

## **PRETERM BIRTH SYNOPSIS**

### **Why Preterm Birth is Important:**

- Preterm Birth is the leading cause of neonatal mortality
- Significant morbidity associated – lifetime risk of disability including cerebral palsy, blindness, deafness, behavioural & learning issues at school
- Recent data from 2017 (most up to date)
  - 8.7% babies born preterm compared with 8.4% in 2010
- 81% Preterm Births occur between 32-36wks GA
- Approximately 2/3 of all preterm birth occur spontaneously, with the other third being indicated preterm births – i.e. fetal growth concern, or maternal medical conditions such as PET
- Australian Preterm Birth Prevention Alliance founded in 2018 aiming to safely lower the rate of early birth across the population

### **General Recommendations:**

- Measurement of cervical length to be included in all mid-pregnancy morphology scans conducted between 18-20 weeks GA
- Natural vaginal progesterone 200 mg to be prescribed nightly in any case in which the cervix is found to be <25 mm on transvaginal scan between 16 and 24 weeks gestation
- In cases in which the cervix is found to be <10 mm, management can include cerclage, vaginal progesterone, or both
- Consider natural vaginal progesterone 200 mg nightly in any case with prior history of spontaneous preterm birth (with or without pre-labour rupture of membranes) between 20 and 34 weeks gestation
- Women who smoke during pregnancy to be offered appropriate cessation strategies
- These women should be managed in a high risk model of obstetric care

### **References available upon request.**