

PRETERM LABOUR – AN AUDIT OF CLINICAL PRACTICE?



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Objectives

- 1) To ensure procedures are adhered to, as recommended in the guideline.
- 2) Use of fetal fibronectin for identification and prediction of risk in cases of PTL.
- 3) Use of Trans vagina ultrasound (TVS) to measure cervical length.

Audit Standards

- 1. Hywel Dda guidline Threatened Preterm Labour Including Fetal Fibronectin and Tocolytic Clinical Practice Guideline 2016.
- 2. NICE Guideline NG25 Preterm labour and birth (Nov 2015, updated Aug 2019)

Method

• Retrospective study. • Data collected: Jan 2018 – December 2018





Mode of Delivery	SVD	LSCS	SVD + MROF	-	SVD + 4 th Degree Tear	
N = 54	42	10	1		1	
REASON FOR DELIVERY					N = 54	
PTL					28 (50.5%)	
$PPROM \rightarrow PTL$					17 (30%)	
					1 (1.5%)	
UTI → PTL					2 (3.5%)	
APH (Abruption, PP)					3 (5%)	
Severe IUGR					2 (3.5%)	
Severe PET					1 (1.5%)	
Obstetric Cholestasis					1 (1.5%)	
Persistent Foetal Tachy cardia					1 (1.5%)	
MCDA					1 (1.5%)	

Discussion and Conclusions

61% cases = Normal BMI (21-30), 2% BMI <19,

- Sample size = 54 cases during 2018 0
- From maternity records and case notes at **HDUHB**
- Standardized proforma used to identify the risk 0 factors, clinical features, investigations and management of preterm labour including cases requiring in utero transfers.
- Data analysis on Microsoft Excel



<18 Years (1)</p> ■ 26 - 30 Years (17) ■ 31 - 35 Years (11) ■ 36 - 40 Years (8) 41 Years >(1)



- 13% with BMI >35
- 55% in 26-35 years age. 15% over 35years, 11% age 18-20 years, 19% in age 20-25, 2% <18 years, 2% > 41 years.
- 85% of patients who had PTL are single foetus pregnancy.
- 87% cases were Consultant led care from start of pregnancy.
- In antenatal risk assessment we are 100% compliant. However, further monitoring (TVS+/-FFN) or Cerclage or Progesterone – not been offered to 27% of cases.
- In cases where further measures offered 1 had cerclage and 1 had Serial Cx Length +FFN
- Where scan for cervical length is offered TVS in 27% and TAS in 63%.
- Antenatal cervical length scan is offered at 16/40 = 40% of cases – rest are performed at 23 -24 weeks or at 14 weeks.

ON ADMISSION:

- \circ FFN criteria met and done = 21%
- FFFN contra indicated = 18%
- \circ FFN positive = 65%
- 50% of cases with +ve FFN did not deliver in next 7 days
- FFN Negative in 35%.
- 2.85% of cases with Negative FFN delivered in next 7 days
- Cervical length scan offered =12%, Not offered in 88%
- In those cases where scan is offered \rightarrow TVS = 8%, TAS = 4%
- 16% cases had cervix < 15 mm
- o 67% Departmental scan, 33% Consultant scan
- 100% compliance with steroids where indicated
- 15% In utero transfers
- 9% In utero transfer was not safe therefore delivered in our unit.
- 78% delivered by NVD
- o 18% by LSCS
- \circ 2% = SVD + MROP

■ < 19 (1) ■ 19 - 20 (7) ■ 21 - 25 (21) ■ 26 - 30 (12) **■** 31 - 35 (6) **■** 36 - 40 (7)

	Risk Factor at Antenatal	(N = 54)
	(11 cases)	
1	Previous preterm birth	7 (13%)
2	Previous PPROM	2 (3.5%)
3	Recurrent 2 nd Trimester Loss	1 (2%)
4	2 x LLETZ	1 (2%)
5	Cone Biopsy	0
6	Uterine Anomalies	0





 \circ 2% = SVD + 4th Degree Tear

Recommendations

- TVS should be offered to all patients in PTL on admission as per guideline.
- Regular Training of staff to perform TVS. 2.
- Provision of Transvaginal scan probe for 3. obstetric unit
- Re audit in 6 month after implementation of 4. change
- In utero Transfer cost can be reduced by 0 above measures.

References

- NICE guidance (NG: 25, 2015, updated 2019 Preterm Labour and Birth)
- 2. https://doi.org/10.1016/j.ogrm.2018.06.005, Volume 28, Issue 7, July 2018, Pages 208-214, PMCID: 2675479.
- Neilson JP, Verkuyl DA, Crowther CA, Bannerman C. 3. Preterm labor in twin pregnancies: prediction by cervical assessment. Obstet Gynecol. 1988 Nov;72(5):719-723.
- Andersen HF, Nugent CE, Wanty SD, Hayashi RH. 4. Prediction of risk for preterm delivery by ultrasonographic measurement of cervical length. Am J Obstet Gynecol. 1990 Sep;163(3):859-867

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