



# Preterm Birth Surveillance Clinic

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## Information for women, birthing people, and their families

This leaflet explains what happens at the Preterm Birth Surveillance Clinic.

Most women or birthing people will give birth to their baby after 37 weeks of pregnancy. This is known as 'term' delivery. Around 8 out of every 100 babies in the UK are born before 37 weeks of pregnancy. This is called 'preterm' or 'premature' delivery.

Most preterm babies do well, but a few may have long-term problems. If your midwife or doctor thinks that you might be at risk of a preterm delivery, you will be referred to the Preterm Birth Surveillance Clinic.

### Why have I been referred to the Clinic?

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

- A previous baby born before 34 weeks.
- A previous late miscarriage (16 to 24 weeks in to your pregnancy).
- A previous caesarean birth, 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.
- You have an unusually shaped womb (uterus).

If you have one or more of these risk factors, you will be invited to the Preterm Birth Surveillance Clinic. We will review your current and past pregnancies and make a care plan for you. This does not necessarily mean you will have a preterm birth or a late miscarriage.

### 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 see a consultant obstetrician. We will discuss your current pregnancy, and any test results and previous pregnancies. This will help us to understand what has happened and to find out whether you have a higher chance of it happening again. Together we will create a care plan for you, which may help during your pregnancy. This will include, monitoring for you and your baby, treatments, or interventions. Each woman and birthing person has their own care plan. All pregnancies are different and our plan is individual to you.

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. You will then be discharged from the clinic around 26 to 28 weeks into your pregnancy. Most women and birthing people 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. We may know some things already about your previous births and general medical history, however we will always ask you as you may provide some new information.
- You will be offered a swab (taken from your vagina). This is to check for the infections Bacterial Vaginosis and Group B Streptococcus. These infections are not common, but women and birthing people 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. This is for a sexual health screen.
- We will test your urine for infection. We do this in the same way as your community midwife, when they test 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. The results are usually available after approximately 48 hours, but may take up to 7 days.

It is important to note that some infections may not give you any symptoms. It is important that you contact Maternity Triage if you feel unwell or have any concerns. The number is at the bottom of this leaflet or in your lilac maternity notes.

- We may offer you low dose aspirin (150mg). You would start taking this by 16 weeks, if you need it. We will suggest you take this if:
  - o you had a small baby or pre-eclampsia in your previous pregnancy; or
  - o you have a higher chance of these complications in this pregnancy.

- Your blood pressure will be checked. Significantly raised blood pressure in pregnancy can increase the chance of preterm birth.
- You will be offered an ultrasound scan to measure the length of your cervix. This is also called a transvaginal ultrasound scan. During this scan an ultrasound probe is placed into your vagina. Your bladder should be empty for this scan. It is useful to measure the length of your cervix, as it can help us manage your care appropriately. Having a shortened cervix or significant changes to your 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 (cervical stitch), 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. The anaesthetist will answer any questions you may have. More information on cervical cerclage is available on the Royal College of Obstetricians and Gynaecologists (RCOG) web site. ([https://www.rcog.org.uk/media/2amhp04p/cervical-stitchpi\\_large-print\\_amended.pdf](https://www.rcog.org.uk/media/2amhp04p/cervical-stitchpi_large-print_amended.pdf))
- Progesterone (hormone) pessaries can be put into your vagina or rectum 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.
- If your chance of preterm birth is very high after 24 weeks, we may offer you:
  - steroid injections to help your baby's lungs, and / or
  - a medicine called magnesium sulphate.

Steroid injections are given on an outpatient or inpatient basis. This will depend on your care plan. Magnesium sulphate is given on the delivery suite. This requires special monitoring for you and baby. We will also discuss with you the best place for your baby to be born.

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 an extra service. It provides extra care for women and birthing people that are 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.

### What are the signs of preterm labour?

- Regular contractions or tightenings, where your tummy feels very tight.
- Period-type pains or pressure in your vaginal area.
- A "show". This is when the plug of mucus that has sealed your cervix during pregnancy comes away and out of your vagina.
- A gush or trickle of fluid from your vagina, which could be your waters breaking.
- Backache that is not normal for you.

**You must tell the person you call at the hospital straight away if you are experiencing one or more of the following.**

- You are bleeding from your vagina.
- Your baby is moving less / more than normal, or moving in an unusual pattern.
- Your waters have broken and they are smelly or coloured.

### Who should I contact if I have concerns?

If you think you may be in labour, contact Maternity Triage. Do not wait for your next appointment in the Preterm Birth Surveillance Clinic.

- Contact Maternity Triage on 01227 206737 for help and advice.
- In an emergency, call 999.

**This leaflet has been produced with and for patients.**

**Please let us know:**

- If you have any accessibility needs; this includes needing a hearing loop or wanting someone to come with you to your appointment.
- If you need an interpreter.
- If you need this information in another format (such as Braille, audio, large print or Easy Read).

**You can let us know this by:**

- Visiting the Trust web site (<https://www.ekhuft.nhs.uk/ais>).
- Calling the number at the top of your appointment letter.
- Adding this information to the Patient Portal (<https://pp.ekhuft.nhs.uk/login>).
- Telling a member of staff at your next appointment.

**Any complaints, comments, concerns or compliments**, please speak to a member of your healthcare team. Or contact the Patient Advice and Liaison Service on 01227 783145 or email ([ekh-tr.pals@nhs.net](mailto: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 information leaflets** are available via the East Kent Hospitals' web site (<https://www.ekhuft.nhs.uk/patient-information>).

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