means that it's highly unlikely that you'll give birth in the next week or ten days, which can set your mind at ease and allow us to hold off any treatments that may not be needed. A positive result means you are at a higher risk of giving birth early, **but it doesn't guarantee that you're about to give birth or that you'll necessarily deliver early.**

## Do the tests have any risks?

All of these tests are safe for you and your baby. Please talk to us about any concerns you may have so that we can provide reassurance or explain the tests in more detail.

## What treatment will I be offered if I am at high risk of premature birth or late miscarriage?

There are a number of treatments which we may offer you to reduce the risk of premature birth or late miscarriage, including one or more of the following:

- Cervical cerclage, where a stitch is put around the neck of your womb (this can be done up to 22–24 weeks).
- Progesterone (hormone) suppositories which you can put into your vagina yourself usually until around 34 weeks.
- Antibiotics to treat any infection found on a urine or swab test.

If you are at high risk of premature birth after 24 weeks of pregnancy, we may offer you steroid tablets or injections to help your baby/babies' lungs develop. Magnesium sulphate injection would be offered to you for 'brain protection' for your baby if delivering before 32 weeks of gestation. Your care may need transferring to the John Radcliffe Hospital in Oxford, who have a

specialist unit to care for you and your baby/babies if delivery is anticipated before 28 weeks of gestation.

## **Do I still need to see my midwife or attend other planned antenatal appointments?**

Yes, it's important to attend all antenatal appointments that have been planned for you including your midwife appointments, routine scan appointments and any other obstetric appointments that have been booked (for example care from a specialist team such as the Gestational Diabetes team). You will usually be monitored in the Pre-term Birth Clinic until you are around 24 weeks. When you are discharged from the Clinic an individual plan will be made with you that will set out any follow-up care that you may need or if you could be discharged to midwifery led care.

## **Who can I contact with queries and concerns?**

All your queries will be answered by Miss Bisht or Miss Gajree when you see them in the Pre-term Birth Clinic. Juliette Ward who is the Specialist Midwife in the Rainbow Team can also offer you non-urgent support. You can contact her by email on [rbft.rainbowcare@nhs.net](mailto:rbft.rainbowcare@nhs.net). In an emergency situation, for example you think you are in labour or are experiencing any bleeding or fluid loss and you need to be seen as soon as possible, please contact the Triage Line on **0118 322 7304** or the Day Assessment Unit (DAU) in Maternity on **0118 322 8468**.

## **Further information on cervical stitch**

You can find information from the Royal College of Obstetricians & Gynaecologists (RCOG) on a cervical stitch on their website [Cervical stitch patient information leaflet | RCOG](#)

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

Author: Miss S Bisht, FM Consultant & J Ward, Specialist MW, Rainbow Team, November 2022

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