



Preterm Birth Surveillance Clinic

Information for women, birthing people, and their families

This leaflet explains what happens at the East Kent Hospital's Preterm Birth Surveillance Clinic.

Most women (more than nine in every 10) will give birth to their baby after 37 weeks of pregnancy; this is known as term delivery. Around one in 10 women will give birth to their baby before 37 weeks of pregnancy; this is known as preterm delivery.

Most preterm babies do well, but a few may have long term problems. At East Kent Hospitals, if your midwife or doctor thinks that you might be at risk of a preterm delivery, you will be referred to the Hospital's Preterm Birth Surveillance Clinic.

Why have I been referred to the Clinic?

The Preterm Birth Surveillance Clinic provides extra care for women who may be at higher risk of having a baby born too early (preterm). This can be for a number of reasons, for example:

- A previous baby born before 34 weeks.
- A previous late miscarriage (16 to 24 weeks in to your pregnancy).
- A previous caesarean when your cervix was already 10cm dilated.
- Your 'waters' (amniotic sac) broke before 34 weeks in a previous pregnancy.
- A previous surgery to your cervix, after an abnormal smear test.
- A previous stitch to your cervix to prevent it from opening too early (cervical cerclage) or you have a stitch in place now; or
- You have an unusually shaped womb (uterus).

If you have one or more of these risk factors, it does not necessarily mean you will have a preterm birth or a late miscarriage, but we will keep an eye on you in the Clinic, just to be sure.

What does the Preterm Birth Surveillance Clinic do?

The Clinic aims to reduce your chances of having a late miscarriage or a preterm birth. Also, if there is a high risk that you will have a preterm birth, we try to delay this as much as possible, to help both you and your baby.

In the Clinic you will discuss your current pregnancy, and any test results and previous pregnancies with a consultant obstetrician. We will discuss with you what has happened before, to find out whether you have a higher chance of it happening again. Together we will create a care plan for you including any monitoring, treatments, or interventions which may help you during your pregnancy. Each woman has their own care plan, as not all treatments are helpful to all pregnancies.

We will also provide you with support during what may be an anxious time. Often we will see you in clinic two or three times to reassure you that your pregnancy is going well and then discharge you from the clinic around 26 to 28 weeks in to your pregnancy. Most women can then be looked after by their named midwife, general obstetrician, and GP.

It is important that you understand that while monitoring and treatment can reduce your chances of having a preterm birth or late miscarriage, sadly this cannot always be predicted or prevented.

What will happen in the Clinic?

You will first be seen by the clinic obstetrician and midwife. Your appointment may take between 30 to 60 minutes, so please allow this amount of time. At your appointment:

- A detailed history will be taken and we will record any allergies that you may have.
- You will be offered swabs (taken from your vagina and cervix using a speculum examination) to check for the infections Bacterial Vaginosis and Group B Streptococcus. These infections are not common, but women who have them have a higher chance of preterm birth. The right treatment may reduce this risk. If an infection is found we will arrange treatment with the right antibiotics. We also encourage you and your partner to attend a Genito Urinary Medicine (GUM) clinic for a sexual health screen; we will arrange this appointment for you.
- We will test your urine for infection, in a similar way to how your community midwife tests your urine at your clinic appointments. If there are any signs of infection in your urine you will be offered a mid-stream urine (MSU) test. An MSU means your urine will be sent for a more in depth laboratory testing, with results being available after approximately 48 hours.

Some infections may not give you any symptoms but could make a preterm birth or late miscarriage more likely in some pregnancies.

- We may offer you low dose aspirin (75 to 150mg) to start by 16 weeks, if you had a small baby or pre-eclampsia previously or if you have a higher chance of these complications.
- Your blood pressure will be checked. Raised blood pressure in pregnancy can increase the chance of preterm birth.
- We will measure the length of your cervix. This is done with an ultrasound scan of your cervix (transvaginal scan), where an ultrasound probe is placed into your vagina. Your bladder can be empty for this scan. It is useful to measure the length of your cervix because having a shortened cervix can increase your chances of a preterm birth or late miscarriage.

What treatment will I be offered if I have a higher chance of a preterm birth or late miscarriage?

There are a number of treatments which we may offer you. These include one or more of the following.

- Cervical cerclage, where a stitch is put around the neck of your womb. This is a day case procedure performed in hospital under a spinal or general anaesthetic. A spinal anaesthetic numbs the area but you are awake for the procedure, with a general anaesthetic you will be asleep.
- Progesterone (hormone) pessaries can be put into your vagina until 34 weeks.
- Antibiotics can be prescribed to treat any infection found on your urine or swab test.
- You can be referred to our specialist smoking cessation (stop smoking) midwife and / or One You.
- After 24 weeks of pregnancy, if your chance of preterm birth is very high, we may offer you steroid injections to help your baby's lungs and/or a medicine called magnesium sulphate. We will also discuss with you the best place for your baby to be born. Steroid injections are given on an outpatient or inpatient basis depending on your care plan. Magnesium sulphate is given on the delivery suite as special monitoring for you and baby will be needed.

We will of course discuss any of these treatments with you fully before they are included in your care plan.

Should I still attend my antenatal appointments?

Yes. You should attend all other antenatal appointments in addition to visiting us. The Preterm Birth Surveillance Clinic is extra care for women more likely to have a preterm birth. It does not replace any other care you have.

When should I ask for advice?

Sometimes there are signs that you may be going into labour. Often the signs may not lead to preterm labour but it is important to ask for help so you can get advice. These signs may include:

- period-like pains or cramps which come and go
- fluid leaking from your vagina; or
- bleeding from your vagina.

If you think you may be in labour, do not wait for your next appointment in the Preterm Birth Surveillance Clinic. Contact our Maternity telephone triage service on 01227 206737 for help and advice.

Remember to also monitor your baby's movements yourself. If you are worried that the movements are different (more than usual, less than usual, or feel different), please contact one of the above maternity departments urgently and be prepared to come to hospital immediately.

This leaflet has been produced with and for patients.

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 783145 (tel://+441227783145), or email ekh-tr.pals@nhs.net (ekh-tr.pals@nhs.net)

Patients should not bring large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

Further patient leaflets are available via the East Kent Hospitals website (<https://www.ekhuft.nhs.uk/information-for-patients/patient-information/>).

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