Preventing pre-term birth

This leaflet is for women who have experienced a late miscarriage (after 16 weeks) or pre-term birth (before 37 weeks) in the past and discusses what can be offered to reduce the possibility of another pre-term birth.

Pre-term birth

About one in five babies born prematurely will have been 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 these happen following an early breaking of the baby's waters (pre-term pre-labour rupture of the membranes, PPROM) and another quarter are due to infection. The final third or so are spontaneous early labours and may remain unexplained even after the birth of your baby, and with additional testing.

Pre-term birth is the main reason for short and long term ill-health in newborn babies, and is a major cause of perinatal death, which is death in the first four weeks of life.

Screening women who have had a premature delivery

In November 2015 NICE recommended that mothers who have had a late miscarriage or pre-term delivery between 16 and 34 weeks of pregnancy, including those with twins, should be offered either vaginal pessaries containing the hormone progesterone, or a cervical stitch (cerclage) **if** a scan done between 16 and 24 weeks shows a short cervix, measuring less than 25mm in length. 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)

Cervical length scans

These scans are organised once the 'twelve week scan' has been performed. Cervical length scans are performed vaginally to ensure measurements are accurate. The scanning probe cannot go up into the cervix, but rests alongside the cervix in the upper vagina. These scans are normally done at two weekly intervals until 24 weeks. If the cervix shortens to 25mm or less (most women have a cervix of 35-40mm in length) then the possibility of premature labour is considered to be increased.

Progesterone pessaries

Treatment should be from the time that the cervix is found to be shortened on a scan. Cyclogest 200mg pessaries are prescribed. These are inserted into the vagina daily, at bedtime, and this should continue until 37 weeks.

Cervical cerclage

This procedure involves a stitch being inserted into the cervix under an anaesthetic. It may be done at any time up to 23^{+6} weeks of pregnancy and may be offered to women who have had three or more late miscarriages or premature births at 12-14 weeks in future pregnancies. For women with a history of one or two late miscarriages (after 16 weeks) or births before 34 weeks, if the cervical scan demonstrates a short cervix (less than 25mm), a stitch may be considered.

If the waters around the baby have broken, if there is bleeding or if you are experiencing contractions then a stitch should not be inserted. If the cervix is dilated (open) to 3cm or more, a stitch may be unsafe initially.

Ideally, the stitch should remain in place until about 37 weeks, but should be removed if the waters break early, or if premature labour is diagnosed.

Contact information

If you think you may be going into premature labour (increased vaginal discharge, bleeding, leakage of the waters or regular tightening's) please call the Triage Line on 0118 322 7304 for further advice. There is a midwife available on this number 24 hours a day, seven days a week.

Further information

1. NICE guidance NG25, published Nov 2015, sections 1.2 onwards. https://www.nice.org.uk/guidance/ng25/chapter/Recommendations
2. RCOG patient information leaflet on Cervical Stitch published October 2014. https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-cervical-suture.pdf
3. Norwitz and Caughey: Progesterone supplementation and the prevention of pre-term birth. Rev Obstet Gynecol 2011 4(2):60-72

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

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