

## **Preterm birth prevention clinic at the Royal Hospital for Women**

We have recently set up a Preterm birth prevention clinic at the Royal Hospital for Women. This clinic aims to reduce variation in the care of women at increased risk of preterm birth.

In 2020, 10% of all births at the Royal Hospital for women were prior to 37 weeks gestation. Preterm birth is a leading cause of perinatal loss and long term health problems for children. The aim of the clinic is to reduce these rates – primarily through cervical surveillance as well as the consideration of appropriate medical and surgical interventions.

The clinic offers a consultative service or ongoing care, depending on patient needs.

Referral indications include:

- Previous spontaneous preterm birth less than 34 weeks
- Previous premature prelabour rupture of membranes (PPROM) less than 34 weeks
- Previous second trimester loss 16-24 weeks
- Previous cervical cerclage
- History of previous cervical cone biopsy, 2 (or more) LLETZ procedures, or trachelectomy
- Congenital uterine anomaly (e.g. unicornuate, bicornuate or septate uterus)
- History of uterine adhesions (i.e. Ashermann's syndrome)
- Short cervix in current pregnancy < 25mm before 24 weeks on transvaginal imaging
- Follow up of postnatal women who delivered < 30 weeks gestation (would aim to see 4- 6 weeks postpartum)

We would also be happy to see the above women before or after pregnancy to discuss individualised care.

The clinic is currently being supervised by Dr Daniel Challis every Monday afternoon 2pm – 5pm.

Women should expect to have a transvaginal cervical length ultrasound and a review by an obstetrician to take a history. They may have vaginal swabs or a urine MCS sent. At this consultation the doctors will make a plan depending on the clinical scenario. If the review is history indicated, women are usually seen fortnightly from 16 to 24 weeks with transvaginal ultrasounds at each visit.

To book an appointment please fax a referral to 9382 6118. This referral needs to be addressed to Dr Daniel Challis and is a separate referral to the one sent for routine antenatal care.