Referral to the National Women's Health Preterm Birth (PTB) Clinic

The National Women's Health PTB Clinic has been established as part of the ADHB Maternal Fetal Medicine (MFM) Service.

Purpose of this document

This document establishes the referral criteria for consultation and review of women in the PTB Clinic from within Auckland District Health Board (ADHB), referring Auckland lead maternity carers (LMCs) and from outside the ADHB area. The document describes the organisation and principals of the PTB clinic and the referral process.

Background

Preterm birth (delivery before 37 weeks gestation) occurs in 7-10% of pregnancies; approximately two thirds of these are associated with spontaneous preterm labour and/or spontaneous preterm pre-labour rupture of membranes (PPROM). Over recent years there have been a large number of prediction and prevention strategies proposed to overcome this major health issue, however, the field is evolving and new evidence is constantly being used to inform and update practice.

In women at high risk of spontaneous preterm birth current prediction strategies likely to be of clinical use and benefit include detailed assessment of pre-existing risk factors, serial surveillance of cervical length and fetal fibronectin (fFN) testing. Prevention strategies include the use of cervical cerclage, vaginal progesterone and targeted treatment of infection.

Designated clinics for women at high risk of preterm birth are becoming standard of care in several countries and provide any opportunity for a holistic multidisciplinary approach to management of women with a variety of risk factors who may benefit from a combination of prediction and prevention strategies. Evidence from the first and largest PTB Clinic (the Preterm Surveillance Clinic at Guy's and St Thomas' Hospital, London, UK) demonstrates high levels of patient satisfaction alongside significant reductions in preterm birth (14% at <37 weeks and 20% at <30 weeks) and an overall reduction in costs of in-patient care for women at high risk.

Principals of the PTB Clinic

This is a dedicated multidisciplinary clinic providing an intensive level of clinical care for women at high risk of spontaneous preterm birth, predominantly during the second trimester of pregnancy. The clinic aims to use the latest evidence and innovative care strategies to maximise outcomes and avoid unnecessary interventions. Care will be provided in conjunction with the main maternity care provider/referrer (ADHB clinics, LMCs and other DHB care providers). The responsibility of on-going care will remain with the main maternity care provider/referrer unless a formal handover of care occurs.

Evidence surrounding screening and identification of women at high risk and the optimal management for these women remains limited. The clinic is dedicated to enhancing knowledge in this field. Research is integral to this process and so women attending this clinic may be eligible for research projects being undertaken in the clinic. Eligible women may be approached and asked to consider participation. All women will be assured that this is voluntary, and that their decision to take part will not affect the rest of their maternity care, but that it may be beneficial to them and for women in the future. We will use audit for on-going review of clinic practice and outcomes.

The PTB Clinic is also committed to teaching and training of health care professionals providing care for women at high risk of PTB. On occasions doctors, midwives and sonographers will be present in the clinic in a training capacity. This will be identified to women attending the clinic.

Referral criteria

Previous spontaneous PTB/PPROM <36 weeks
Previous spontaneous second trimester loss 16-24 weeks
History of cervical surgery (LLETZ) with histological evidence of >10mm depth specimen
Knife cone biopsy or trachelectomy or LLETZ >1 procedure
Congenital uterine and/or cervical anomaly
Short cervix in current pregnancy <25mm at <24 weeks
Other risk factors e.g. multiple surgical termination of pregnancy and/or evacuation of retained products of conception procedures (≥2), complicated caesarean section at full dilatation, history of diethylstilboestrol exposure (woman or her mother), known collagen or connective tissue disorders.

Timing of referral

In pregnancy. Women should be referred for a first visit consultation at 10-12 weeks gestation. The majority will then have subsequent visits arranged from 16 weeks.

In the event of referral due to a short cervix in current pregnancy (<25mm at <24 weeks), the referral should immediately be discussed with PTB clinic staff by telephone. If accepted for care through the clinic a full written referral should be made within 2 days. Alternatively, advice will be given which may include referral the Acute on-call team for further evaluation and on-going care.

Pre-pregnancy. Women with major risk factors may be referred for a pre-pregnancy consultation if this may influence their decision to proceed with pregnancy or if therapy prior to pregnancy may be considered advantageous (e.g. transabdominal cervical cerclage).

Pregnancy loss review. Women who have had a pregnancy loss due to extreme prematurity/second trimester loss where the clinician caring for them is unable to provide appropriate expertise in counselling may be considered for a pregnancy loss review. However, it is strongly recommended that women are initially seen for review (including review of all investigations) by the team caring for the woman at the time of delivery.

How to refer

All referrals should be made on a completed PTB Clinic referral form accessed via the intranet **(need link).** All fields must be completed to limit delays in review/triage and to avoid the need to return incomplete referrals with insufficient information to allow review/triage.

Completed PTB Clinic referral forms should be faxed to the Maternal Fetal Medicine Department:

09 307 2894

Women will be contacted directly regarding PTB Clinic appointments. Referrers will be notified of women not meeting the criteria for review and advice will be given for appropriate on-going care with regards to their risk for preterm birth.

What women and maternity care providers may expect

Clinics take place on Tuesday mornings in National Women's Health Outpatients Department, Level 9, Auckland City Hospital.

Women are provided with a brief patient information sheet in advance of their first appointment. This information sheet will provide information on the role of the clinic and what they may expect to happen during clinic visits.

First visit consultation. This will be a 45 minute appointment (in pregnancy, pre-pregnancy and pregnancy loss review). This may include;

Obstetric and medical review
Vaginal examination and microbiological swabs
Transvaginal ultrasound assessment of the cervix
Counselling and information regarding individualised risk for preterm birth
Discussion regarding potential interventions including; lifestyle and behaviour change, serial cervical length assessment, cervical cerclage and progesterone therapy
An individualised plan of care

Subsequent visits. These will usually occur on a fortnightly basis from 16-24 weeks (15 minute appointments). These may include;

Review of pregnancy progress
Transvaginal ultrasound assessment of the cervix
Use of biomarkers for PTB prediction (quantitative fFN)
Plan of care including interventions such as cervical cerclage, progesterone therapy and rarely, hospital admission and antenatal corticosteroid use.

In general women referred from outside the ADHB area will have a first visit consultation appointment only to provide appropriate advice to local maternity care providers.

Where interventions are required these will be provided by the PTB Clinic staff including operative cervical cerclage and prescribing for progesterone therapy. Admission to hospital for surgical procedures will be the responsibility of the MFM team.

For other hospital admissions including for point of care treatment (e.g. at 24 weeks where risk of imminent preterm birth is deemed to be very high) women will remain under the care of the referring maternity care provider with MFM consultation as required.

Final visit. Women will generally be discharged from the PTB Clinic after a final visit at 23-25 weeks. At this visit an overall risk assessment of *very early* preterm birth will be made. If deemed to be at significantly high risk, this assessment will include use of the QUiPP calculator. This calculator uses data on obstetric history, gestational age, quantitative fFN and cervical length to provide risk estimates for preterm birth within one, two and four weeks of assessment and <30, <34 and <37 weeks gestation in asymptomatic women. The final visit report will include a plan for on-going care for each woman.

Clinic reports. After each clinic visit a report will be generated and sent to the main maternity care provider/referrer and the woman's GP (if identified). Reports will also be available via Concerto with a brief report and reference made to the Clinic attendance in Healthware.