

Pre-term Birth Clinic

This leaflet explains what happens at this Royal Berkshire Hospital specialist clinic, which monitors and treats women who are at a higher risk of spontaneous early pre-term (premature) birth.

What is the Pre-term Birth Clinic?

It is a specialist clinic which monitors and treats women who are at a higher risk of spontaneous early pre-term (premature) birth (before 34 weeks of pregnancy) or with history of late second trimester miscarriages (>14-16 weeks) that are related to cervical incompetency. The clinic is led by a consultant in fetal medicine (Miss Bisht) and obstetrics. There will be a maternity care assistant who will be assisting Miss Bisht during your assessments in the clinic.

Why have I been referred here?

You have one or more risk factors for premature birth or late miscarriage in your current pregnancy. These may include:

- One or more previous pre-term deliveries or late miscarriages.
- Premature rupture of the membranes (bag of waters) in a previous pregnancy.
- Previous surgeries to the cervix (neck of the womb).
- A short cervix found during a scan in this or a previous pregnancy.
- An abnormally shaped uterus (womb).
- You have a cervical cerclage (stitch around the neck of your womb).

If you have one or more of these risk factors, it does not necessarily mean you will have a premature birth or second trimester miscarriage.

What does the prematurity clinic do?

It aims to reduce your chance of premature birth or second trimester miscarriage. We look at what happened during your previous pregnancy and the results of the tests you have in the clinic, to find out if you are at high risk of it happening again and whether you are likely to benefit from treatment or interventions.

We will discuss your individual care plan with you at your first visit. We base it on your pregnancy history and the length of your cervix. The plan includes what may happen if something changes while we are monitoring you. You have an individual care plan because not all treatments are appropriate or effective for all patients. 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?

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, because some infections can make a second trimester miscarriage or premature birth more likely.
- A trans-vaginal scan, where we put an ultrasound probe into your vagina to measure the length of your cervix, because a short cervix increases your risk of a second trimester miscarriage or premature birth.
- A vaginal swab AmniSure® test; A negative result on the AmniSure® test means 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 your practitioner to hold off any treatments that may not be needed. A positive result, on the other hand, is not as useful. It 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 deliver early at all, so it won't help your practitioner decide how to manage your situation.

Do the tests have any risks?

All of these tests are safe for you and your baby.

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 prevent premature birth or late miscarriages. These include one or more of the following:

- Cervical cerclage, where a stitch is put around the neck of your womb (up to 22- 24 weeks)
- Progesterone (hormone) suppositories which you put into your vagina.
- Antibiotics.

If you are at high risk after 24 weeks of pregnancy, we may offer you steroid tablets or injections to help your baby's lungs develop. Magnesium sulphate injection would be offered to you for 'brain protection' for your baby if delivering before 32 weeks of gestation. You may need transferring to Oxford if delivery is anticipated before 28 weeks of gestation.

Do I still need to see my midwife, GP or obstetrician while I am coming to this clinic?

No. The routine blood pressure and urine dipstick checks and blood tests can be done in this clinic until 24 weeks. You will also be seen in Miss Bisht's antenatal clinic between 28-30 weeks of gestation. If all goes well, 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 when you see her in the Pre-term Birth Clinic. If there is any emergency (labour/ leaking/ bleeding), and you need to be seen ASAP, please contact the Day Assessment Unit in Maternity on 0118 322 8468.

Further information on cervical stitch

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

This document can be made available in other languages and formats upon request.

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