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Introduction:

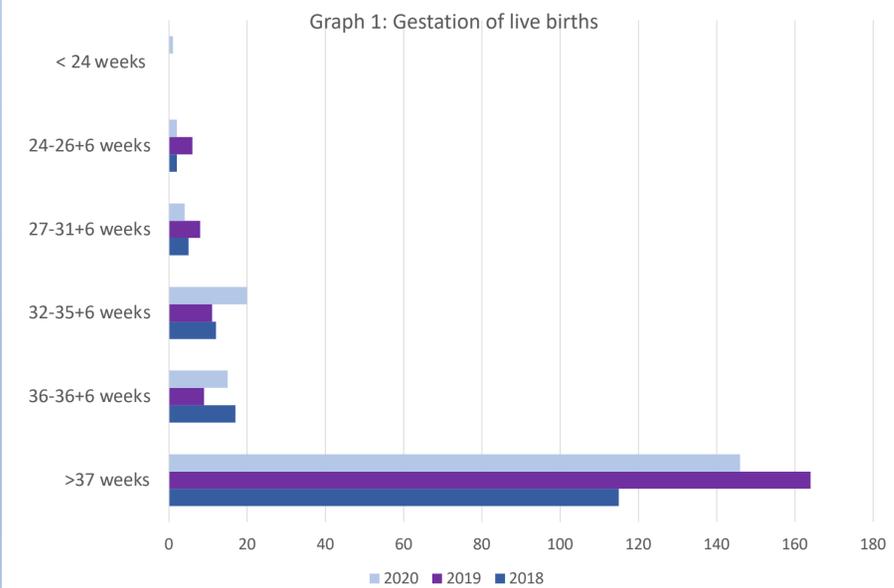
The Preterm birth (PTB) prevention clinic at Birmingham Women's hospital offers specialist antenatal care to women who are at higher risk of preterm birth. The clinical outcomes of the PTB clinic have been audited for 3 consecutive years, 2018-2020. The aim of this study is to evaluate the effectiveness of the PTB clinic during this time and compare the clinical outcomes from year-to-year. This reflects care before and after the implementation of the Saving Babies' Lives care bundle 2 in March 2019 (1).

Methods:

This is a cross sectional study of all women attending the PTB clinic in 2018, 2019 and 2020 respectively. It utilised patient records (paper or electronic) and Viewpoint data. The number of patients included each year for data analysis are as follows (women were excluded if they had an IUD diagnosed at first scan or were lost to follow up) 2018: 152/168 women referred to clinic (15/168 patients excluded). 2019: 204/209 women referred to clinic. (5/209 patients excluded). 2020: 198/207 women referred to clinic. (11/207 patients excluded). Overall, 584 women were referred to clinic, of whom 95% (552) had complete data available for analysis. Data were collected using a proforma and collated using Microsoft. Data were analysed using Fishers exact test (GraphPad prism software).

Live births:

- The live birth rate of women attending clinic is between 95.9% and 99.3%. Graph 1 shows the number of live births each year and their gestation.
The overall occurrence of preterm birth was 21.1% (110/522).
26.5-47.2% of pre-term births occurred after 36 weeks' gestation.
The highest proportion of term births was in 2019 at 80.4%.



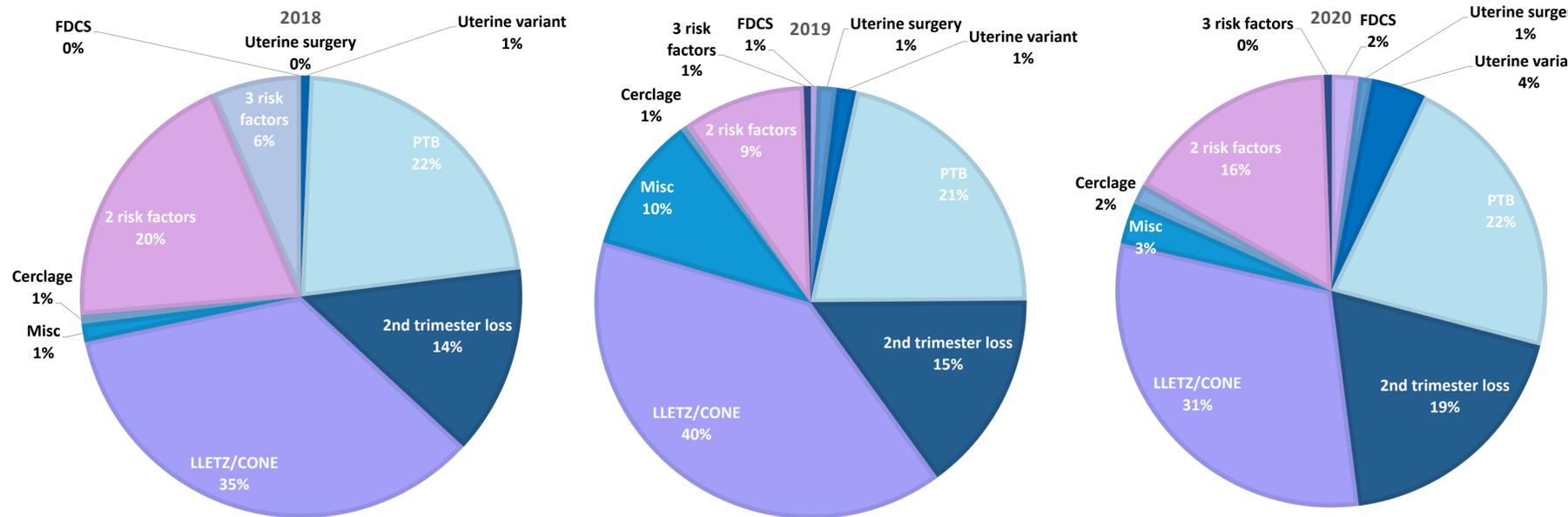
References:

1) 2019. Saving Babies' Lives Version Two- A care bundle for reducing perinatal mortality. 2nd ed. [ebook] NHS England. Available at: <https://www.england.nhs.uk/wp-content/uploads/2019/07/saving-babies-lives-care-bundle-version-two-v5.pdf>

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Indications to clinic:

The indications for women attending clinic are categorized according to the 2019 Saving Babies Lives risk assessment criteria (1). Most women who are referred to clinic fulfil one or more of these risks, whilst a small percentage each year are referred for miscellaneous reasons which fall outside the defined risk criteria. Over all 3 years, the top 3 indications for referral have remained consistent, with the most common reason for referral being a previous LLETZ procedure. This is followed by women who have a history of 2nd trimester loss and previous PTB. A smaller percentage of women each year fulfill multiple criteria and are therefore considered a higher risk category.



Preterm birth outcomes:

- 186 (43.0%) women had a history of pre-term birth. 56 (30.1%) of these women had a repeat pre-term birth. The shows a reduction in PTB but is still higher than the overall occurrence for all women seen in the clinic of 21.1% (110/522).
433 women had previously been pregnant (excluding terminations). The overall occurrence of preterm birth in these women was 25.4% (110/433) whereas based on indication for referral to clinic this was 43.0% (186/433). This is a statistically significant decrease in PTB rates with attendance to clinic, OR = 0.45 95% CI 0.34 - 0.60, P< 0.0001

Table with 3 columns: Year, No. of women with a previous PTB, No. of women who had a repeat PTB. Rows for 2018, 2019, 2020, and Total.

Table with 5 columns: Year, Total number of women with hx of previous pregnancy (excl TOP), Number of women with history of PTB, Number of women who had a PTB in this pregnancy, % incidence of PTB in women attending clinic. Rows for 2018, 2019, 2020, and Total.

Cervical cerclage outcomes:

Women with a short cervical length of <25mm are offered treatment options including a cervical cerclage, progesterone or a watch and wait approach. The table below demonstrates the proportion of women each year who have undergone cervical cerclage and their clinical outcomes. Each year the proportion of women undergoing cerclage has increased. The number of Transabdominal cerclage (TAC) performed has also seen an increase each year, demonstrating the ongoing development of the PTB clinic.

Table with 6 columns: Year, Cervical cerclage, TAC, Total no., PTB < 37 weeks, Term delivery >37 weeks. Rows for 2018, 2019, and 2020.

Conclusions:

This data indicates that the PTB prevention clinic has been successful in its aim. This supports the need for such services to continue and as demand grows expand. There was a plateau in referrals from 2019 to 2020 but this is thought to reflect the impact of COVID-19 and more women having cervical length scans performed alongside routine appointments rather than attending an additional high-risk clinic as 200 women have already been seen January - September 2021. By re-auditing each year, we have been able to identify how the clinic has developed and performed. Of the pre-term births that occur in clinic, a considerable proportion are occurring after 36 weeks. This may reflect the impact of timing of suture removal or cessation of progesterone therapy. With newer acknowledgment of the impact of late preterm/early term birth on child outcomes this is a useful area to understand.