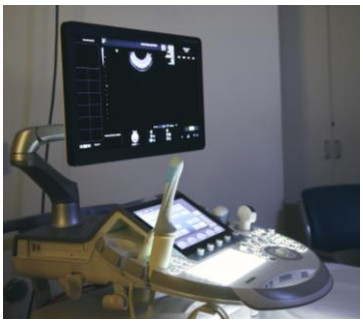
Treatment Options to Prevent Preterm Birth

Whānau Information

Treatment options in a Preterm Birth Clinic

A Preterm Birth Clinic provides care for wāhine/people with a higher chance of spontaneous preterm birth. It provides close monitoring and treatment in the middle part of pregnancy aiming to reduce the chance of early birth. There are several options for treatment that may be considered. Your doctor will talk to you about which option(s) is right for you.

Cervical length monitoring



Measuring the length of the cervix with a vaginal (internal) ultrasound scan can help to predict which wāhine/people with risk factors for spontaneous preterm birth have a higher chance of an early birth. This is very useful as more than 80% of wāhine/people with a previous late miscarriage or preterm birth will go on to give birth at term in their next pregnancy without any additional treatment.

Knowing the length of the cervix helps us to work out who will benefit most from additional treatment, and so we can limit unnecessary intervention for those who are less likely to benefit.

- During the scan, a probe is inserted into the vagina. It takes about 5 minutes to complete and most wāhine/people do not find it uncomfortable.
- The scan is repeated at regular intervals between 16 and 24 weeks.
- If the cervix shortens, treatment options will be discussed with you.

Progesterone

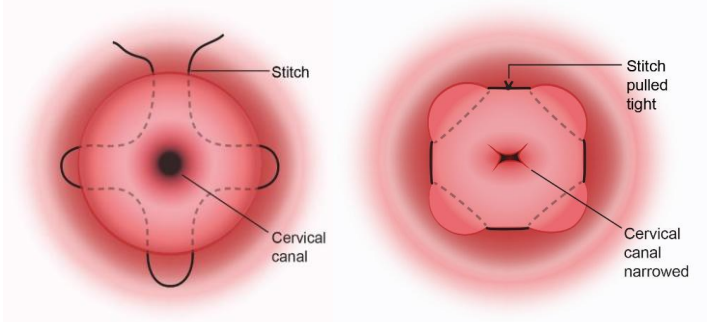
Progesterone works as a 'pro-pregnancy' hormone and research studies have shown progesterone treatment reduces the chance of preterm birth in wāhine/people who have a short cervix. Despite lots of research in this area, it is less clear whether progesterone provides a significant benefit for all wāhine/people who have had a previous late miscarriage or preterm birth who have a normal cervical length. There are no studies directly comparing progesterone to cervical cerclage to tell us if one is better than the other.

In Aotearoa New Zealand, progesterone is prescribed as Utrogestan 100mg capsules, with two capsules being inserted into the vagina each night until 36 weeks. This may cause an increase in white vaginal discharge. A few wāhine/people find it causes some vaginal irritation and discomfort.

Cervical cerclage

A cervical cerclage is also known as a stitch or suture. It is placed during an operation which requires either a spinal (needle in your back) or general anaesthetic.

The cerclage provides mechanical support to the cervix, as well as helping to maintain the length of the cervix and preventing loss of the mucus plug, and so reducing the chance of infection moving up from the vagina into the uterus.



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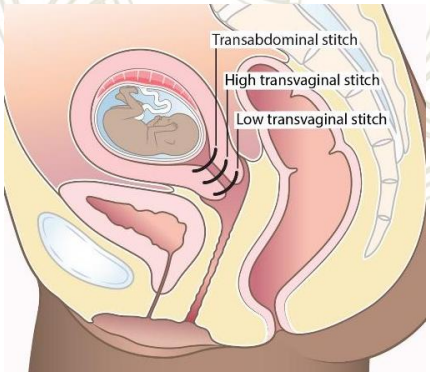
Types of cervical cerclage

Historically, cervical cerclage have been described as 'McDonald' or 'Shirodkar' cervical cerclage. However, it is more helpful to describe them by the way they are inserted.

Transvaginal cervical cerclage: the most common type of cerclage. Involves a stitch being placed around the cervix in a purse-string fashion. This surgery is done through the vagina. Removal does not usually require an anaesthetic.

High transvaginal cervical cerclage with dissection: may be required for wāhine/people who have a shorter length of cervix in the vagina. Dissection of the vaginal tissue allows the stitch to be placed at a higher position in the cervix. This surgery is done through the vagina. A spinal anaesthetic (needle in the back) is usually necessary for removal.

Transabdominal cervical cerclage: considered for a small group of wāhine/people when a vaginal cerclage has been unsuccessful in the past or cannot be placed because the cervix is very short. It requires a cut into the abdomen. Only a few hospitals in Aotearoa New Zealand perform this surgery and so you may be referred onto a regional unit if required.



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Indication and timing of cerclage insertion

History-indicated: these are performed based on existing risk factors for preterm birth. They can be placed before pregnancy but are usually placed at 12 to 14 weeks after chromosomal screening. They are usually reserved for wāhine/people with more than one prior preterm birth or late miscarriage. They may be placed transvaginally or transabdominally.

Ultrasound-indicated: these are performed for wāhine/people with or without other risk factors for preterm birth when the cervix is short on ultrasound (<25 mm), they are usually placed between 16 and 25 weeks. They are placed transvaginally.

Emergency (rescue): these are performed once the cervix is opening, and the fetal membranes are exposed to the vagina at <25 weeks. They are placed transvaginally. There is a higher chance of this type of stitch not being successful.

Other questions you may have about cervical cerclage?

What lifestyle changes do I need to make after a cerclage is placed?

We encourage you to continue with usual everyday activities, unless your team specifically advise otherwise. It is safe to continue with sex, swimming and exercise as you were prior to cerclage placement.

Removal of the cerclage

If your pregnancy progresses smoothly, the cerclage will be removed at 36 to 37 weeks in preparation for labour. Prior to this, **if your waters break, you have vaginal bleeding, or contractions start whilst the cerclage is still in place**, please contact your Lead Maternity Carer. They will arrange an urgent review with an obstetric doctor to consider whether the stitch needs to be removed. This may be necessary to prevent damage to your cervix if it is starting to dilate (open up) and reduce the chance of infection if your waters/membranes have broken. This will be advised regardless of the gestation of pregnancy to keep you as safe as possible.

It is usual to be able to have a vaginal birth following a cervical cerclage removal.

What are the risks of a cervical cerclage?

- Bleeding (usually minor for a few days)
- Abdominal cramping (common and settles in 1-2 days)
- Infection (e.g. a bladder infection if a catheter is placed during surgery)
- Waters/membranes breaking (if cervix is open or very short when stitch placed)
- Unable to stop miscarriage/preterm birth
- Anaesthesia risks.

For more information including access to Taonga Tuku Iho (national best practice guide), you can go to the Carosika Collaborative website ***www.carosikacollaborative.co.nz*** *or use the QR code.*

CAROSIKA COLLABORATIVE
Preterm birth care across Aotearoa: whānau-centred, equity-driven