

# Preterm (premature) birth

## Introduction

This leaflet provides information for women and birthing people who have been identified as being at risk of having a preterm (premature) birth. We hope that this information will help you to understand the risk factors and how the Preterm Birth team will support you during pregnancy to try to reduce the risk.

## What is a preterm birth?

Babies are usually born between 37 and 42 weeks of pregnancy. When babies are born before 37 weeks, it is referred to as a preterm (premature) birth. About 8 out of every 100 babies will be born prematurely.

## Reasons for referral

Women and birthing people are referred to the Preterm Birth Clinic for the following reasons:

- You went into labour naturally and had your baby between 24 and 34 weeks gestation in a previous pregnancy.
- You went into labour and had a late miscarriage between 16 and 23 weeks gestation.
- Your waters broke between 16 and 34 weeks in a previous pregnancy (called preterm, prelabour rupture of membranes [PPROM]).
- You have had surgery to your cervix such as LLETZ (large loop excision of the transformation zone) or a cone biopsy to remove abnormal cells in the cervix. Not everyone who has had this procedure will need to be seen. Your records will be checked and you will be offered an appointment if the depth of tissue removed was greater than 15 mm.
- You have had a previous caesarean section during labour when you were fully dilated (your cervix was fully open).
- You had a cervical cerclage. This is a stitch to prevent late (second trimester) miscarriages and preterm birth during a previous pregnancy.

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Maternity

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## Patient Information

- You have had a trachelectomy for treatment of cervical cancer.
- Your uterus is an unusual shape or size.
- You have scar tissue in your uterus.

### **When and where an appointment will be offered**

The Preterm Birth Clinic is held in the Women's Centre at Gloucestershire Royal Hospital on Mondays and Thursdays.

Your referral will be reviewed by the Preterm Birth team and an appointment may be offered depending on your individual circumstances. This is usually between 12 and 22 weeks gestation. You will receive a letter in the post with the appointment date and time.

A Preterm Birth Midwife may contact you to discuss the referral, if the team needs more information or you need a different plan of care.

### **What to expect at the appointment**

You will meet a Preterm Birth Midwife and one of our Consultant Obstetricians. They will ask you questions about your medical history and any previous pregnancies to determine your risk of a preterm birth.

You may be offered a transvaginal scan (an internal scan where a probe is inserted gently into your vagina). This is to check the length of your cervix (neck of the womb) to accurately assess your risk.

Along with the scan, the doctor may suggest a swab test called Fetal Fibronectin. The result of this test alongside the measurement of your cervix will help us to provide an individualised (personal to you) chance of preterm labour.

You may have one or more scans depending on your specific needs. This will be discussed with you during the appointment.

You may also be offered a different vaginal swab and urine test to rule out any infections as these can increase your risk of a preterm birth.

## Patient Information

It may be necessary to continue to have urine tests and vaginal swabs every 4 weeks for the whole pregnancy. If this is decided, you will be able to do these tests yourself at home and give the samples to your Community Midwife or drop them in to the Antenatal Clinic (whichever is easiest for you).

Please contact the Preterm Birth Midwives if you have any concerns or if you are anxious about having a transvaginal scan. The contact details are at the end of this leaflet.

### **Treatment for those at risk of a preterm birth**

Most women and birthing people who attend the clinic will not require any treatment.

The length of your cervix will be monitored until 24 weeks of pregnancy. If your cervix remains a normal length, you will continue your pregnancy care with your midwife (and obstetrician if you have any other risk factors not related to a preterm birth).

For anyone who is found to have a short cervix, treatment options may be offered to try and reduce the risk of preterm labour and birth.

#### **Cervical cerclage**

This is sometimes referred to as a cervical stitch or suture. A stitch is placed around the cervix and tied in order to prevent the cervix opening too early during the pregnancy. This is most commonly performed through the vagina (transvaginal) with a spinal anaesthetic. This means you will be awake but numb from the waist down. The stitch is usually removed between 36 and 37 weeks gestation, unless you go into labour or your waters break before this time.

A cervical cerclage can be done at the beginning of the second trimester (12 to 14 weeks) based on your previous pregnancy history or later in the second trimester in response to the cervix starting to shorten.

Please visit the website below for more information:

[www.rcog.org.uk/media/biim1pwk/cervical-stitchpi\\_final\\_amended.pdf](http://www.rcog.org.uk/media/biim1pwk/cervical-stitchpi_final_amended.pdf)

**Patient  
Information****Progesterone (Cyclogest)**

This is a hormone that helps to support your pregnancy. Recent evidence shows that it is an effective treatment for a cervix that is shortening.

The medication is in the form of a pessary which is inserted into the vagina or rectum (back passage) once every day. If progesterone is advised, treatment would normally start between 16 and 24 weeks until at least 34 weeks gestation.

**Preterm labour**

Being in preterm labour means that your womb is contracting and your cervix is starting to dilate (open) before you have completed 37 weeks of pregnancy.

Signs and symptoms of preterm labour include:

- Backache (with the pain coming and going or continuous).
- Cramp like strong period pains usually more painful than Braxton-Hicks (practice' contractions), although these can also be painful in late pregnancy.
- Frequent need to urinate.
- Feeling of pressure in your pelvis.
- Nausea (feeling sick), vomiting (being sick) or having diarrhoea.
- A 'show' – this is when the mucous plug in the cervix comes away.
- Your waters breaking. Sometimes you may feel a soft, popping sensation. There may be a slow trickle or a gush of clear or pinkish fluid from your vagina.

**Preterm pre-labour rupture of membranes (PPROM)**

This is the term used to describe your waters breaking before your labour starts and before 37 weeks gestation. If this happens, it can sometimes trigger early labour.

## Patient Information

If your waters have broken, we would advise that you are admitted to the antenatal ward so that you can be monitored for signs of labour or infection, and to prepare for the possible early birth of your baby. If there are no signs of infection or labour after 48 hours, you may be able to go home with a plan to return to the hospital for regular check-ups.

**If you think you are in preterm labour or your waters have broken, please contact the Maternity Advice Line on 0300 422 5541.**

### How you can reduce your chance of preterm labour

- Make sure that you give your doctor or midwife a full and accurate medical history so that they can refer you for the most appropriate care.
- Attend all of the antenatal appointments offered so that we can make sure that you are receiving the best care and can identify any problems early.
- Recognise the symptoms and call the Maternity Advice Line with any concerns.
- Maintain a healthy lifestyle. Try to stay at a healthy weight, take regular exercise, do not smoke and do not drink alcohol or take recreational drugs.
- Tell your midwife or GP if you have any symptoms of a urinary tract infection (UTI), such as stinging or burning while passing urine, needing to go more frequently, needing to go urgently or having blood in your urine. UTI's should be treated with antibiotics if suspected or diagnosed.

### What happens if you are admitted to hospital in preterm labour?

On admission to maternity triage, you will be seen by a midwife and an obstetric doctor.

They will assess the wellbeing of both you and your baby. This may include a speculum examination to determine if your waters have broken and to assess if your cervix has begun to dilate.

## Patient Information

If labour is suspected, you may be offered several different medications to help improve the long-term wellbeing of your baby. These include:

- Steroid injections to help prepare your baby's lungs and reduce the risk of breathing problems.
- Medication to suppress contractions in your womb and slow down premature labour.
- Magnesium sulphate to protect your baby's brain and help reduce their risk of problems such as cerebral palsy.
- Antibiotics to help reduce the risk of your baby developing an infection.

If you are at risk of giving birth early (especially if you are less than 27 weeks) it may be recommended that you are transferred to another hospital such as Southmead Hospital in Bristol. This is so that your baby can receive the specialist care they need. For more information about the steps that are taken to make sure of the best possible outcomes for premature babies, please visit the following website:

[www.healthinnowest.net/our-work/transforming-services-and-systems/periprem/](http://www.healthinnowest.net/our-work/transforming-services-and-systems/periprem/)

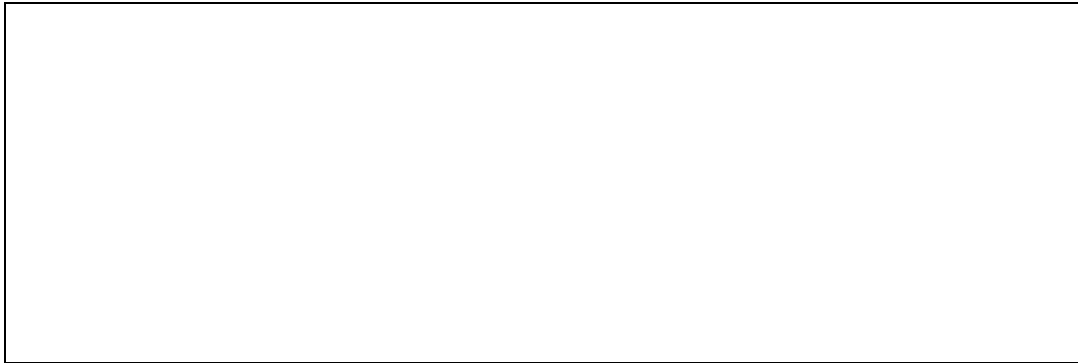
Whatever the circumstances surrounding a preterm birth, you will be given the opportunity to talk to the Neonatal team who will explain what help your baby may need. The team will involve you in decisions about your baby's care.

Please use the space overleaf to write any questions or concerns that you wish to discuss. We hope to answer these at your Preterm Birth Clinic appointment.

If you would like to discuss your concerns before your appointment, please telephone the team on 0300 422 6106. Our lines are open Monday to Friday, 9:00am to 5:00pm.

Outside of these hours, you can leave a voicemail and a member of the team will return your call as soon as possible.

**Patient  
Information**



## Contact information

### Maternity Advice Line

0300 422 5541

Available 24 hours

### Preterm Birth Specialist Midwives

0300 422 6106

Monday to Friday, 9:00am to 5:00pm

### Antenatal Clinic, Gloucester Royal Hospital

0300 422 6103

Monday to Friday, 9:00am to 5:00pm

### Antenatal Clinic, Cheltenham General Hospital

0300 422 2347

Monday to Friday, 9:00am to 5:00pm

## Useful websites

### NHS – Premature labour and birth

Website: [www.nhs.uk/pregnancy/labour-and-birth/signs-of-labour/premature-labour-and-birth](http://www.nhs.uk/pregnancy/labour-and-birth/signs-of-labour/premature-labour-and-birth)

### Tommy's

Website: [www.tommys.org/pregnancy-information/premature-birth](http://www.tommys.org/pregnancy-information/premature-birth)

### Bliss

[www.bliss.org.uk](http://www.bliss.org.uk)

### Little Heartbeats

[www.little-heartbeats.org.uk](http://www.little-heartbeats.org.uk)



## Patient Information

### Further information

You can access many other maternity information leaflets that you may find useful via the Badgernet App.

**You and your baby are important to us.**

**Thank you for choosing Gloucestershire Hospitals NHS Foundation Trust.**

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## Making a choice

### Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



### Ask 3 Questions

**To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.**

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

\* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>