



The National Maternity Hospital

Pregnancy Care

Pregnancy Care for women at risk of Spontaneous Preterm Birth



What is the Preterm Birth Clinic?

The Preterm Birth Clinic is a dedicated antenatal clinic at The National Maternity Hospital that offers supportive care and treatment to women at high risk of preterm delivery.

Spontaneous preterm birth is where birth occurs early in pregnancy, due to onset of preterm labour or early rupture of membranes (waters breaking early).

The aim of this clinic is to reduce the risk of spontaneous preterm birth and optimise the care of women that may go on to deliver early.



We look after pregnant women with:


- A previous early birth where labour commenced early, the cervix shortened/opened, or your waters broke before 34 weeks' gestation
- A mid-trimester pregnancy loss (between 14-23 weeks)
- Cervical surgery for abnormal smears including Cone Biopsies or two or more LLETZ (Large Loop Excision of the Transitional Zone) procedures
- Uterine anomalies (abnormal shape to the womb)

What happens at the Clinic?

The clinic runs weekly in the hospital's antenatal clinic, The Holles Outpatient Clinic at The National Maternity Hospital.

There is a dedicated team of doctors and a midwife running the clinic.

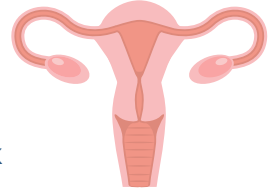
Your first appointment is ideally in the first trimester.

- ✓ At your first visit you will meet some of the team and your history will be recorded by a midwife. Blood, urine samples and swabs are taken.
 - ✓ You will discuss your history in depth with the consultant or senior registrar and an individual plan of care for your pregnancy will be established.
 - ✓ Your cervical length will be measured by internal (vaginal) ultrasound scan if necessary.
-  You will be reviewed in the clinic every 2 to 4 weeks, from 12 to 28 weeks.

Some women commence medication from around 16 weeks' gestation to prevent a preterm delivery.

What happens at the Clinic? (Continued)

If the cervix becomes short, interventions such as progesterone medication, a cervical stitch or a pessary device can sometimes be placed into the cervix to help reduce the risk of preterm birth.



28w

After 28 weeks' gestation, some women will transition back into combined, semi-private or private antenatal care depending on their care model of preference.

We appreciate that this might be a very anxious time for you and your partner. We will always try and accommodate extra visits or phone calls and answer any questions you may have if needed.



Ways in which you can reduce your preterm birth risk before and during pregnancy

- **See your doctor regularly** in pregnancy for antenatal care.
- **Take care of health problems** like high blood pressure, diabetes, medical conditions including thyroid disease and autoimmune conditions. Take care of your mental health including anxiety and depression, especially if it is a difficult journey to pregnancy.
- **Normalising Body Mass Index (BMI)** – avoid having your BMI too low or too high. Normal BMI range associated with lowest risk of preterm birth is 19-25.

Body Mass Index (Kg/m ²)	Class	IOM 2009 Target Gestational Weight Gain
<18.5	Underweight	12.5-18kg
18.5-24.9	Normal	11.5-16kg
25.0-29.0	Overweight	7-11.5kg
30-34.9	Obese	5-9kg
35-39.9	Severe Obesity	
>=40	Morbid Obesity	
>=50	Super Obesity	

Ways in which you can reduce your preterm birth risk before and during pregnancy (Continued)

- **Checking for and treating vaginal or urinary infections:**

Have a STI screen that is up to date including syphilis, HIV, Hepatitis and Chlamydia and Gonorrhoea.

Screening for STIs, bacterial vaginosis and urinary tract infections in the first trimester of pregnancy and treatment/prevention where appropriate.

- **Smoking Cessation:**

Smoking is linked to preterm birth. Cutting down or stopping smoking is one of the most powerful things you can do to reduce your risk of preterm birth.

- **Alcohol and Drug Intake:**

Drinking alcohol in pregnancy is linked to increased risk of preterm birth. Giving up is completely safe. No amount of alcohol has been shown to be safe in pregnancy.

Recreational drugs can be very harmful in pregnancy, including increasing risk of preterm birth. If you need help with this, please discuss it with your trusted healthcare professional.

- **Folic acid replacement:**

Being low in folic acid can increase the risk of preterm birth. Using folic acid replacement from before pregnancy commences can reduce risk of preterm birth. Daily intake should be at least 400mcg of folic acid for at least three months prior to pregnancy.

- **General hygiene:**

Pay attention to washing your hands after using the bathroom, before eating, after changing nappies etc.

- **Look after your teeth and gums:**

There are some links between gum infection or inflammation and preterm labour. If you are considering pregnancy, consider seeing your GP, dentist and taking steps to improve your tooth and gum health.

Ways in which you can reduce your preterm birth risk before and during pregnancy (Continued)

- **If having fertility treatment:**

Encourage your fertility team to do single embryo transfer. Multiple pregnancy (twins and triplets) carries the highest risks of preterm birth, including risk of pregnancy loss.

- **Plan your next pregnancy:**

Lowest preterm birth rates are seen with an interpregnancy interval of ≥ 18 months. However, this should take your individual factors into account including your age, medical history and journey to pregnancy including infertility and pregnancy loss. Please consult your doctor if you would like to discuss this further.

Use reliable contraception until you are ready to get pregnant.

Things that are not proven to reduce your risk of preterm birth

- **Bedrest:**

Bedrest is not shown to reduce risk of preterm birth. It may in fact be linked to harm for the mother including risk of clots, decreased mobility and impact on mental health.

- **Limiting physical activity:**

Healthy exercise patterns should include 30 minutes of exercise per day. Strenuous exercise should not exceed frequency of 3-4 times per week.

- **Abstaining from sexual intercourse:**

There is no evidence that complete abstinence from sexual intercourse will reduce the risk of preterm birth. Please consult with your doctor for advice if you would like to discuss further.



How can I book an appointment?

Referrals

We accept GP referrals. It is very important that your full medical history is clearly specified on the referral.

Referrals can be sent in by letter to:

The Preterm Birth Clinic, The Holles Outpatients Department,
Holles Street, Dublin 2 or by Healthlink or by email to
Pretermveillanceclinic@nmh.ie.

It is important that your full medical history is clearly specified in the referral letter and should include any necessary investigation or results pertaining to your risk factors.



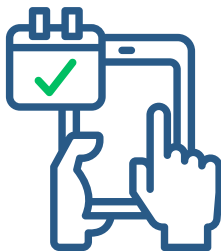
How can I book an appointment?

Self-referrals

You can self-refer to the Preterm Birth Clinic when you are booking your pregnancy online at www.nmh.ie.

Simply specify that you wish to attend the Preterm Birth Clinic and outline your medical history in the comments box. If you are booking over the phone please specify you wish to attend The Preterm Birth Clinic.

If you have any letters or information from your GP or treating Consultant, you should provide them so that they can be reviewed with your booking. Please note, you cannot attach documents to your online booking. Please send these separately by post to The Preterm Birth Clinic, The Holles Outpatients Department, Holles St, Dublin or email them to Preterm surveillance clinic@nmh.ie



Additional Support

The Irish Neonatal Health Alliance
www.inha.ie

Tommy's Pregnancy Information on Preterm Birth
www.tommys.org/pregnancy-information/premature-birth

Contact information

The Preterm Birth Clinic,
The Holles Outpatients Department,
The National Maternity Hospital
Holles Street, D02 YH21, Ireland

pretermveillanceclinic@nmh.ie



01 637 3100



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The National Maternity Hospital

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