Preterm Prevention Clinic

Whānau Information

What is a Preterm Prevention Clinic?

A Preterm Prevention Clinic provides care for wāhine/people with a higher chance of spontaneous preterm birth.

The clinic sees wāhine/people in pregnancy, as well as prior to pregnancy or after a late miscarriage or early preterm birth to plan care for a future pregnancy. The clinic provides close monitoring of pregnancies through mid-pregnancy including treatments that help to reduce the risk of preterm birth.

You have been invited to come to our Preterm Prevention Clinic. You are welcome to bring your partner, whānau members or support person/people with you to your appointments.

Why is preterm birth a concern?

Preterm birth is the birth of a pēpi before 37 weeks (more than three weeks before the due date), and occurs in 7-10% of pregnancies. About half to two thirds of preterm births happen because labour starts, or the waters/membranes break early. This is called spontaneous preterm birth.

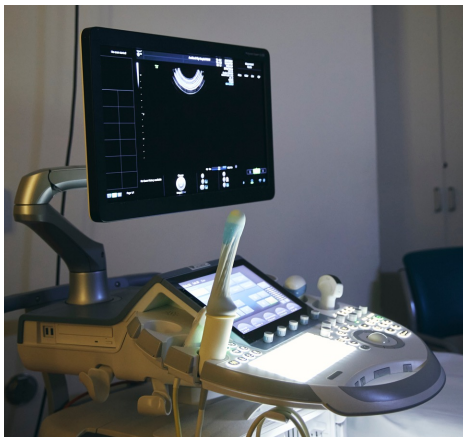
Health and wellbeing issues that may occur for a pēpi born preterm will depend on how early they are born but can be significant and may last throughout their life. All pēpi born preterm will need some extra care. If this is between 34 and 37 weeks they may need to spend a few days or a few weeks in the neonatal intensive care unit or special care baby unit. If birth occurs before 34 weeks, pēpi will need more specialist care and will stay longer in the neonatal intensive care unit. Babies born before 22-23 weeks are too young to survive.

Why have I been referred to the clinic?

You have been referred to the Preterm Prevention Clinic as you have a higher chance of spontaneous preterm birth.

There are many reasons why wāhine/people might have a higher chance, including:

- Previous preterm birth
- Previous late miscarriage after 14 weeks
- Previous surgery to your cervix (LLETZ or cone biopsy)
- Being born with a difference in the shape of the uterus or cervix e.g. subseptate uterus, uterine didelphys
- Multiple (≥3) procedures through the cervix e.g. surgical termination of pregnancy, dilatation and curettage (D&C) or hysteroscopy
- Previous caesarean section when the cervix was fully dilated and/or with a tear through the vagina and/or cervix
- Shortening of the cervix detected by ultrasound in your current pregnancy



Most wāhine/people with these risk factors will have their pēpi born at term (>37 weeks).

However, additional monitoring and when required, treatment, will help to reduce the chance of pēpi being born early.

What can I expect to happen at the first appointment?

This first visit will take approximately 45 minutes. You will see an obstetric doctor and a midwife. The visit will usually include:

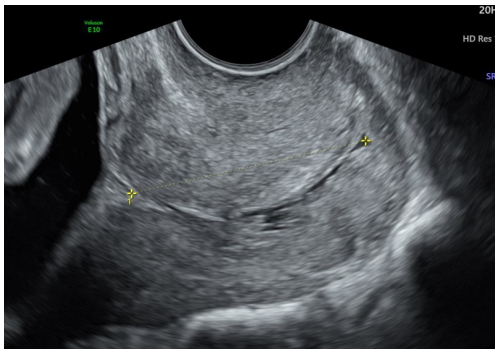
- Answering questions about your history and current health
- Vaginal (internal) examination and swab tests
- Urine sample to check for infection
- Ultrasound examination of your cervix (vaginal, internal scan)
- Information regarding your individualised risk for preterm birth
- Discussion regarding potential treatments that may be required such as: lifestyle advice, regular ultrasound monitoring of your cervix, cervical cerclage (also known as a stitch) and progesterone therapy (medication)
- A plan of care individualised for you.

How is an ultrasound of the cervix performed?

The scan to measure your cervix is a vaginal (internal) scan.

We will ask you to empty your bladder before the scan. During the scan, a transducer is inserted into the vagina so that we can accurately look at and measure the length of your cervix. This scan is very helpful in predicting your chance of preterm birth.

The scan takes about 5 minutes to complete, and most wāhine/ people do not find it uncomfortable.



The normal appearance of a cervix on a transvaginal ultrasound scan

What happens at follow up appointments?

These appointments will take approximately 15 minutes. Depending on your chance of preterm birth, they will be every 2-4 weeks from 16 until 24 weeks and usually include:

- Review of your pregnancy progress
- Ultrasound examination of your cervix (vaginal, internal scan)
- Plan of care including detailed discussion and arrangement of any treatments required
- At your last visit you will be provided with a summary of the ongoing chance of early birth for you and advice on what to do if you experience any signs or symptoms of concern.

Most preterm prevention clinics include a small group of healthcare professionals with a special interest in preterm birth who work together in close communication to provide consistent care. You may see the same doctor and midwife at each visit, or other members of the team.

Following each visit, a report will be sent to your Lead Maternity Carer (midwife or obstetrician) and your family doctor (GP). Your Lead Maternity Carer will continue to care for all other aspects of your pregnancy.

*For more information including access to Taonga Tuku Iho (national best practice guide), you can access the Carosika Collaborative website **www.carosikacollaborative.co.nz** or use the QR code. Other resources to provide whānau information about Preterm Prevention Clinics and preterm birth in general are available on the website. You may also find it helpful to review our Whānau Stories and learn more about others preterm birth journeys, also available on our website.*

CAROSIKA COLLABORATIVE

Preterm birth care across Aotearoa: whānau-centred, equity-driven