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Standard Operating Procedure for patients attending in Suspected Preterm Labour >23+0 weeks

Introduction and Aim

Preterm birth remains a leading cause of neonatal morbidity and mortality, and timely identification and management of suspected preterm labour is essential to optimise maternal and neonatal outcomes. Traditionally, biochemical testing such as fetal fibronectin (fFN) has supported risk stratification; however, with the discontinuation of fFN testing, there is a need to standardise alternative approaches to assessment and management.

The use of transvaginal cervical length assessment in combination with validated risk prediction tools, such as the Tommy's QUiPP App, provides an evidence-based method to guide clinical decision-making. Implementing a structured pathway can support appropriate use of interventions such as corticosteroids, magnesium sulphate, and in-utero transfer, while reducing unnecessary admissions and interventions.

This standard operating procedure aims to provide a clear, evidence-based framework for the assessment and management of women presenting with suspected preterm labour from 23+0 weeks' gestation within Cardiff and Vale UHB.

Objectives

The purpose of this SOP is to establish a standardised approach for the identification, diagnosis and management of suspected preterm labour in patients with intact membranes, presenting after 23+0 weeks gestation, in accordance with the latest evidence based guidelines, specifically the NICE guideline NG 25: Preterm labour and birth (Nov 2015, updated June 2022) and the All Wales Preterm Birth Guideline (June 2023).

This document will:

- Outline the use of cervical length assessment and the Tommy's QuiPP App to guide risk stratification
- Streamline patient pathways to ensure timely and appropriate management
- Reduce unnecessary admissions and interventions while maintaining patient safety
- Support staff through clear guidance and training requirements to ensure consistent and effective implementation

Scope

This SOP applies to all obstetric healthcare professionals involved in the care of patients in suspected preterm labour, including obstetricians, midwives, sonographers, neonatologists and anaesthetists at University Hospital of Wales, Cardiff.

Equality Health Impact Assessment	<i>An Equality Health Impact Assessment (EHIA) has not been completed.</i>
Documents to read alongside this Procedure	
Approved by	<i>Maternity Professional Forum</i>
Accountable Executive or Clinical Board Director	
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<u>Disclaimer</u> If the review date of this document has passed, please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.	

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National Guidance

Care will be provided in accordance with the most recent version of the following National Guidance, with the exception of the variations outlined below

Title and details of relevant national guidelines

All Wales Preterm Birth Guideline June 2023

<https://wisdom.nhs.wales/all-wales-guidelines/all-wales-guidelines/all-wales-preterm-birth-guideline-2023-pdf1/>

NICE guideline NG 25: Preterm labour and birth (Nov 2015, updated June 2022)

<https://www.nice.org.uk/guidance/ng25>

Variations from National Guidance

Specify any particular sections or recommendations from the National guidance that will NOT be used locally

- **NICE NG25, Section 1.7.5** – relates to the use of fetal fibronectin. This is unavailable in CAVUHB and therefore unable to offer to patients in suspected preterm labour.

CAV Specific Guidance

Since the discontinuation of fetal fibronectin (fFN) testing by Hologic, there has been a gap in the ability to accurately risk stratify women presenting with suspected preterm labour. NICE guidance recommends the use of transvaginal cervical length (TVCL) assessment in conjunction with the Tommy's QUIPP App, to support clinical decision-making.

Accurate risk assessment of women presenting with symptoms of preterm labour and intact membranes is essential to ensure appropriate escalation of care. This enables timely identification of those who require admission and perinatal optimisation, including corticosteroids and magnesium sulphate, while also facilitating the safe discharge of low-risk patients. This approach supports both patient safety and effective use of healthcare resources.

Where indicated, TVCL should be performed by a trained obstetrician or midwife sonographer. To support consistent and efficient patient flow, senior obstetricians are encouraged to develop competency in cervical length scanning. Local training and support will be provided to ensure staff are confident in performing and interpreting TVCL measurements as part of this pathway.

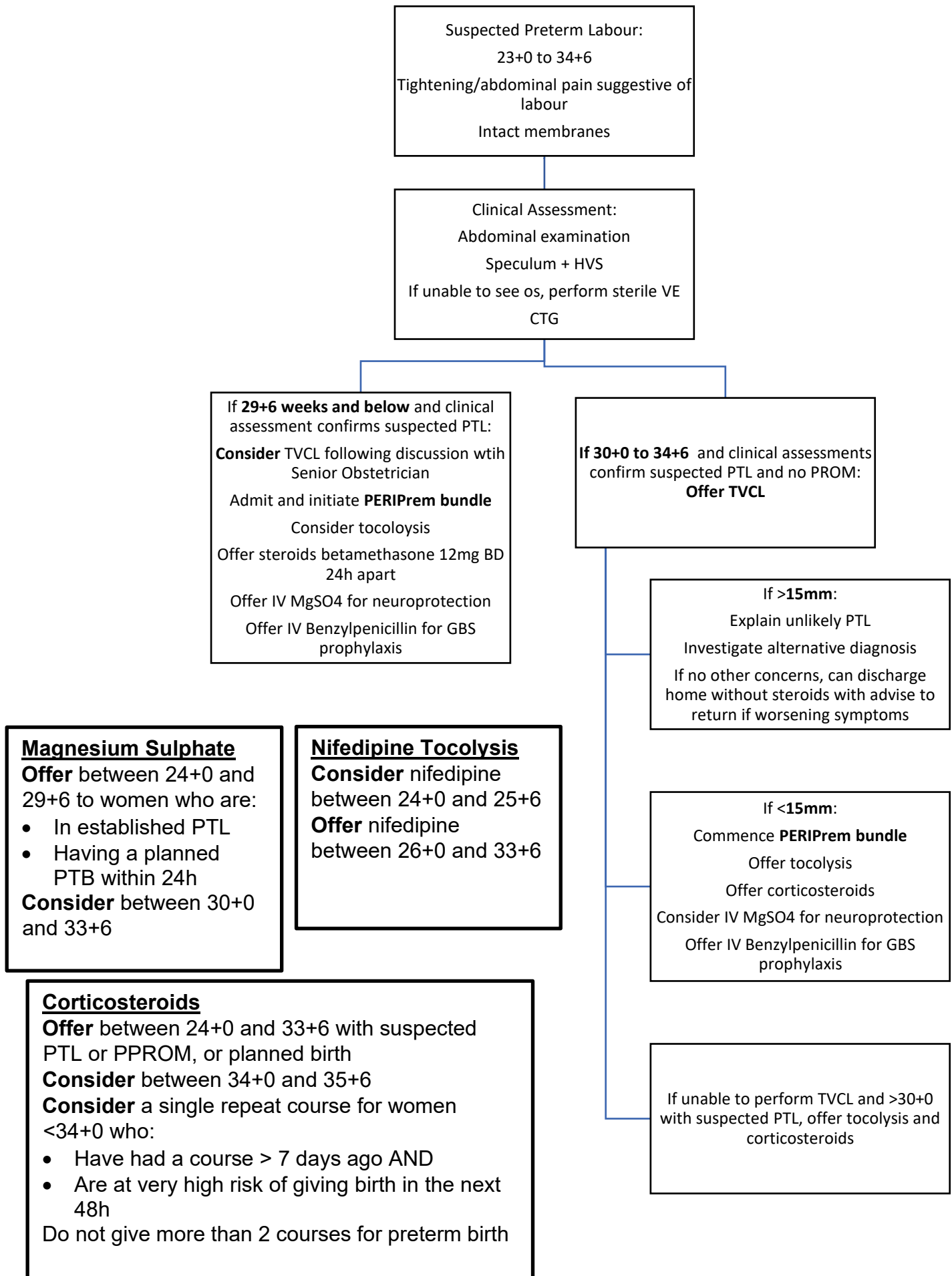
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Stock Management:

Adequate stock levels of Tristel Trio Wipes and sterile transvaginal ultrasound probe covers should be maintained at all times. Designated staff members are responsible for routinely checking stock levels and ordering replacement supplies in a timely manner to prevent shortages. Any low stock levels should be reported promptly to the designated unit lead to ensure timely reordering and prevent stock shortages.

Clinical Area	Responsible Staff	Storage Location
Obstetric Assessment Unit	Amanda Reach, Sue Stephens	Teardrop Suite
Delivery Suite	Libby Cleavelly, Karen Morgan	Treatment Room (opposite Room 5)

Suspected Preterm Labour Pathway



Transvaginal Ultrasound Point-of-Care Test Pathway

Gain patient consent, offer a chaperone and explain need for TVCL

Ask the patient to void for an empty bladder – check urine dip if not done

Ensure the TV probe is cleaned with either 3 step trisital technique and recorded in the book or TROPHON
Use sheath cover with sterile gel

Position the patient semi-recumbent with abducted legs at the end of the bed

Place probe in the anterior fornix

Obtain 3 measurements and choose the shortest technically correct one, allowing for time to observe the cervix over 3 min

Remove probe and assist patient

Use the QuiPP app to help quantify risk

If risk of PTB >5% in the next 7 days, admit for PTB optimisation

If risk of PTB <5% in the next 7 days, can discharge home with advise to return if worsening symptoms

TVCL image checklist:

- ☐ Empty bladder
- ☐ **Essential structures:** inferior bladder border, external os, endocervical canal and mucosa, internal os
- ☐ Both cervical lips the same width
- ☐ Cervix should occupy **50-70%** of screen
- ☐ **Straight line measurement** between internal and external os
- ☐ Document additional findings – funnelling, placental location, membrane separation
- ☐ If there appears to be a collapse or funnel of the internal os, but the length below is >25mm, this is **not funnelling**

After the scan:

- ☐ Ensure all images are **labelled** with the patient's details and accurate EDD.
- ☐ **Store thermal scan images** in the CTG packet in the patient's paper notes, making sure the date and indication are labelled. Ensure the USS machine is plugged in to allow printing.
- ☐ **Document** findings on Badgernet.

Figure 1: How to measure cervical length on TVUS

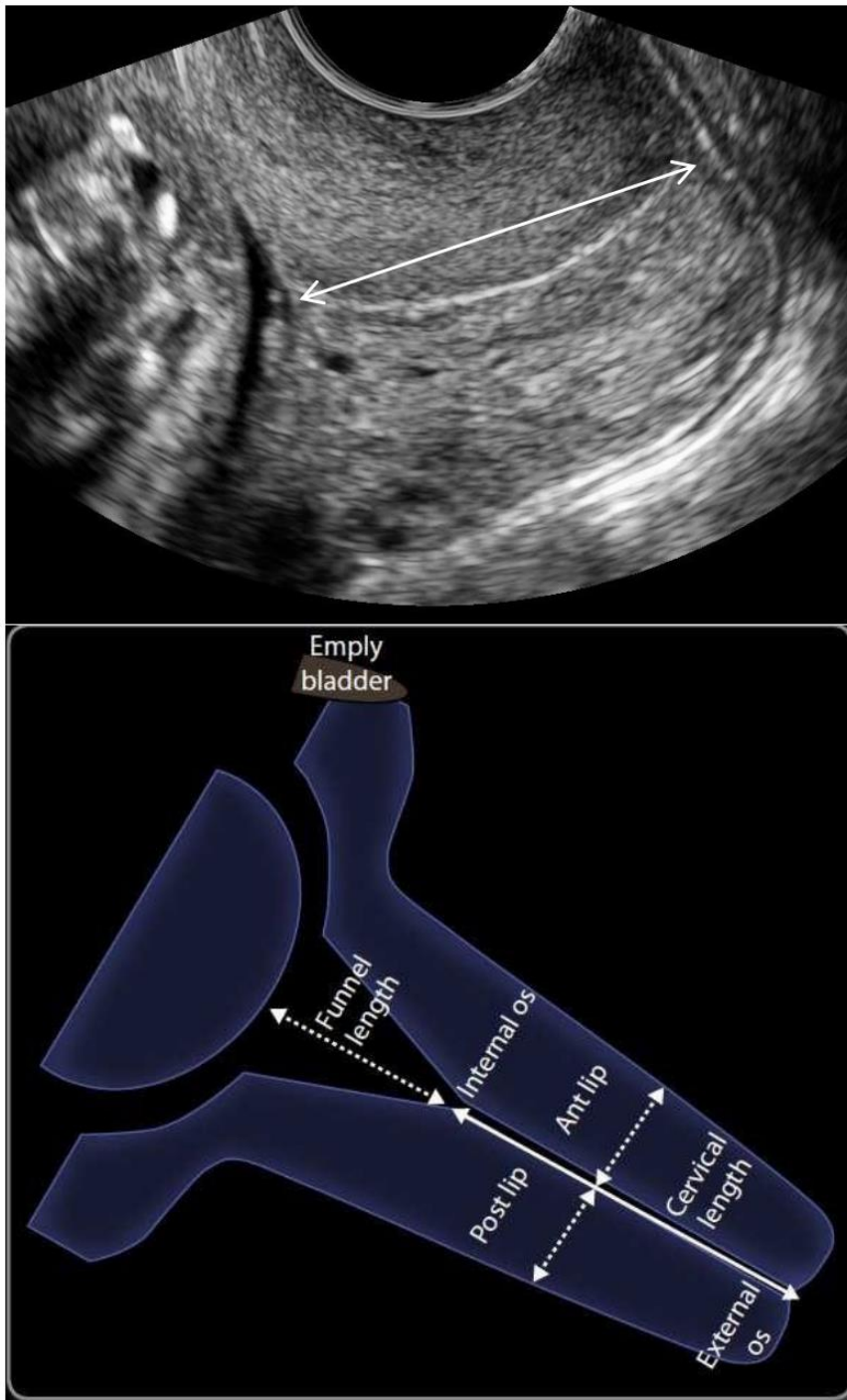


Figure 2: Tristel Trio Wipes System disinfection guide

Tristel Trio[™] Wipes System

A complete solution for high-level disinfection of non-lumened invasive medical devices.



Refer to the User Guide for full instructions.

Notes:

- Always follow hospital protocols and device manufacturers' instructions.
- Disinfect hands and wear appropriate PPE when handling disinfectants and medical devices.
- An initial pre-clean should be performed immediately after medical device use as per hospital protocol.
- Take care not to rub or bend the instrument and pay particular attention to edges, ridges, indentations and areas where different materials connect.
- Prepare for the decontamination process by taking one of each Wipe and the Activator Foam from the box.
- Do not use past the expiry date. For the expiry date and LOT number please see the surface of the carton.
- Do not use if the Wipe sachet is damaged, or the Wipe is discoloured, damaged or dry.
- Remove the sheath/condom and ultrasound gel from the probe with a paper towel and discard to clinical waste.
- Use more Wipes if required to ensure the instrument is visibly clean.
- Keep the Wipe sachets to complete the Tristel Traceability book at the end of the decontamination procedure.
- Discard the used Wipe and gloves in accordance with local regulations.
- For professional use only.



**FOR ENDOCAVITY
ULTRASOUND PROBES**

STEP 1: CLEANING



Remove the Pre-Clean Wipe from its sachet and unfold it in the palm of your hand.

Wipe the probe to remove all visible soil.

Discard the used Wipe and gloves in accordance with local regulations.

Disinfect your hands and put on new gloves.

STEP 2a + 2b: ACTIVATING



Remove the Sporicidal Wipe from its sachet and unfold it in the palm of your hand.

Take the Activator Foam bottle and apply two doses of foam onto the Sporicidal Wipe.

Fold the Sporicidal Wipe in on itself and scrunch together **15 seconds to generate chlorine dioxide.**

Ensure that the Wipe is completely covered in Foam.

Use the activated Wipe immediately.

STEP 2: HIGH-LEVEL DISINFECTING



Wipe the surface of the probe in one movement to cover it with foam, ensuring all areas come into contact with the Wipe.

If required, use a cotton swab to spread the foam into indentations.

Discard the used Wipe in accordance with local regulations.

Observe a minimum contact time of **30 seconds.**

STEP 3: RINSING



Remove the Rinse Wipe from its sachet and unfold it in the palm of your hand.

Wipe the probe to remove excess foam.

Discard the used Wipe in accordance with local regulations.

STEP 4: TRACEABILITY



Refer to the used Wipe sachets and Activator Foam bottle to complete the Tristel Quality Audit Trail Record Book.

Tristel

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References

All Wales Preterm Birth Guideline June 2023

<https://wisdom.nhs.wales/all-wales-guidelines/all-wales-guidelines/all-wales-preterm-birth-guideline-2023-pdf1/>

NICE guideline NG 25: Preterm labour and birth (Nov 2015, updated June 2022)

<https://www.nice.org.uk/guidance/ng25>