

Exiting the Preterm Prevention Clinic

Whānau Information

As you have reached 23–24 weeks it is time to be 'promoted' from the clinic

Depending on how your pregnancy has progressed and the overall assessment made by the clinic team, you will be returning to your Lead Maternity Carer for all your ongoing care or you may have some care from an obstetric team.

For most people leaving the clinic we can reassure you that your chance of early birth is now similar to the general population, but here is some information that will be helpful for you to know.

Do I need more cervical length scans?

Cervical scans help us to identify who has a higher chance of spontaneous preterm birth and may benefit from cervical cerclage or progesterone treatment. Evidence for these treatments is based on them being used before 24 weeks to help **prevent** early labour, there is no role for starting them after this time. There is also a natural shortening of the cervix after 24 weeks and so cervical length is less helpful in predicting who will have an early birth, and when. Even with a very short cervix if you have no signs or symptoms of preterm labour (see below), the chance of birth in the following days/week is low and so cervical length does not help to plan treatments that **prepare** for preterm birth.

We therefore **recommend that you do not have any more cervical scans as routine surveillance**. If you have signs and symptoms to suggest that preterm labour has started (see below) and you are still <35 weeks pregnant, a cervical length scan may be helpful to decide if it is likely to be true labour or not.

What if I have been given treatment?

- If you are using vaginal progesterone capsules, continue these until 36 weeks.
- If you have a transvaginal cervical cerclage and are planning a vaginal birth, removal is usually planned at 36 to 37 weeks. If you have signs and symptoms of preterm labour, it may need to be removed earlier.
- If you have a transabdominal cervical cerclage then a caesarean section birth will be planned, usually for 37 to 39 weeks.

The signs and symptoms of preterm labour

- Puku/tummy/abdominal or lower back pain that feels like period pain or comes and goes at regular intervals (contractions)
- Bleeding from the vagina
- Watery fluid from the vagina
- Mucous plug ('show') from the vagina

What should I do if I have signs and symptoms of preterm labour?

For most wāhine/people, these signs and symptoms settle but they may suggest you are going into labour early. We recommend you contact your Lead Maternity Carer (midwife or doctor) as soon as you can. They will arrange for you to be reviewed at the hospital.

Although it is not always possible to stop labour, things can be done to **prepare** to help pēpi survive and be healthy. Depending on your gestation this may include corticosteroid injections and a magnesium sulphate infusion for you and staying in a hospital with the right neonatal intensive care services for your pēpi. These are important in the few days and hours before pēpi is born.

For more information including access to Taonga Tuku Iho (national best practice guide), you can go to the Carosika Collaborative website www.carosikacollaborative.co.nz or use the QR code.



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