Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

All Wales Maternity and Neonatal Guideline
All Wales Preterm Birth Guidance

Guideline information

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Classification:
Clinical

Supersedes:
N/A

Local Safety Standard for Invasive Procedures (LOCSSIP) reference:
N/A

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N/A

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Approval information

Approved by: Obstetrics Written Control Documentation Group

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25/01/2024

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27/03/2024

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25/01/2027

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.

The guidance below uses the term 'woman' (pronouns she or her) to describe individuals whose sex assigned at birth was female, whether they identify as female, male or non-binary. It is important to acknowledge it is not only people who identify as women for whom it is necessary to access women's health and reproductive services. Therefore, this should include people who do not identify themselves as women but who are pregnant or have recently given birth. Obstetric and Midwifery services and delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender identify does not align with the sex that they were assigned at birth.

Patient information:
Include links to Patient Information Library

Owning group:
Obstetrics Written Control Documentation Group
21/01/2024

Reviews and updates:
Version 1 – New All Wales Guideline

Keywords
Preterm Birth, Maternal

Glossary of terms
PPROM - Premature Prelabour Rupture of the Membranes

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Preterm Birth Exception Report

Preterm Birth

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

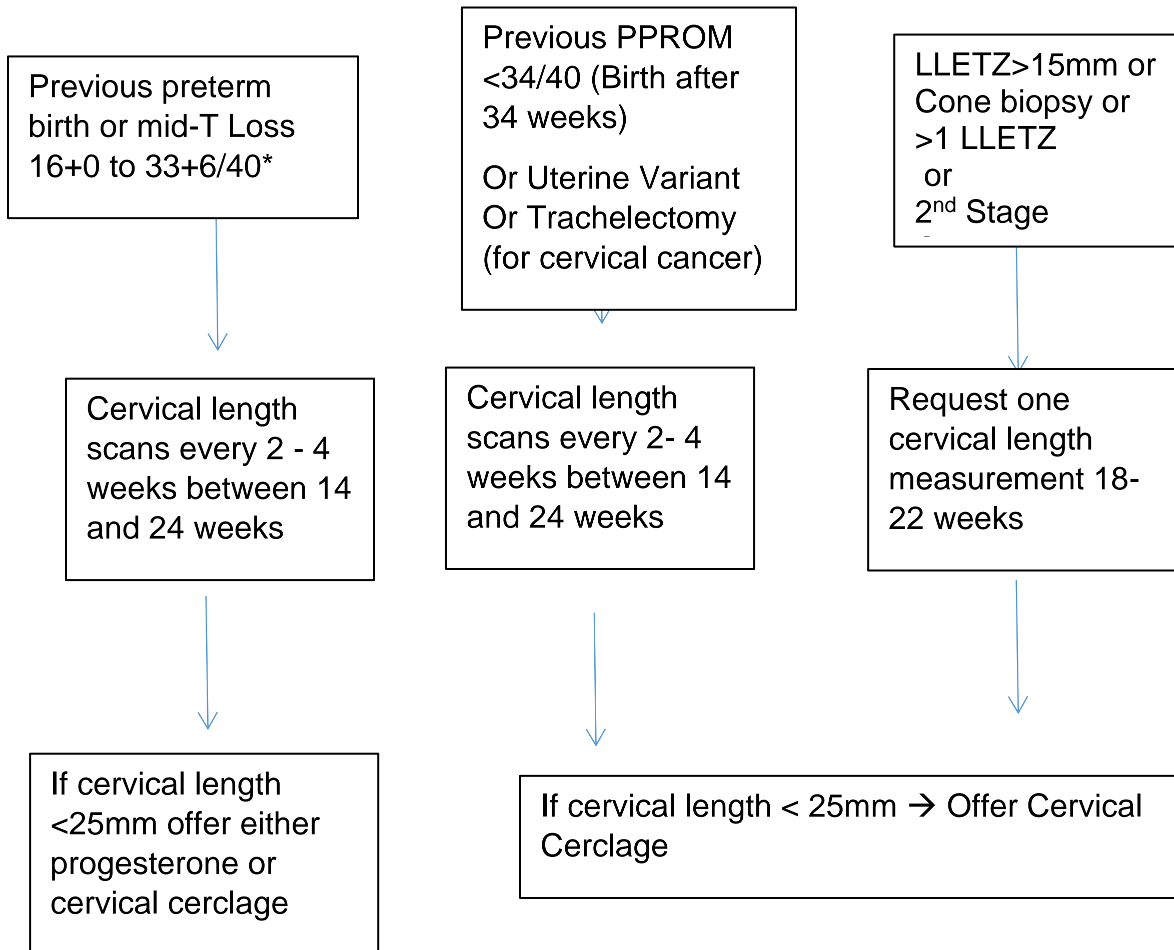
There was a consensus of agreement amongst the Maternity Working Document Control Group that due to resourcing issues associated with QUIPP, namely the requirement for Fetal Fibronectin (FFN) testing equipment which the Health Board does not own (but is looking to source) then QUIPP will not be fully implemented at this time.
In place the Health Board will continue to use PartoSure. PartoSure is a point-of-care test that detects placental 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 [DG33]

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. 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 relevant Health Board guideline.

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.

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

Women who have had a pregnancy lasting ≥34 weeks with cervical cerclage will also not require screening and should be offered Cerclage electively.

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

PERIPrem Baby Passport

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Early Maternal Breast Milk Leaflet

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