Pre-Term Labour Prevention - Summary Clinical Guideline

Reference No.: UHDB/MAT/09:22/C4

Referral pathway for women at risk of preterm birth:

At booking by community midwife:

- Risk assessment to be completed for all women (click here for full AN care guidelines)
- If any preterm risk factor identified for CLC booking by 12 weeks with most appropriate consultant based on risk identified.

At consultant booking:

- Review risk factors
- Define risk as high risk or intermediate risk
- Management pathway as per below to be clearly documented

High risk
☐ Previous spontaneous preterm birth or mid-trimester loss between **16 weeks+0 days & 33 weeks + 6** days weeks gestation ☐ Previous prelabour rupture of membranes prior to 34 weeks ☐ Previous use of cervical cerclage ☐ Known uterine variant (e.g. unicornuate, bicornuate uterus or uterine septum) ☐ Intrauterine adhesions (Ashermann's syndrome) ☐ History of trachelectomy (for cervical cancer)
Intermediate risk
☐ Previous delivery by caesarean section at full dilatation ☐ History of significant cervical excisional event i.e. LLETZ where >10mm depth removed or > 1 LLETZ procedure carried out or cone biopsy (UK Preterm Clinical Network

Pathway and Surveillance:

High Risk	1) Referral to local Preterm prevention clinic or preterm special interest consultant by 12-16 weeks. 2) Further risk assessment based on history +/- examination as appropriate in secondary care with identification of women needing referral to tertiary services. 3) All women to be offered transvaginal cervix scanning as a secondary screening test to more accurately quantify risk **every 2-4 weeks from 16 weeks.**

Intermediate Risk	1) To remain under consultant led care with no need to transfer to Preterm specialist consultants. 2) Further risk assessment based on history +/- examination as appropriate in secondary care with discussions of option of additional screening tests, including: A single transvaginal cervix scan between **18 and 22 weeks as a minimum** Additional use of fetal fibronectin in asymptomatic women can be considered when available

Prophylactic Cervical Cerclage and Prophylactic Vaginal Progesterone

Offer a choice of either prophylactic vaginal progesterone or prophylactic cervical cerclage to women with a history of spontaneous PTB or mid-trimester loss between 16- 34 weeks of pregnancy and in whom a transvaginal ultrasound scan has been carried out between 16-24 weeks of pregnancy that reveals a cervical length of less than 25 mm.

Discuss the risks and benefits of both options with the woman, and make a shared decision on which treatment is most suitable.

Consider prophylactic vaginal progesterone for women who have either: a history of spontaneous PTB (up to 34+0 weeks) or mid-trimester loss (from 16+0 weeks of pregnancy onwards) **or** results from a transvaginal ultrasound scan carried out between 16+0 and 24+0 weeks of pregnancy that show a cervical length of 25 mm or less. When using vaginal progesterone, start treatment between 16-24+0 weeks and continue until at least 34 weeks

Consider prophylactic cervical cerclage for women when results of a transvaginal ultrasound scan carried out between 16- 24 weeks of pregnancy show a cervical length of 25 mm or less, and who have had either:
preterm prelabour rupture of membranes (P-PROM) in a previous pregnancy **or**
a history of cervical trauma.

Contraindications to Cerclage Insertion

- Active preterm labour
- Clinical evidence of chorioamnionitis
- Continuing vaginal bleeding
- PPROM
- Evidence of fetal compromise
- Lethal fetal abnormalities.
- Fetal death.

Rescue' cervical cerclage

Do not offer 'rescue' cervical cerclage to women with: signs of infection or active vaginal bleeding or uterine contractions.

Consider 'rescue' cervical cerclage for women between 16- 27 weeks of pregnancy with a dilated cervix and exposed, un ruptured fetal membranes:
take into account gestational age (being aware that the benefits are likely to be greater for earlier gestations) and the extent of cervical dilatation.

Discuss with a consultant obstetrician and consultant paediatrician.

Explain to women for whom 'rescue' cervical cerclage is being considered (and their family members or carers as appropriate):about the risks of the procedure
that it aims to delay the birth, and so increase the likelihood of the baby surviving and of reducing serious neonatal morbidity.