All Wales Preterm Birth Guidance

Guideline information

Guideline number: 1241
Classification: Clinical
Supersedes: *Version 1*
Local Safety Standard for Invasive Procedures (LOCSSIP) reference: *N/A*
National Safety Standards for Invasive Procedures (NatSSIPs) standards: *N/A*
Version number: Version 2.0
Date of Equality Impact Assessment: 28/02/2024

Approval information

Approved by: Obstetrics Written Control Documentation Group
Date of approval: 27.8.2026
Date made active: 27.10.2026
Review date: 27.8.2029

Summary of document:
8% of all births will occur before 37 completed weeks of gestation. 70% of these are spontaneous following onset of spontaneous contractions or preterm prelabour rupture of membranes (PPROM). Preterm birth is the biggest cause of neonatal morbidity and mortality in the UK . Most women who present with threatened preterm labour will go on to deliver at term, even in the absence of intervention. It is essential to recognise those women who are at the highest risk in to target interventions to those who will benefit the most, minimising unnecessary treatment.

Scope:
This guideline applies to maternity, neonatal and anaesthetic staff in all locations including those with honorary contracts.

This policy uses the term “women” to reflect that maternity and reproductive care are sex-based health needs. It applies equally to all people who are pregnant or have recently given birth, including trans men and non-binary people. Care must be delivered in an inclusive, respectful and responsive way.

To be read in conjunction with:
British Association of Perinatal Medicine. Perinatal Management of Extreme Preterm Birth before 27 weeks of gestation A BAPM Framework for Practice . February 2026
Extreme_preterm_framework_July_26.pdf (opens in new tab)

NICE (NG25) Preterm labour and birth (opens in new tab)

Patient information: See Appendices.

Owning group: Obstetrics Written Control Documentation Group 27/08/2026

Reviews and updates:
Version 1
Version 2 27/08/2026

Keywords: Preterm Birth, Maternal

Glossary of terms
PPROM - Premature Prelabour Rupture of the Membranes, PERIPrem

Contents

Guideline information....1
Approval information....1
Caveat....4
Preterm Birth Exception Report....4
Screening for Preterm Labour in the Antenatal Booking Clinic – Flowchart....4
Scope....5
All Wales Maternity and Neonatal Guideline....6
PERIPrem Passport....6
Proforma for Immediate Management of unplanned Preterm Labour and Birth (PROMPT)....6
Appendix 1 PERIPrem Cymru Data Clinical Passport....7
Appendix 2. PERIPrem Cymru Baby Passport....11
Appendix 3. PERIPrem Cymru parent information leaflet....13
13
Appendix 4. PERIPrem Cymru parent information (Welsh)....15
15
Appendix 5. Place of Birth in Wales Leaflet (English)....17
Appendix 6 Place of Birth in Wales (Welsh)....19
Appendix 7. Early Maternal Breast Milk....21
Appendix 8. Early Breast Milk in Welsh....24
Appendix 9. Magnesium Sulphate Leaflet (English)....27
Appendix 10.Magnesium Sulphate leaflet (Welsh)....29
Appendix 11. Probiotics for Babies Born Preterm (English)....31
Appendix 12.Magnesium Sulphate Leaflet (Welsh)....33
Appendix 13. Steroids Leaflet....35
35
Appendix 14. Steroids leaflet (Welsh)....37
37
Appendix 15. PERIPrem Element Poster....39
Appendix 16.Immedicate Management of Unplanned Preterm Labour and Birth Proforma.....40

Caveat

Despite the review date of April 2023 on the adopted All Wales Maternity & Neonatal Network Guideline. All Wales Preterm Birth Guidance Version 1, this guideline remains the latest version and is fit for purpose at this time (27/08/2026)

Preterm Birth Exception Report

Preterm Birth

Please note the following exceptions to the guideline that will be supported in Hywel Dda University Health Board

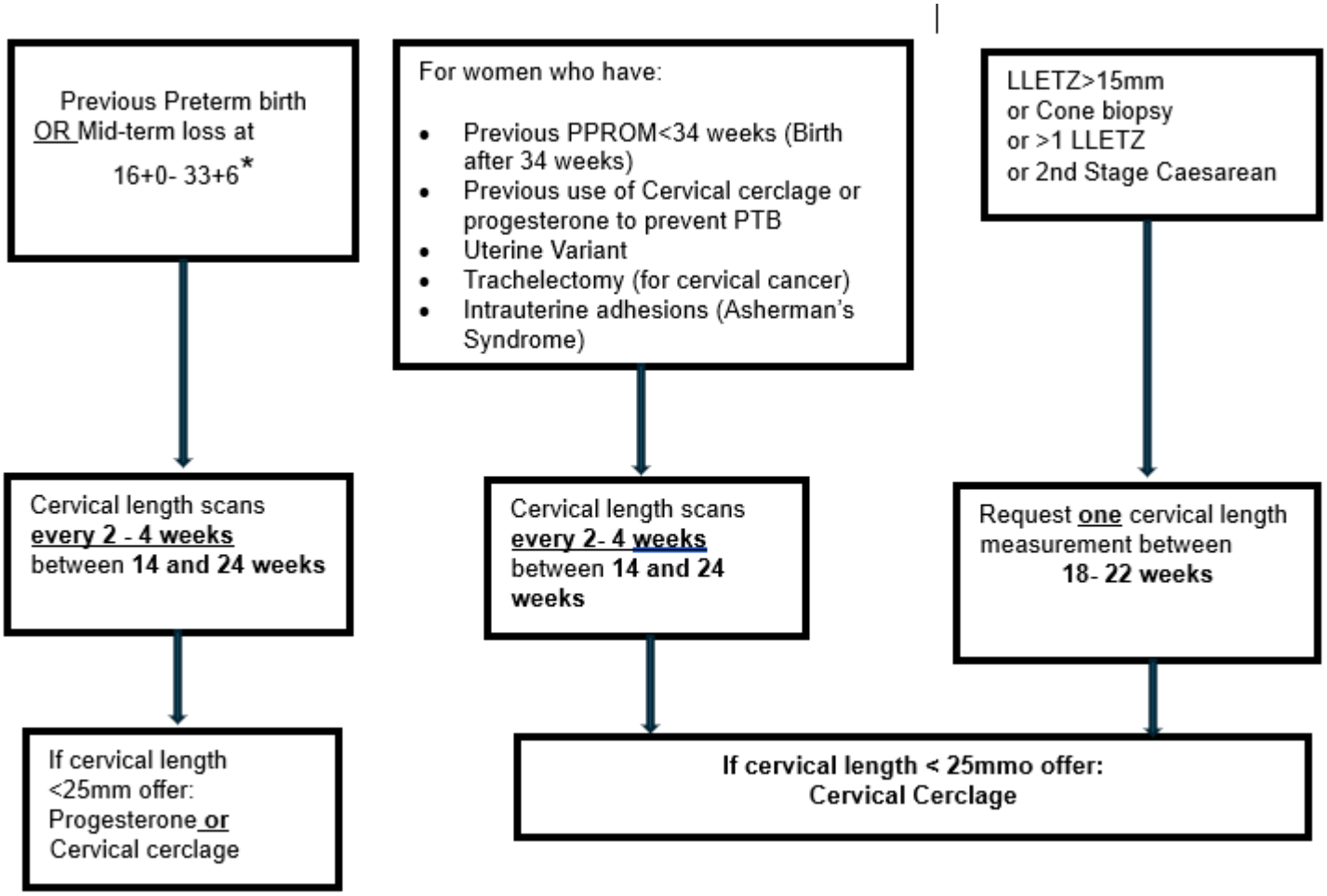
- The Health Board will continue to use PartoSure. PartoSure is a point-of-care test that detects lacental alpha macroglobulin-1 (PAMG-1) in the vaginal secretions of pregnant women. It is intended for use alongside clinical judgement to assess the risk of preterm birth in women with symptoms of preterm labour who have intact membranes. This method of predicting preterm labour is support by: NICE 2018 HTG476: Overview | Biomarker tests to help diagnose preterm labour in women with intact membranes | Guidance | NICE (Opens in new tab)
- The guideline recommends that "fetal growth should be assessed on ultrasound scan fortnightly. Many clinicians will monitor amniotic fluid and umbilical artery Doppler studies weekly, though there is little evidence to support this. Refer to Overview | Antenatal care | Guidance | NICE However, it does provide an opportunity for medical review and assessment for Chorioamnionitis." As this is not supported by evidence and due to the fragility of the sonography department within HDUHB there was a consensus of agreement not to uphold this recommendation, particularly given the paucity of evidence to support the recommendation. For women identified to be at an increased risk of growth restriction, please refer to the 669.Fetal Growth Surveillance Health Board guideline. (0pens in new tab)
- **Antenatal Corticosteroids**
  Women who require antenatal corticosteroids in HDdUHB will be prescribed Dexamethasone base 9.9mg IM, (which equates to Dexamethasone phosphate 12.0mg as first line option, TWO doses to be given 24 hours apart.
  Betamethasone can be considered as second line if dexamethasone is unsuitable

Screening for Preterm Labour in the Antenatal Booking Clinic – Flowchart

Screening for preterm labour in the antenatal booking clinic – flowchart

Assessment and planning of care for these women to prevent neonatal morbidity and mortality should

be optimised if at all possible.



* In this group you can consider prophylactic vaginal progesterone even if the scan showed normal cervical length.

Incidental finding of short cervix with no risk factors is not an indication for cerclage but prophylactic progesterone can be considered.

NOTE> Women who have had a pregnancy ≥34 weeks without intervention after these risk factors **will not** require cervical screening.

Scope

This guideline applies maternity, neonatal and anaesthetic staff in all locations including those with honorary contracts.
The following guidance ,

All Wales Maternity and Neonatal Guideline

All Wales Preterm Birth Guidance (opens in a new tab)

PERIPrem Passport

PERIPrem Bundle paperwork to be used for all women who are risk of preterm birth before 34 weeks - See appendices: 1 - 15

Proforma for Immediate Management of unplanned Preterm Labour and Birth (PROMPT)

The Immediate Management of unplanned Preterm Labour and Birth (PROMPT) Proforma to be utilised when caring for Preterm pregnancy (when proforma completed store in woman's folder)
See Appendix 16.

Appendix 1 PERIPrem Cymru Data Clinical Passport

Page 1.

PERIPrem Cymru Data Passport

This PERIPrem Cymru (Perinatal Excellence to Reduce Injury in Premature Birth Cymru) passport must be completed for all women at risk of birth before 34 weeks' gestation and should accompany each baby on admission to neonatal care.

Have you given parents the 'Our PERIPrem Cymru Passport'? Y ☐ N ☐

Maternal Details
Name:
DOB:
Hosp No:
NHS No:
Or patient sticker here

Booking Hospital:
Hospital of Birth :

Baby Details (one passport per baby)
Name :
NHS No :
Time of birth: _ _ : _ _ Type of birth:
Gestation: /40
Birth weight: g
Apgars: @1 @5 @10
Time of admission to NNU: _ _ : _ _

1. Place of Birth:

Aim:
Babies should be born in an appropriate centre for their weight and gestation.
Refer to Place of Birth Poster



Born in a maternity centre with the appropriate designation of neonatal unit?

Y ☐ N ☐

If not, why was intrauterine transfer not achieved?

2. Antenatal Steroids:



Aim: Women giving birth before 34 weeks should receive a full course of steroids no longer than 7 days prior to birth

Full course of antenatal steroids (2 doses 12-24hrs apart)?

Y ☐ N ☐

First dose: Date: / / Time: :

Last dose: Date: / / Time: :

If a full course of optimally timed steroids was not achieved, why?

3. Antenatal Magnesium



Aim:
Women giving birth before 30 weeks should receive a loading dose and ideally a 4 hour infusion, in the 24 hours prior to birth

Loading dose given? Y ☐ N ☐ N/A ☐

Date : / / Time: :

Was a 4-hour infusion given within 24 hours prior to birth?

Y ☐ N ☐ Time maintenance infusion started: :

If Magnesium was not given, why?

Page 2

4. Antibiotic Prophylaxis



Aim:
Women in established preterm labour and or having caesarean birth with PPROM should receive intrapartum antibiotic prophylaxis to prevent early onset GBS infection

Required? Y ☐ N ☐

First dose: Date: / / Time: :

Given more than 4hrs before birth? Y ☐ N ☐

If no antibiotic prophylaxis given or antibiotic given within 4h, why?

5a. Early Maternal Breast Milk (MBM) (antenatal info)



Aim:
Women at risk of preterm birth should receive information about the importance of breast milk and be supported to express antenatally where appropriate.

Women counselled antenatally re. benefits of early MBM and & frequent expressing, including written information?

Y ☐ N ☐

If not, why?

Expression started: Date : / / Time: :

Colostrum obtained: Date : / / Time: :

6. Optimal Cord Management (OCM)



Aim:
The cord should be left intact for at least 1 minute after birth.

Was the cord left intact for at least one minute after birth?

Y ☐ N ☐

Time of OCM: _____minutes _____seconds

If no OCM, why?

7. Thermo Regulation



Aim:
Babies should have an admission temperature taken within one hour and this should be between 36.5-37.5C

Admission Temp between 36.5°C to 37.5°C ?

Y ☐ N ☐

Admission Temp: °C

If normothermia was not achieved, why?

5b. Early Maternal Breast Milk (MBM)



Aim:

All mothers should be supported to express antenatally and/or within 2 hours of birth.

All babies should receive early maternal breast milk within 6 hours of birth.

Mother helped to express within 2h of birth?

Y ☐ N ☐

First expressed postnatally: Date : / / Time: :

MBM given to baby: Date : / / Time: :

If MBM not given to baby within first 6h, why?

First mother-baby skin-to-skin: Date : / / Time: :

8. Respiratory Management:



Aim:
If invasive ventilation is required, Volume Targeted Ventilation (VTV) should be used to reduce lung injury.

Preterm babies should be stabilised on non-invasive breathing support where possible.

Was a trial of CPAP offered in the delivery room?

Y ☐ N ☐

Did baby require intubation and mechanical ventilation in the first 24 hours?

Y ☐ N ☐

Was VTV/VG ventilation used?

Y ☐ N ☐ N/A ☐

If VTV/VG not used, why?

9. Caffeine:



Aim:

Caffeine should be given to babies born <30 weeks and/or <1500g within 24 hours of birth.

Consider giving to babies born <34 weeks if requiring breathing support.

Given within first 24 hours of life

Y ☐ N ☐ N/A ☐

Loading dose given at: Date : / / Time: :

If Caffeine is not given within 24 hours, why?

10. Probiotics:



Aim:

A probiotic should be given to babies born <32 weeks and/or <1500g in the first 24 hours of life.

Was a probiotic given in the first 24 hours of life?

Y ☐ N ☐ N/A ☐ Date : / / Time: :

If not given, why?

'Pob Babi, Bob Tro' 'Every Baby, Every Time'

This passport has been modified with kind permission from PERIPrem.

ADDITIONAL NOTES

Appendix 2. PERIPrem Cymru Baby Passport

Page 1

Our PERIPrem Cymru Passport

Llywodraeth Cymru
Welsh Government

PERIPrem Cymru (Perinatal Excellence to Reduce Injury in Premature Birth Cymru) is a package of care to give premature babies born less than 34 weeks in Wales the best chance at birth and protect their brain. Every baby is unique and every baby's entrance into this world is different. Some measures on this list may not be possible.

This is a parent held passport, please talk to your midwife or doctors to explore this.

Place of Birth

(babies born early or small sometimes need to be born in a more specialist unit. Speak to your doctor to find out if this is the case for you)



I am at the optimal hospital in case my baby(ies) needs to be born early.

I am aware that I might have to be moved to another hospital and if this isn't possible then my baby(ies) might need to be moved to another hospital after they're born.

Not Possible ○ In Progress ○ Complete ○

Antenatal Steroids

(for all babies born before 34 weeks)



I have been given a full course of steroids to help prepare my baby(ies) for being born early.

Not Possible ○ In Progress ○ Complete ○

Antenatal Magnesium Sulphate

(for all babies born before 30 weeks)



I have been given Magnesium Sulphate to protect my baby(ies) brain.

Not Possible ○ In Progress ○ Complete ○

Early Maternal Breast Milk

(for all babies)



I have been shown how to express breast milk so that it can be given to my baby(ies) within 6 hours of birth. Skin-to-skin with my baby will be possible as soon as it is safe.

Not Possible ○ In Progress ○ Complete ○

'Pob Babi, Bob Tro' 'Every Baby, Every Time'

This resource has been modified with kind permission from PERIPrem.

Page 1/3

Our PERIPrem Cymru Passport

Llywodraeth Cymru
Welsh Government

Antibiotics Before Birth

(for all babies born before 34 weeks where needed)



I have been given antibiotics to reduce the chance of my baby(ies) developing an infection called Group B Strep, 4 hours before my baby(ies) is born.

Not applicable ○ Not Possible ○ Complete ○

Optimal Cord Management

(for all babies)



After my baby(ies) was born, the team waited at least a minute before clamping the cord, to support my baby to be born safely and receive extra blood from the placenta.

Not Possible ○ Complete ○

Thermo Regulation

(for all babies)



My baby(ies) temperature has been kept in the expected range after birth.

Not Possible ○ Complete ○

Respiratory Management

(for babies born before 34 weeks who need a breathing tube)



If my baby(ies) has needed a breathing tube, a special ventilator setting has been used to protect their lungs.

Not Possible ○ Complete ○

Caffeine

(for babies born before 30 weeks or who weigh less than 1500g)



My baby(ies) has been given caffeine to protect their brain and help their breathing.

Sometimes this is given to babies less than 34 weeks.

Not Possible ○ Complete ○

Probiotics

(for babies born before 32 weeks or who weigh less than 1500g)



My baby(ies) has been given a probiotic containing friendly bacteria to help protect their gut.

Not Possible ○ Complete ○

Having a baby(ies) born early can be unexpected and overwhelming.
Please discuss this passport with your care team.
We are here to support you, your baby(ies) and your family.

'Pob Babi, Bob Tro' **'Every Baby, Every Time'**

This resource has been modified with kind permission from PERIPrem.

Page 2/3

Appendix 3. PERIPrem Cymru parent information leaflet

Page 1 and 4



Page 2 and 3

AFTER YOUR BABY IS BORN

The Maternity and Neonatal Team will

Element 6: Wait at least a minute before **clamping the cord** so they can receive extra blood from the placenta.

Element 7: Try to keep your **baby warm** and will help you to have skin-to-skin as soon as it is safe.

Element 8: Help to **protect your baby's lungs** if they need a breathing tube by using a special ventilator setting.

WHAT MIGHT YOUR BABY RECEIVE

Element 9: If born before 32 weeks gestation or weighing less than 1500g (3.3lb), **Caffeine** will help to protect their lungs and help their breathing.

Element 10: Probiotics (a friendly bacteria) will help to protect their gut.

On your baby's arrival, you should receive a PERIPrem Cymru Passport, if you don't, ask your midwife. This is for you to record the 1st hours and days of your baby's journey.

Our PERIPrem Cymru Passport

Every year in Wales around 2,700 babies are born early. This can happen due to medical reasons or complications of pregnancy, and on occasions the reason cannot be explained.

Going into labour early has its risks especially before 34 weeks. PERIPrem Cymru is a package of care given to babies born at or before 34 weeks, to give them the best chance at birth and protect their brain.

There are 10 elements to this package, some you will receive before your baby is born and some for your baby once they arrive.

Element 1: Babies likely to be born early or small may need to be cared for in a different hospital than you planned. If it is safe you will be moved before the birth but if this is not possible, your baby will be moved in a special baby ambulance.

WHAT MIGHT YOU RECEIVE

Element 2: If your baby is less than 30 weeks **magnesium sulphate** will help to protect their brain.

Elements 3&4: If born less than 34 weeks **antibiotics** will reduce their chance of infection and **steroids** will help lower the chances of your baby experiencing common complications linked to being born early

Element 5: Information on the benefits of Early maternal breast milk.

Appendix 4. PERIPrem Cymru parent information (Welsh)

Page 1 and 4.



Bob blwyddyn yng Nghymru mae tua 500 o fabanod yn cael eu geni ar ôl llai na 34 wythnos yn y groth, sef 2% o gyfanswm y genedigaethau yng Nghymru. Gall hyn ddigwydd oherwydd rhesymau meddygol neu gymhlethdodau yn ystod beichiogrwydd, ac ar adegau nid oes modd esbonio'r rheswm.

Mae risgiau ynghlwm wrth esgor yn gynnar yn enwedig cyn 34 wythnos. Mae PERIPrem Cymru yn becyn gofal a roddir i fabanod sy'n cael eu geni ar neu cyn 34 wythnos, er mwyn rhoi'r cyfle gorau iddynt ar enedigaeth ac amddiffyn eu hymennydd.

Mae 10 elfen i'r pecyn hwn, rhai y byddwch yn eu derbyn cyn i'ch babi gael ei eni a rhai ar gyfer eich babi ar ôl iddo gyrraedd.

Elfen 1: Mae'n bosibl y bydd angen gofalu am fabanod sy'n debygol o gael eu geni'n gynnar neu'n fach mewn ysbyty gwahanol i'r hyn a fwriadwyd gennych er mwyn cael gofal arbenigol. Os yw'n ddiogel, cewch eich symud cyn yr enedigaeth ond os nad yw hyn yn bosibl, caiff eich babi ei symud mewn ambiwlans sy'n arbennig ar gyfer babanod.

Beth allech chi ei gael

Elfen 2: Os yw eich babi yn cael ei eni ar ôl llai na 30 wythnos yn y groth, bydd **magnesiwm sylffad** yn helpu i amddiffyn ei ymennydd.

Elfennau 3 a 4: Os caiff ei eni ar ôl llai na 30 wythnos yn y groth, bydd **gwrthfiotigau'n** lleihau ei siawns o haint a bydd **steroidau'n** helpu i leihau'r tebygolrwydd y bydd eich babi'n profi cymhlethdodau cyffredin sy'n gysylltiedig â chael ei eni'n gynnar.

Elfen 5: Gwybodaeth am fanteision llaeth Cynnar o fron y fam.

Cyfeiriwch at y cod QR ar gefn y daflen hon am ragor o wybodaeth.

Ar ôl Geni Eich Babi

Bydd y Tîm Mamolaeth a Newyddenedigol yn:

Elfen 6: Aros am o leiaf funud cyn **clampio'r llinyn bogail** i'r babi gael gwaed ychwanegol o'r brych.

Elfen 7: Ceisio cadw eich **babi yn gynnes** a byddant yn eich helpu i gael cysylltiad croen wrth groen cyn gynted ag y bydd yn ddiogel.

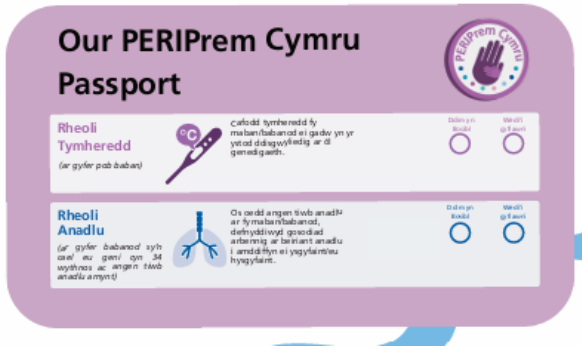
Elfen 8: Helpu i **amddiffyn ysgyfaint eich babi** os oes angen tiwb anadlu arno trwy ddefnyddio gosodiad peiriant anadlu arbennig.

Beth allai eich Babi ei Gael

Elfen 9: Os caiff eich babi ei eni cyn 32 wythnos o feichiogrwydd neu os yw'n pwyso llai na 1500g (3.3 pwys), bydd **caffein** yn helpu i amddiffyn ei ymennydd a'i ysgyfaint ac yn helpu gyda'i anadlu.

Elfen 10: Bydd Probiotegau (bacteria cyfeillgar) yn helpu i amddiffyn y perfedd.

Pan fydd eich babi'n cyrraedd, dylech gael Pasbort PERIPrem Cymru. Os nad ydych yn ei gael, gofynnwch i'ch bydwraig. Mae hyn er mwyn i chi gofnodi oriau a dyddiau cyntaf taith eich babi.



Appendix 5. Place of Birth in Wales Leaflet (English)

Page 2 and 3

IF IT IS SAFE FOR TRANSFER BEFORE MY BABY IS BORN, WHERE CAN I EXPECT MY BABY TO BE BORN PREMATURELY IN WALES?

If I am less than 27 weeks we aim for baby to be born in: A tertiary NICU in South Wales **(labelled with blue badge)** or in the nearest NICU in England from North Wales, such as, Arrowe Park Hospital on the Wirral, or Liverpool Womens' Hospital

If I am between 27-31 weeks we aim for baby to be born in: A tertiary NICU in South Wales **(labelled with blue badge)** or in the SubRegional Neonatal Intensive Care Centre (SuRNICC) in North Wales **(labelled with blue badge).**

This also applies if I am carrying more than one baby if I am giving birth before 34 weeks. (Note this doesn't apply in North Wales)

If I am carrying one baby at 32 weeks or more we aim for baby to be born in: Any of the 10 baby units in Wales depicted by the PERIPrem Cymru logo's on the map.

WHY IS PLACE OF BIRTH IMPORTANT FOR BABIES BORN PRETERM?

The best place for babies born very preterm to receive intensive care is in a tertiary neonatal unit also known as a Neonatal Intensive Care Unit (or NICU for short). NICU teams routinely care for very small and/or very sick babies.

Evidence from England tells us that babies born less than 28 weeks gestation have lower rates of survival if they are born in a hospital without a NICU and higher risks of brain injury if they need subsequent transfer to a NICU in the first 48 hours. There is recent evidence from Australia that babies born less than 32 weeks gestation may face similar risks.

WHERE IS THE CORRECT PLACE FOR MY BABY TO BE BORN PREMATURELY IN WALES?

The best place for your baby to be born prematurely in Wales is wherever the safest place is. You should always go to the nearest hospital with a maternity unit if you are pregnant and you are concerned your baby may be born early. The team can then give you advice on the best place for your baby to deliver for the safety of you and your baby.

Appendix 6 Place of Birth in Wales (Welsh)

Page 1 and 4.

Page 2 and 3

2

Ar gyfer pwy mae'r daflen hon?

Mae'r wybodaeth hon ar gyfer rhieni a allai fod angen rhoi genedigaeth i'w babi/babanod cynamserol **cyn 34 wythnos o feichiogrwydd.**

Pam mae man geni yn bwysig i fabanod sy'n cael eu geni'n gynamserol?

Y lle gorau i fabanod sy'n cael eu geni'n gynamserol i dderbyn gofal yw mewn uned newyddenedigol drydyddol a elwir hefyd yn Uned Gofal Dwys i'r Newydd-anedig (neu NICU yn fyr). Mae timau NICU yn gofalu am fabanod bach iawn a/neu sâl iawn fel mater o drefn.

Mae babanod a enir ar ôl llai na 27 wythnos o feichiogrwydd (28 wythnos os yw'n feichiogrwydd gefeilliaid neu dripledi) yn fwy tebygol o oroesi ac yn llai tebygol o brofi anaf i'r ymennydd os cânt eu geni mewn ysbyty ag NICU, ac nid oes angen eu trosglwyddo'n fuan ar ôl genedigaeth.

Ble mae'r lle gorau i fy mabi gael ei eni'n gynamserol yng Nghymru?

Os ydych yn pryderu y gallai eich babi gael ei eni'n gynnar, dylech fynd i'r ysbyty agosaf sydd ag uned famolaeth. Yna gall y tîm roi cyngor i chi ar y lle gorau i'ch babi gael ei eni er eich diogelwch chi a'ch babi. Lle bo modd, dylai babanod cynamserol iawn (ar ôl llai na 32 wythnos o feichiogrwydd) gael eu geni mewn canolfan gydag NICU neu SuRNICC (Canolfan Is-ranbarthol ar gyfer Gofal Dwys i'r Newydd-anedig).

3

Where can you expect your preterm baby to be born in Wales?

Wythnosau o Feichiogrwydd	Gogledd Cymru	De Cymru
Llai na 27 Wythnos.	Mae'r NICUs agosaf yn Ysbyty Arrowe Park neu Ysbyty Menywod Lerpwl. Gall babanod gael eu geni yn yr SuRNICC (Ysbyty Glan Clwyd) yng Ngogledd Cymru ar ôl 26 wythnos o feichiogrwydd ac uwch.	Yn un o'r 3 NICU yn Ysbyty Singleton yn Abertawe, Ysbyty Athrofaol Cymru yng Nghaerdydd ac Ysbyty'r Faenor yng Nghwmbrân.
27-31(+6) wythnos o feichiogrwydd.	SuRNICC (fel uchod).	NICU (fel uchod).
32 - 34 wythnos o feichiogrwydd.	SuRNICC (fel uchod) neu Ysbyty Gwynedd, Ysbyty Maelor Wrecsam.	NICU (fel uchod) neu Ysbyty Cyffredinol Glangwili, Ysbyty'r Tywysog Siarl, Ysbyty Tywysoges Cymru.

Os ydych chi'n feichiog â gefeilliaid neu dripledi ac yn feichiog am lai na 34 wythnos, mae'n fwy tebygol y bydd angen i'ch babanod gael eu geni mewn canolfan sydd ag NICU neu SuRNICC wedi'u cydleoli. Trafodwch hyn gyda'ch tîm gofal.

Allwedd y Map

Canolfan famolaeth sydd ag NICU / SuRNICC wedi'u cydleoli

Canolfan famolaeth gydag uned babanod, ond nid NICU/SuRNICC wedi'u cydleoli

Appendix 7. Early Maternal Breast Milk

Page 1.



Providing breast milk for your baby

If your baby is born prematurely you will be encouraged to express milk for them very soon after birth.

Whilst this can be overwhelming and a lot for you to process, the midwives, nurses and feeding specialists will be on hand to talk to you and help you with expressing, storing and delivering your breast milk to your baby. This leaflet is designed to share some of the science behind the benefits of breast milk for preterm babies.

When can I start expressing breast milk for my baby?

Although you may give birth early, your body will still be able to make breast milk, but your breasts will need the stimulation of regular expressing to start and maintain breast milk production.

Expressing before your baby is born

You can start expressing breast milk for your baby even before they are born. You must discuss this with your doctor or midwife before you start as **antenatal expressing should only be done once it is certain that you will give birth to your baby in the next few hours**.

You can discuss this with the obstetric and midwifery team to support your decision.

- Antenatal expressing can be done by hand or by pump. Expressing encourages your breasts to have milk available at birth. This would mean your breast milk can be one of the first (and most important) treatments your baby receives.



Expressing after your baby is born

- Evidence shows that if you can **express within the first 1 – 2 hours after giving birth**, your milk volumes will be over double by 7 days (compared to if you wait until later than 2 hours after giving birth), and this difference continues until at least 4 weeks.

Frequency of expressing:

- When it is possible having as much skin to skin contact with your baby will help with milk production.
- Aim to express **8 to 10 times in every 24 hours**; Staff can help with both hand expressing and using the pump.
- **Night time expressing** is important because that is when the hormone receptors are most ready to stimulate milk production. Although challenging it will help with establishing your supply. You may need to set an alarm as expressing in the night is important to help stimulate milk production.
- It may seem frustrating when very little milk comes out initially, but this stimulation will be important to get breast milk production established. **Every drop of breast milk counts and gives your baby important nutrients.**

Increasing breast milk supply:

Sometimes, despite regular expressing, your milk supply may start to fall. Feel free to talk to us about this, but there are also things we recommended you do to help increase your breast milk supply:

- Increasing the amount of contact and skin to skin you have with your baby (Staff will support you with this).
- Expressing near your baby, thinking about your baby, and looking at photos of your baby while you express.
- Exchanging a muslin cloth or item of clothing with your baby that has been near you. They will be comforted by your smell and you can touch and smell something that your baby has been close to when you are expressing.
- Looking after yourself by staying hydrated, eating well and getting rest when you can.
- Increasing the frequency of expressing attempts: try hand expressing and using the pump.
- Checking you have a good fit with the pump. There are different size shields available and you can ask one of the staff to help you check you have the right one.

Donor breast milk

Your fresh breast milk is the most important nutrient to give to protect premature babies. Where possible, we avoid giving formula for premature or very low birth weight as it can increase the risk of a very serious gut complication (Necrotising EnteroColitis (NEC)), as well as eye and lung problems. We will do everything we can to support you to produce your own breast milk to give to your baby, but when necessary, for example while your milk volume is increasing, with your agreement we will offer Donor Breast Milk for all babies <32 weeks gestation or under 1.5kg. Donor Breast Milk is a highly regulated, pasteurised product obtained from a breast milk bank.

If you require further support with feeding please ask your midwife or baby's nurse to contact your local Infant Feeding Specialists.

GIG CYMRU NHS WALES

Llywodraeth Cymru
Welsh Government

Appendix 8. Early Breast Milk in Welsh

Page 1.

Llaeth y Fron
Cynnar y Fam

Dengys tystiolaeth mai llaeth ffres y fron y fam* yw'r maeth pwysicaf a'r mwyaf effeithiol sydd ar gael ar gyfer babanod cynamserol.



Mae gan eich llaeth y fron ran hanfodol i'w chwarae o ran amddiffyn perfedd eich babi cynamserol rhag enterocolitis sy'n peri necrosis, cyflwr difrifol y berfedd sydd, yn anffodus, mewn rhai achosion, yn medru arwain at farwolaeth.
Mae hefyd yn helpu ei ymennydd, ei system imiwnedd, ei lygaid a'i ysgyfaint. Ar gyfer babanod cynamserol, mae llaeth y fron yn gysylltiedig â datblygiad gwell wrth i'r babi dyfu (mae datblygiad yn cynnwys sgiliau fel cerdded, cydsymud, lleferydd).

Mae pob diferyn yn cyfrif

Mae pob mililitr o laeth y fron y fam yn cael dylanwad cadarnhaol ar ganlyniadau babanod cynamserol.

Mae pob babi, ni waeth pa mor gynnar na pha mor sâl, yn gallu derbyn colostrwm ei fam (llaeth cynnar arbennig y fron) i'w cegau.

Mae eich llaeth y fron wedi'i gynllunio'n benodol ar gyfer eich babi o ran maeth, yr iechyd perfedd gorau ac imiwnedd.

*Mae'r geiriau mam a mamau wedi'u defnyddio drwy gydol y daflen hon gan mai dyma'r ffordd y bydd y mwyafrif o'r rhai sy'n feichiog ac yn cael babi yn uniaethu. At ddibenion y daflen hon, mae'r term hwn yn cynnwys merched. Mae hefyd yn cynnwys pobl nad yw eu hunaniaeth o ran rhywedd yn cyfateb i'w rhyw genedigol neu bobl a all fod â hunaniaeth anneuaidd. (nmc.org.uk: safonau-hyfedredd-ar-gyfer-bydwragedd.pdf)

Darparu llaeth y fron i'ch babi

Os caiff eich babi ei eni cyn amser, fe'ch anogir i dynnu llaeth iddo yn fuan iawn ar ôl ei eni.

Er y gall hyn fod yn llethol ac yn dipyn i ymdopi ag ef, bydd y bydwragedd, y nyrsys a'r arbenigwyr bwydo wrth law i siarad â chi a'ch helpu i dynnu, storio a rhoi llaeth y fron i'ch babi. Mae'r daflen hon wedi'i llunio i rannu rhywfaint o'r wyddoniaeth y tu ôl i fuddion llaeth y fron ar gyfer babanod cynamserol.

Pryd allaf ddechrau tynnu llaeth y fron ar gyfer fy mabi?

Er y gallech roi genedigaeth yn gynnar, bydd eich corff yn dal i allu gwneud llaeth y fron, ond bydd angen i'ch bronnau gael eu hysgogi drwy dynnu llaeth yn rheolaidd er mwyn dechrau cynhyrchu a pharhau i gynhyrchu llaeth y fron.

Tynnu llaeth cyn i'ch babi gael ei eni

Gallwch ddechrau tynnu llaeth y fron i'ch babi cyn iddo gael ei eni hyd yn oed. Rhaid i chi drafod hyn gyda'ch meddyg neu'ch bydwraig cyn i chi ddechrau gan **mai dim ond pan fyddwch yn sicr y byddwch yn rhoi genedigaeth i'ch babi yn yr ychydig oriau nesaf y dylech dynnu llaeth cyn rhoi genedigaeth**.

Gallwch drafod hyn gyda'r tîm obstetrig a bydwreigiaeth i gefnogi'ch penderfyniad.

- Gellir tynnu llaeth cyn rhoi genedigaeth â llaw neu gan ddefnyddio pwmp. Mae tynnu llaeth yn ysgogi eich bronnau fel bod llaeth ar gael ar adeg genedigaeth. Byddai hyn yn golygu y gall eich llaeth y fron fod yn un o'r triniaethau cyntaf (a phwysicaf) y mae eich babi yn eu cael.



Tynnu ar ôl i'ch babi gael ei eni

- Mae tystiolaeth yn dangos os gallwch **dynnu llaeth o fewn yr awr neu ddwy gyntaf ar ôl rhoi genedigaeth**, bydd eich cyfaint llaeth ddwywaith yn fwy ymhen saith diwrnod (o gymharu â phe baech yn aros am gyfnod hwy na dwy awr ar ôl rhoi genedigaeth), ac mae'r gwahaniaeth hwn yn parhau am o leiaf pedair wythnos.

Amlder tynnu llaeth:

- Pan fo'n bosibl, bydd cael cymaint o gyswllt croen wrth groen â'ch babi yn helpu i gynhyrchu llaeth.
- Ceisiwch dynnu llaeth **wyth i ddeg gwaith ym mhob 24 awr**; gall staff helpu gyda thynnu llaeth gyda llaw a gan ddefnyddio'r pwmp.
- Mae **tynnu llaeth yn ystod y nos** yn bwysig oherwydd dyna pryd mae'r derbynyddion hormonau fwyaf parod i ysgogi llaeth i gael ei gynhyrchu. Er bod hyn yn heriol, bydd yn helpu i wneud eich cyflenwad yn sefydlog. Efallai y bydd angen i chi osod larwm gan fod tynnu llaeth yn y nos yn bwysig i helpu i ysgogi llaeth i gael ei gynhyrchu.
- Gall fod yn rhwystredig pan mai ond ychydig iawn o laeth sy'n dod allan i ddechrau, ond bydd y gwaith ysgogi hwn yn bwysig fel bod llaeth y fron yn cael ei gynhyrchu'n sefydlog. **Mae pob diferyn o laeth y fron yn cyfrif ac yn rhoi maetholion pwysig i'ch babi.**

Cynyddu cyflenwad llaeth y fron:

Weithiau, er gwaethaf tynnu llaeth yn rheolaidd, gall eich cyflenwad llaeth ddechrau prinhau. Mae croeso i chi siarad â ni am hyn, ond mae yna hefyd bethau yr ydym yn argymell eich bod yn eu gwneud i helpu i gynyddu'ch cyflenwad o laeth y fron:

- Cynyddu'r amser cyswllt croen wrth groen gyda'ch babi (bydd staff yn rhoi cymorth i chi gyda hyn).
- Tynnu llaeth ger eich babi, meddwl am eich babi, ac edrych ar luniau o'ch babi wrth i chi dynnu llaeth.
- Rhoi cadachau mwslin neu ddillad sydd wedi bod yn agos atoch chi i'ch babi. Bydd y babi yn cael ei gysuro gan eich arogl a gallwch gyffwrdd ac arogli rhywbeth y mae eich babi wedi bod yn agos ato pan fyddwch yn tynnu llaeth.
- Gofalu amdanoch chi'ch hun trwy sicrhau eich bod yn yfed digon o ddŵr, bwyta'n dda a gorffwys pan allwch.
- Cynyddu amlder y cyfnodau pan fyddwch yn tynnu llaeth: ceisiwch dynnu llaeth â llaw a gan ddefnyddio'r pwmp.
- Gwirio bod y pwmp yn eich ffitio'n dda. Mae gorchuddion o wahanol feintiau ar gael a gallwch ofyn i un o'r staff eich helpu i wirio bod yr un iawn gennych.

Rhoddwr llaeth y fron

Eich llaeth ffres y fron yw'r maetholyn pwysicaf i'w roi i amddiffyn babanod cynamserol. Lle bo'n bosibl, rydym yn osgoi rhoi fformiwla i fabanod cynamserol neu sydd â phwysau isel pan gânt eu geni gan y gall gynyddu'r risg o gymhlethdodau difrifol iawn yn y perfedd (EnteroColitis sy'n peri necrosis), yn ogystal â phroblemau yn y llygaid a'r ysgyfaint. Byddwn yn gwneud popeth o fewn ein gallu i'ch cefnogi i gynhyrchu eich llaeth y fron eich hun i'w roi i'ch babi, ond pan fo angen, er enghraifft tra bod cyfaint eich llaeth yn cynyddu, byddwn yn cynnig Llaeth y Fron gan Roddwr i bob babi sydd â chyfnod beichiogrwydd o lai na 32 wythnos neu sydd yn pwyso llai na 1.5kg, gyda'ch cytundeb. Mae Llaeth y Fron gan Roddwr yn gynnyrch wedi'i basteureiddio a geir o fanc llaeth y fron ac sydd wedi'i reoleiddio'n llym.

Os oes angen cymorth pellach arnoch gyda bwydo, gofynnwch i'ch bydwraig neu nyrs eich babi gysylltu â'ch Arbenigwyr Bwydo Babanod lleol.

GIG CYMRU NHS WALES

Llywodraeth Cymru
Welsh Government

Appendix 9. Magnesium Sulphate Leaflet (English)

Page 1 and 4



Page 2 and 3

This leaflet has been written to give you information about a medicine called magnesium sulphate.
Magnesium sulphate (MgS04) is offered to mothers who are likely to give birth to their baby earlier than 30 weeks (and in some cases earlier than 34 weeks) as it can protect some babies against developing cerebral palsy.

You have been given this leaflet to read as either a decision has been made by the doctor that your baby needs to be born early, or you have gone into premature labour and it is believed that having the magnesium sulphate would be of benefit to you and your unborn baby.

What is cerebral palsy?

Cerebral palsy is a general term describing conditions that cause problems with movement. It is caused by harm to the brain at any stage of development and there is a higher risk of this when a baby has been born prematurely. About 1 in 10 babies who are born before 30 weeks develop a form of cerebral palsy.

It may also be of some benefit for babies who are born between 30 and 34 weeks gestation, but we are less sure of how much it would reduce the risk of cerebral palsy developing.



What can be done to prevent cerebral palsy?

Unfortunately, we do not know how to stop babies developing cerebral palsy. We do know that giving magnesium sulphate to women whose baby may be born prematurely can reduce inflammation of the brain and reduce the risk that their baby will develop cerebral palsy by 30%.

What are the risks of taking magnesium sulphate?

Mothers who are given magnesium sulphate may experience some short-term effects. The most common side effect is feeling very hot and can make you feel sick at the start of taking the medicine. You may also get a headache. These side effects disappear very quickly. You will be monitored for the less common side effects, such as low blood pressure or problems with your breathing.

There are no known risks to a premature baby when the mother is given magnesium sulphate.

How will I be given magnesium sulphate?

The doctor or midwife will insert an intravenous canula / drip in your arm. The first dose will be given to you as a single amount over 10 to 20 minutes and then a second dose may be given to you continuously for up to 24 hours via an electronic pump. You will be monitored closely throughout. If you do not have your baby within the following 24 hours, the team may consider giving you another dose of magnesium sulphate.

Do I have to have magnesium sulphate?

You do not have to accept this treatment and your decision will not affect the care you and your baby receive.

Appendix 10.Magnesium Sulphate leaflet (Welsh)

Page 1 and 4

4

Ydy pob mam yn cael cynnig sylffad magnesiwm?

Efallai na fydd magnesiwm sylffad yn addas i bob mam. Bydd eich meddyg a'ch bydwraig yn trafod hyn gyda chi. Gallwch ofyn cwestiynau iddynt am sut y gall magnesiwm sylffad amddiffyn eich baban.

Mae angen rhoi magnesiwm sylffad rywbryd o fewn y 24 awr cyn rhoi genedigaeth er mwyn iddo gael effaith lawn, ond gall dal fod yn fuddiol os caiff ei roi ar unrhyw adeg cyn geni. Os oes angen geni eich baban ar frys (o fewn yr awr) yna efallai na fyddwch chi'n cael y cwrs llawn o fagnesiwm sylffad neu efallai na fydd rhoi magnesiwm sylffad yn opsiwn.

Ble gallaf gael rhagor o wybodaeth am enedigaeth gynamserol a beth mae hyn yn ei olygu i fy maban?

Gallwch siarad â'ch meddyg a'ch bydwragedd i gael rhagor o wybodaeth am fagnesiwm sylffad, geni cyn amser a beth mae hyn yn ei olygu i'ch baban.

Mae'n bwysig eich bod yn teimlo bod gennych yr holl wybodaeth sydd ei hangen arnoch i wneud y penderfyniadau cywir ar eich cyfer chi a'ch baban.

Gallwch hefyd ofyn i'ch bydwraig drefnu i chi gwrdd ag aelod o'r tîm newyddenedigol (meddyg babanod newydd-anedig) a all ateb eich cwestiynau am yr hyn y gallwch ddisgwyl fydd yn digwydd i'ch baban pan gaiff ei eni. Efallai y byddwch hefyd yn gallu ymweld â'r Uned Gofal Dwys i'r Newydd-anedig i weld lle bydd eich baban yn derbyn gofal ar ôl ei eni.

RHAGOR O WYBODAETH

Rhif ffôn Bliss: 0500 618 140 – Galwadau am ddim o linellau tir

Dydd Llun i ddydd Gwener, rhwng 9:00am a 9:00pm Gwefan: www.bliss.org.uk

Mae Bliss, yr elusen gofal arbennig babanod, yn darparu gwybodaeth cynhwysfawr a chymorth i deuluoedd babanod cynamserol a sâl.

1

Magnesiwm Sylffad yn ystod beichiogrwydd

Diogelu ymennydd babanod sy'n cael eu geni'n gynnar.

GIG CYMRU NHS WALES

Page 2 and 3

2

Ysgrifennwyd y daflen hon i roi gwybodaeth i chi am feddyginiaeth o'r enw magnesiwm sylffad.

Mae magnesiwm sylffad (MgS04) yn cael ei gynnig i famau sy'n debygol o roi genedigaeth i'w baban yn gynharach na 30 wythnos (ac mewn rhai achosion yn gynharach na 34 wythnos) gan y gall amddiffyn rhai babanod rhag datblygu parlys yr ymennydd.

Rydych wedi cael y daflen hon i'w darllen gan fod naill ai penderfyniad wedi'i wneud gan y meddyg bod angen i'ch baban gael ei eni'n gynnar, neu eich bod wedi dechrau geni'n gynamserol a chredir y byddai cael y magnesiwm sylffad o fudd i chi ac eich baban heb ei eni.

Beth yw parlys yr ymennydd?

Mae parlys yr ymennydd yn derm cyffredinol sy'n disgrifio cyflyrau sy'n achosi problemau symud. Mae'n cael ei achosi gan niwed i'r ymennydd ar unrhyw gam datblygiad ac mae risg uwch o hyn pan fydd baban wedi'i eni'n gynamserol. Mae tua 1 o bob 10 baban sy'n cael eu geni cyn 30 wythnos yn datblygu math o barlys yr ymennydd.

Gall hefyd fod o rywfaint o fudd i fabanod sy'n cael eu geni rhwng 30 a 34 wythnos o feichiogrwydd, ond rydym yn llai sicr o faint y byddai'n lleihau'r risg o ddatblygu parlys yr ymennydd.



3

Beth ellir ei wneud i atal parlys yr ymennydd?

Yn anffodus, ni wyddom sut i atal babanod rhag datblygu parlys yr ymennydd. Rydyn ni'n gwybod y gall rhoi magnesiwm sylffad i fenywod lle mae risg o'u baban yn cael ei eni'n gynamserol leihau llid yr ymennydd a lleihau'r risg y bydd eu baban yn datblygu parlys yr ymennydd 30%.

Beth yw'r risgiau o gymryd magnesiwm sylffad?

Gall mamau sy'n cymryd magnesiwm sylffad brofi rhai effeithiau tymor byr. Y sgil effaith mwyaf cyffredin yw teimlo'n boeth iawn a gall wneud i chi deimlo'n sâl pan fyddwch yn dechrau cymryd y feddyginiaeth. Efallai y byddwch hefyd yn cael cur pen. Mae'r sgîl-effeithiau hyn yn diflannu'n gyflym iawn. Byddwch yn cael eich monitro am y sgîl-effeithiau llai cyffredin, fel pwysedd gwaed isel neu broblemau anadlu.

Nid oes unrhyw risgiau hysbys i'r baban cynamserol pan roddir magnesiwm sylffad i'r fam.

Sut fydda i'n cymryd y magnesiwm sylffad?

Bydd y meddyg neu'r fydwraig yn gosod canwla mewnwythiennol / diferwr yn eich braich. Rhoddir y dos cyntaf i chi dros 10 i 20 munud ac yna gellir rhoi ail ddos i chi yn barhaus am hyd at 24 awr trwy bwmp electronig. Byddwch yn cael eich monitro'n ofalus drwy'r amser. Os na chewch eich baban o fewn y 24 awr ganlynol, efallai y bydd y tîm yn ystyried rhoi dos arall o fagnesiwm sylffad i chi.

Oes rhaid i mi gymryd y sylffad magnesiwm?

Nid oes rhaid i chi dderbyn y driniaeth hon ac ni fydd eich penderfyniad yn effeithio ar y gofal rydych chi a'ch baban yn ei dderbyn.

Appendix 11. Probiotics for Babies Born Preterm (English)

Page 1 and 4.



Page 2 and 3

2

Who is this leaflet for?

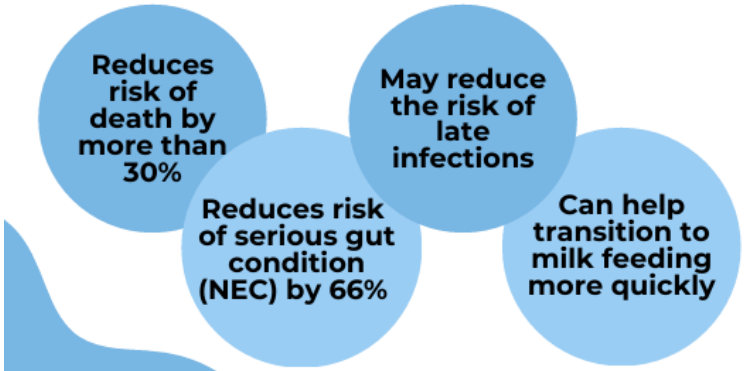
This information is for parents of babies who are born **before 32 weeks gestation**, or before 37 weeks gestation and weighing less than 1500g, who will receive probiotics as part of their neonatal care.

What are probiotics?

Probiotics are supplements that contain friendly bacteria which **increase survival** in babies born preterm. Probiotics **help to protect against a serious gut condition,** called necrotising enterocolitis (NEC), that can be associated with being born preterm.

NEC is a serious life-threatening condition where the gut tissue becomes inflamed and infected causing babies to become very unwell and sometimes require surgery. Babies who develop NEC face higher risks of long-term developmental problems.

What are the benefits of probiotics?



3

How are probiotics given?

Probiotics are given as a small amount of liquid by mouth, or through your babies feeding tube, into their tummy. It is given once a day until your baby reaches 34 weeks corrected age.

How do probiotics work?

Babies born early are at risk of developing abnormal patterns of harmful bacteria in their gut for a variety of reasons compared to babies born at term. Probiotics encourage the development of healthy patterns of gut bacteria.

Encouraging the development of the right bacteria in your baby's gut soon after birth helps protect against NEC.

Use of an appropriate probiotic after birth is

- **Safe for your baby**
- **Proven to benefit babies born early**

What are the potential risks of probiotics?

There is a very small risk of severe infection caused by the probiotic bacteria themselves. The significant benefits for preterm babies receiving probiotics, in terms of improved survival and protection against NEC, outweighs this very small risk.

There are lots of studies that show probiotics are beneficial for babies born very small and very preterm. However, these studies have not included many babies born at 22 and 23 weeks gestation to date.

Appendix 12.Magnesium Sulphate Leaflet (Welsh)

Page 1 and 4.

1

Probiotegau ar gyfer Babanod a Ganwyd yn Gynamserol

Diogelu babanod cynamserol a chynnal perfedd iach

4

A oes unrhyw sefyllfaoedd lle gellir atal probiotegau yn gynnar?

Os bydd eich babi'n sâl iawn, byddwn yn rhoi'r gorau i roi probiotegau a bwydydd llaeth i 'orffwys' y perfedd a lleihau'r risg y bydd unrhyw facteria'n trosglwyddo ar draws y perfedd ac yn achosi haint.

Gwybodaeth ychwanegol

Os oes gennych unrhyw gwestiynau neu os hoffech drafod eich opsiynau ymhellach, siaradwch â'r tîm newyddenedigol sy'n gofalu am eich babi.

PERIPrem Cymru
Llwybr gofal cenedlaethol gyda'r nod o leihau marwolaethau ac anafiadau i'r ymennydd sy'n gysylltiedig â chynamseroldeb yng Nghymru.

Mae sawl elusen yn darparu gwybodaeth ac adnoddau i rieni babanod sy'n cael eu geni'n gynamserol neu'n sâl yn y DU gan gynnwys:

www.bliss.org.uk
www.tommys.org

Gallwch gael rhagor o wybodaeth am enterocolitis madreddol (NEC) yma:
https://necsociety.org

I ddarganfod mwy am PERIPrem Cymru neu i rannu eich profiad, ewch i'n gwefan trwy ddefnyddio'r cod QR hwn.

GIG CYMRU NHS WALES

Page2 and 3

2 Ar gyfer pwy mae'r daflen hon?

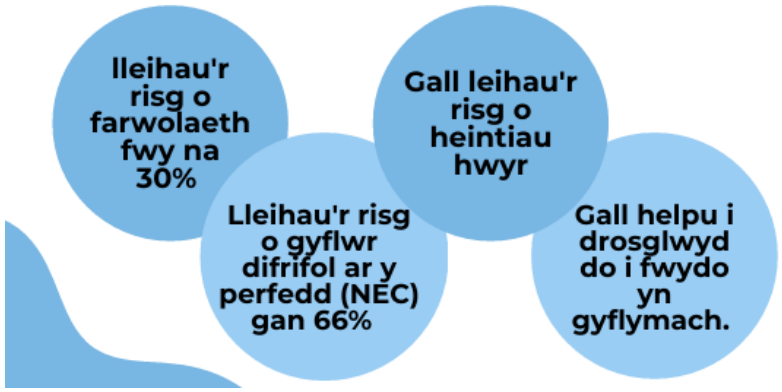
Mae'r wybodaeth hon ar gyfer rhieni babanod sy'n cael eu geni **cyn 32 wythnos o feichiogrwydd**, neu cyn 37 wythnos o feichiogrwydd ac sy'n pwyso llai na 1500g, a fydd yn cael probiotegau fel rhan o'u gofal newyddenedigol.

Beth yw probiotegau?

Mae probiotegau yn atchwanegiadau sy'n cynnwys bacteria cyfeillgar sy'n **cynyddu goroesiad** babanod sy'n cael eu geni cyn amser. Mae probiotegau **yn helpu i amddiffyn rhag cyflwr difrifol ar y perfedd,** a elwir yn enterocolitis madreddol (NEC), a all fod yn gysylltiedig â chael eich geni cyn amser.

Mae NEC yn gyflwr difrifol sy'n bygwth bywyd lle mae meinwe'r perfedd yn mynd yn llidus a heintiedig gan achosi babanod i fynd yn sâl iawn ac weithiau angen llawdriniaeth. Mae babanod sy'n datblygu NEC yn wynebu risgiau uwch o broblemau datblygiadol hirdymor.

Beth yw manteision probiotegau?



3 Sut mae probiotegau'n cael eu rhoi?

Rhoddir probiotegau fel ychydig bach o hylif drwy'r geg, neu drwy diwb bwydo eich babanod, i'w bol. Mae'n cael ei roi unwaith y dydd nes bod eich babi yn cyrraedd 34 wythnos oed wedi'i gywiro.

Sut mae probiotegau'n gweithio?

Mae babanod sy'n cael eu geni'n gynnar mewn perygl o ddatblygu patrymau annormal o facteria niweidiol yn eu perfedd am amrywiaeth o resymau o gymharu â babanod sy'n cael eu geni cyfnod llawn. Mae probiotegau yn annog datblygiad patrymau iach o facteria'r perfedd.

Mae annog datblygiad y bacteria cywir ym mherfedd eich babi yn fuan ar ôl genedigaeth yn helpu i'w amddiffyn rhag NEC.

Mae defnyddio probiotig priodol ar ôl genedigaeth yn....

- **Ddiogel i'ch babi**
- **Profwyd ei fod o fudd i fabanod sy'n cael eu geni'n gynnar**

Beth yw risgiau posibl probiotegau?

Mae risg fach iawn o haint difrifol a achosir gan y bacteria probiotig eu hunain. Mae'r manteision sylweddol i fabanod cynamserol sy'n cael probiotegau, o ran gwell goroesiad ac amddiffyniad rhag NEC, yn gorbwyso'r risg fach iawn hon.

Mae yna lawer o astudiaethau sy'n dangos bod probiotegau yn fuddiol i fabanod sy'n cael eu geni'n fach iawn ac yn gynamserol iawn. Fodd bynnag, nid yw'r astudiaethau hyn wedi cynnwys llawer o fabanod a anwyd yn 22 a 23 wythnos o feichiogrwydd hyd yma.

Appendix 13. Steroids Leaflet

Page 1 and 4



Page 2 and 3.

2

Who is this leaflet for?

Those at risk of delivering their baby early **before 34 weeks gestation** who need to make a decision about having a course of steroids.

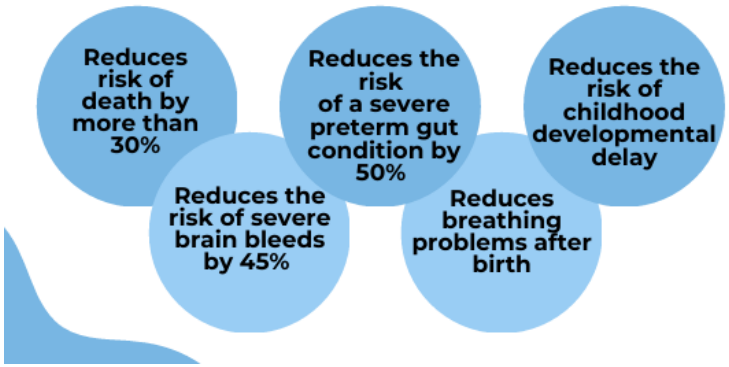
Corticosteroids ("steroids") given to mothers before birth **increases survival** in premature babies and **reduces health problems** associated with being born prematurity.

This is an important decision that should be made after discussion with your maternity team. This leaflet intends to make you aware of what the treatment involves.

A single course of antenatal steroids is:

- **Safe for you and your baby**
- **Proven to benefit babies born early**

What are the benefits of Steroids?



3

How are steroids given?

The course of steroids is given via two injections, 24 hours apart, into your muscle. This can be reduced to 12 hours apart if needed.

How long after a course of steroids are they effective for?

They are most effective when given between **24 hours and 7 days** prior to birth. The positive effects of steroids can be lost if given more than 2 weeks before birth.

Can I have more than one course of steroids?

If your course of steroids was given more than two weeks ago, an additional course can sometimes be given.

This decision should be made jointly between you and your maternity team. It is not recommended to have more than two courses.

Are there are any reasons why I couldn't have steroids?

Steroids can suppress a mothers' immune system. In cases of severe infection an individualised assessment will be done by your doctor.

Appendix 14. Steroids leaflet (Welsh)

Page 1 and 4

4

Beth yw sgil-effeithiau posibl steroidau?

Ystyrir bod cwrs o steroidau yn ddiogel i chi a'ch baban.

Gall y sgil-effeithiau tymor byr i famau gynnwys y canlynol:

- Newid i symudiadau'r ffetws; cynyddu neu leihau am 1-2 ddiwrnod (rhowch wybod i'ch bydwraig ar unwaith).
- Lefelau siwgr gwaed uwch mewn mamau â diabetes.

Siaradwch â'ch tîm mamolaeth os oes gennych unrhyw bryderon.

Mae rhywfaint o dystiolaeth gyfyngedig wedi dangos sgil-effeithiau mewn babanod, gan gynnwys:

- Lefelau isel o siwgr yn y gwaed y mae angen eu monitro.
- Pwysau geni is (os caiff y baban ei eni ar ôl 37 wythnos).
- Effaith ar lesiant meddwl pan fydd yn hŷn (os caiff y baban ei eni ar ôl 37 wythnos)

Gwybodaeth ychwanegol

Os oes gennych unrhyw gwestiynau neu os hoffech drafod eich opsiynau ymhellach, siaradwch â'ch tîm mamolaeth.

Mae PERIPrem Cymru yn llwybr gofal cenedlaethol sydd â'r nod o leihau marwolaethau ac anafiadau i'r ymennydd sy'n gysylltiedig â chynamseroldeb yng Nghymru. Dilynwch y cod QR hwn am fwy o adnoddau.

Mae sawl elusen yn darparu gwybodaeth ac adnoddau i rieni babanod sy'n cael eu geni'n gynamserol neu'n sâl yn y DU gan gynnwys:

www.bliss.org.uk
www.tommys.org

Coleg Brenhinol Obstetreg a Gynaecoleg
Mae taflen wybodaeth i rieni ar gael trwy sganio'r cod QR hwn. (www.rcog.org.uk/for-the-public/)

Golygwyd gyda chaniatâd Bwrdd Iechyd Prifysgol Bae Abertawe

1

Steroidau Cyn-geni ar gyfer Genedigaeth Gynamserol Ddisgwyliedig

Gwella Canlyniadau

Page 2 and 3

2

Ar gyfer pwy mae'r daflen hon?

Y rhai sydd mewn perygl o eni eu baban yn gynnar **cyn 34 o wythnosau o feichiogrwydd** y mae angen iddynt wneud penderfyniad ynghylch cael cwrs o steroidau.

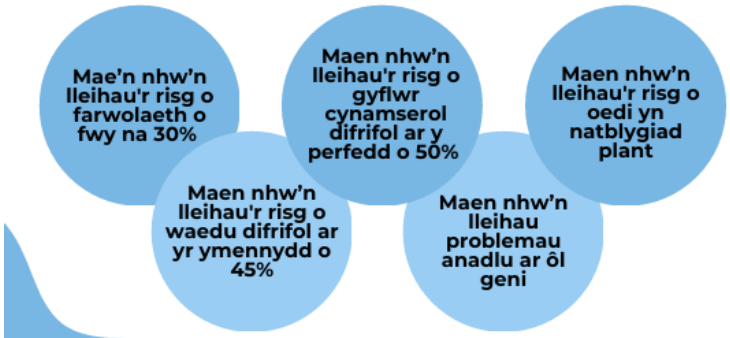
Mae corticosteroidau ("steroidau") a roddir i famau cyn geni **yn cynyddu cyfraddau goroesi** babanod cynamserol ac yn **lleihau problemau iechyd** sy'n gysylltiedig â genedigaethau cynamserol .

Mae hwn yn benderfyniad pwysig y dylid ei wneud ar ôl trafodaeth gyda'ch tîm mamolaeth. Bwriad y daflen hon yw eich gwneud yn ymwybodol o'r hyn y mae'r driniaeth yn ei olygu.

Mae un cwrs o steroidau cyn geni:

- **Yn ddiogel i chi a'ch baban**
- **Wedi'i brofi i fod o fudd i fabanod sy'n cael eu geni'n gynnar**

Beth yw manteision Steroidau?



3

Sut mae steroidau'n cael eu rhoi?

Rhoddir y cwrs steroidau trwy ddau bigiad i'ch cyhyrau, 24 awr ar wahân i'w gilydd. Gellir lleihau'r cyfnod i 12 awr ar wahân i'w gilydd os oes angen.

Am faint o amser ar ôl y cwrs steroidau maen nhw'n effeithiol?

Maen nhw'n fwyaf effeithiol pan gânt eu rhoi rhwng **24 awr a 7 diwrnod** cyn i'r baban gael ei eni. Gellir colli effeithiau cadarnhaol steroidau os cânt eu rhoi fwy na phythefnos cyn i'r baban gael ei eni.

A allaf gael mwy nag un cwrs o steroidau?

Os rhoddwyd y cwrs o steroidau i chi fwy na phythefnos yn ôl, weithiau gellir rhoi cwrs ychwanegol.

Dylai'r penderfyniad hwn gael ei wneud ar y cyd rhyngoch chi a'ch tîm mamolaeth. Nid yw rhoi mwy na dau gwrs o steroidau'n cael ei argymell.

A oes unrhyw resymau pam na allaf gael steroidau?

Gall steroidau atal system imiwnedd y fam. Mewn achosion o haint difrifol bydd eich meddyg yn cynnal asesiad unigol.

Appendix 15. PERIPrem Element Poster

Appendix 16.Immedicate Management of Unplanned Preterm Labour and Birth Proforma.

Patient Name: DOB: Hospital number:	ANNUAL UPDATE 2024/25 PROMPT PRactical Obstetric Multi-Professional Training	Date:

Unplanned preterm labour and birth (continued)

After birth		TIME	✓
	Aim for optimal cord clamping		
	If baby born in an unexpectedly poor condition, neonatal team should reassess initial neonatal plan after discussion with parents		
	Liaise with neonatal unit — consider need for *ex utero* transfer		
	Consider placenta and membranes for histology		

Ongoing care	DOCUMENT DETAILS	✓		
	Location/level of care			
	Frequency of observations			
	Frequency of blood tests			
	Frequency of fluid input/output measurement			
	Thromboprophylaxis plan			✓
	Medication review	All medications prescribed		
	Debrief and document in notes	Debrief with woman and family		
		Clinical team debrief		
		Incident report required? (Y/N)		
	Any other management considerations in notes below:			

NOTES	