

Preterm surveillance clinic



Information for women

This leaflet explains what happens at the specialist clinic, which monitors and treats women who are at a higher risk of spontaneous early preterm (premature) birth.

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check.

Ensuring your safety is our primary concern.

What is the preterm surveillance clinic?

It is a specialist clinic which monitors and treats women who are at a higher risk of spontaneous early preterm (premature) birth (between 24 and 34 weeks of pregnancy) or second trimester miscarriage (pregnancy loss between 14 and 24 weeks of pregnancy).

The clinic is led by a consultant in fetal medicine and obstetrics and has a number of doctors who specialise in preterm surveillance.

Why have I been referred here?

You have one or more risk factors for premature birth or late miscarriage in your current pregnancy. These may include:

- one or more previous preterm deliveries or late miscarriages
- premature rupture of the membranes (bag of waters) in a previous pregnancy
- previous surgery to the cervix (neck of the womb)
- a short cervix found during a scan in this or a previous pregnancy
- an abnormally shaped uterus (womb)
- you have a cervical cerclage (stitch around the neck of your womb).

If you have one or more of these risk factors, it does not necessarily mean you will have a premature birth or second trimester miscarriage.

What does the preterm surveillance clinic do?

It aims to reduce your chance of premature birth or second trimester miscarriage. We look at what happened during your previous pregnancy and the results of the tests you have in the clinic, to find out if you are at high risk of it happening again and whether you are likely to benefit from treatment or interventions.

We will discuss your individual care plan with you at your first visit. We base it on your pregnancy history and the length of your cervix.



The plan includes what may happen if something changes while we are monitoring you.

You have an individual care plan because not all treatments are appropriate or effective for all patients.

We will also provide you with support and reassurance during what may be an anxious time for you.

It is important to understand that while there is evidence to suggest that surveillance and treatment can reduce your risk, unfortunately, not all miscarriages and preterm births can be prevented.

What tests will I have?

We will offer you one or more of these tests or investigations, depending on your risk factors.

- A transvaginal scan, where we put an ultrasound probe into your vagina to measure the length of your cervix, because a short cervix increases your risk of a second trimester miscarriage or premature birth.
- A urine test and/or a vaginal swab (taken using a speculum) to check for infection, because some infections can make a second trimester miscarriage or premature birth more likely.
- A blood test to check for a blood clotting condition which can cause second trimester miscarriage.

Do the tests have any risks?

All of these tests are safe for you and your baby.

When will I get the results?

We will tell you the results of your transvaginal scan straight away. It takes up to one week to get the results of your vaginal swab and urine test. We will phone you if these show you need any treatment.

How often do I need to come to the clinic?

One of our team will discuss this with you at your first visit. But we see most patients about every two weeks between 14 and 24 weeks of pregnancy.

- If the results of the monitoring up until you are 24 weeks pregnant suggest that you are not at high risk of having your baby before 34 weeks, we will discharge you from the clinic. You will then see your midwife or obstetrician for follow-up appointments.
- If you are among the small number of women who remain at high risk, we will continue to monitor you up to 30 weeks of pregnancy.

What treatment will I be offered if I am at high risk of premature birth or late miscarriage?

There are a number of treatments which we may offer you up to 24 weeks of pregnancy. These include one or more of the following:

- cervical cerclage, where a stitch is put around the neck of your womb
- progesterone (hormone) suppositories which you put into your vagina
- antibiotics.

If you are at high risk after 24 weeks of pregnancy, we may offer you steroid injections to help your baby's lungs develop.

If you would like to know more about any of these treatments, please ask a member of team for our information leaflets.



Do I still need to see my midwife, GP or obstetrician while I am coming to this clinic?

Yes. It is very important that you continue your routine antenatal care with your midwife, GP or obstetrician.

Do I have to come to this clinic?

No. It is up to you whether you come. You can continue to have routine pregnancy care from your midwife, obstetrician or GP, but our specialist preterm surveillance team will not be available in the antenatal clinics.

Who can I contact with queries and concerns?

Contact the lead consultant for the clinic or one of the team.

Tel: **020 3299 3246 Option 3**

The Fetal Medicine Research Institute

16-20 Windsor Walk
London SE5 8BB

Your obstetrician or midwife may also be able to answer any questions you have about your treatment.

Where can I get more information?

Royal College of Obstetricians & Gynaecologists

www.rcog.org.uk

National Institute for Health and Care Excellence (NICE)

www.nice.org.uk/guidance/ng25?unlid=10681351820173285455

Research

We carry out research at the clinic to help us improve the care we provide. We explain any research clearly before asking you to take



part. We will also ask for your written consent. You do not have to take part and your care will not be affected by your decision.

Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS:

Tel: **020 3299 3601**

Email: **kch-tr.pals@nhs.net**

You can also contact us by using our online form at

www.kch.nhs.uk/contact/pals

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND

Tel: **01689 863252**

Email: **kch-tr.palskent@nhs.net**

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.