

## PATIENT INFORMATION

# The Preventing Preterm Birth Clinic

This leaflet aims to explain to you why you have been invited to an appointment in this clinic and what will happen there.

Every year in the UK, about 8 out of every 100 babies is born preterm (early)- this means before 37 weeks of pregnancy. Fortunately, most of these babies do very well, but some – especially those born very early – will need a lot of extra care. Sadly, some will have lifelong health issues and disabilities, and some will die.

Some of these early births are completely unexpected, but some women will have risk factors that we can identify during pregnancy. The information you gave your midwife at your pregnancy booking appointment suggests that you may have a risk factor for your baby being born early. This could be something that happened in a previous pregnancy or birth, or could be related to a health condition or surgical procedure you have had in the past.

In this specialist clinic, we will discuss with you if we think that there is something we might be able to do to help reduce this risk or to monitor your pregnancy more closely to find any signs of early labour sooner. This may be through a telephone or face-to-face appointment initially. If you and we think this clinic is the right place for you, we will invite you to attend, usually around 16 weeks into your pregnancy. In certain situations, this may be earlier.

Please try not to worry about this – most women even with risk factors actually do NOT give birth early and the monitoring we offer in this clinic, therefore, provides reassurance that all is well.

**What happens in the Clinic?***Cervical length scan*

Scientific studies have shown that some women who go on to have early births, had a shortening cervix (neck of the womb) several days or weeks before the birth happened. Performing an internal scan (through the vagina) enables us to take a measurement of the length of your cervix and this can help decide how high your risk of early birth is. These scans are not dangerous in any way to you or to your baby.

Some women will have had similar internal scans in early pregnancy or when having fertility treatment or for other reasons. Most women do not find these scans too uncomfortable.

### *Fibronectin swab*

Other studies have discovered that the womb releases a substance called fibronectin when there are changes happening that could lead to early birth. These swabs are mostly used from 22-35 weeks of pregnancy but occasionally earlier. Fibronectin can be found using a vaginal swab. This is then processed in a machine that gives a result in less than half an hour.

Using the information from the scan and the swab, we can calculate your overall risk for early birth. For many women, this risk will actually be low and we may decide you do not need to come back to this clinic. Other women will be offered a few more appointments to repeat these tests and make sure everything remains reassuring.

Some women will have a higher risk and in this case we will discuss your options. This depends on many things, including how you feel about it. We may suggest repeating the tests a week or 2 later to see if there is any change. We may discuss a *cervical stitch* (sometimes called a suture or cerclage). This is a procedure usually done under a light spinal anesthetic (injection in your back that makes your bottom half go numb for a short time) where we put a stitch around your cervix to try to keep it tightly closed. This aims to prevent early birth in some women who are at higher risk. It does not work for everyone though. The stitch is removed when a woman is in labour or at 36 weeks, whichever comes sooner. If the stitch is an option for you, we will give you much more information about it and help you decide if you want to have one.

A few women will be offered an early cervical stitch at 13-15 weeks of pregnancy because they have had one before or because of things that happened in previous pregnancies.

While you have appointments in this clinic, you should also continue with your regular midwife appointments.

### ***What can I do to reduce the risks or preterm delivery?***

- **Smoking** The single most important thing that you can do to make your pregnancy as healthy as possible, including reducing the risk of preterm birth, is to stop smoking. It is never too late to make a difference and it helps so many things in pregnancy, giving your baby the best possible start in life, as well as having lots of health benefits for you too. Only stopping completely, rather than just cutting down, really protects your baby.

It is hard to give up smoking on your own but many women do it successfully in pregnancy. Many people find it much easier to quit with specialist support and we or your midwife would be very happy to refer you to the specialist team.

- There is also a link between gum disease and preterm birth. Look after your teeth and have a free check-up with a dentist during pregnancy and for a year afterwards.

- There is no evidence that continuing to work, doing exercise or having sex increase the risk of preterm birth. However, we know that women who suffer a lot of stress, or poor mental health or domestic abuse are more likely to birth early. Please speak to your midwife or doctor if you need support for any of these matters; we would be very happy to help.

It is also important to report any unusual symptoms to your midwife or doctor. If we can pick up signs of things like early labour, your waters going, vaginal bleeding, urine or other infections quickly, it is more likely that we will be able to prevent things progressing to an early birth.

*You are always free to choose to accept or refuse any appointments, tests or treatments that are offered to you and we are always happy to explain things again if you are unsure or have more questions.*

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For further assistance or to receive this information in a different format, please contact the department which created this leaflet.