



Prevention of preterm birth: screening proposal in accordance with SBL2/ Reducing Preterm Birth: Guidelines for Commissioners and Providers UK Preterm Clinical Network 2019  
LI June 2019

For use in conjunction with 'Managing cervical length at <24 weeks to prevent spontaneous severe singleton preterm labour'

### **c. Moderate risk pathway, comprising women with**

Previous history of: LLETZ/ cone

Known abnormal uterus

10 cm Caesarean section

? consider multiple pregnancy

Arrange single TVS cervix around 20 weeks

If <25mm progesterone supplementation (cyclogest 400mg od, PV/PR). There is no clear benefit to cerclage in women with a cervical length of 11-24mm

Repeat at 2 weeks if scan <18 weeks, or if 10-15mm long

If <11mm consider also USS indicated cerclage

## **2. Prevention of moderate preterm birth**

A reduction in birth at 34-37 weeks will also contribute to an overall reduction in preterm birth and help meet the national target of 6%.

This is particularly pertinent to the following women: those with reduced fetal movements (RFMs) and normal fetal surveillance, those whose babies are SGA but with normal fetal Doppler indices, and those with cholestasis with bile acid levels <100. In general such women should not be delivered prior to 37 weeks.

Areas of most relevance are:

See RFM guidelines

See cholestasis guidelines

See SGA/ IUGR guidelines