

Nurturing New Beginnings – Challenges & Outcomes of setting up a Preterm Birth Prevention Clinic

Dr Humaeel Ali, Dr Orly Huff, Dr Sayantana Patra-Das, Department. of Obstetrics and Gynaecology

Introduction

Homerton University Hospital is a district hospital with specialist maternity unit and level 3 NICU, and manages a substantial annual birthrate of 5600 babies, catering to a diverse population. Historically, the unit relied on history indicated cervical cerclage and progesterone administration.

In 2020, a specialized preterm birth prevention clinic was established evolving from a surveillance clinic to an independent entity with a preterm birth lead team. The second audit below evaluates the clinic’s adherence to guidelines, appropriateness of referrals, preterm delivery rates and compares against national benchmarks.

Methodology

Retrospective data collected from January 2021 to December 2022, were recorded and analyzed, employing a variety of graphs for visual representation.

Referral criteria, based on risk factors outlined in Appendix F of Saving Babies Lives Care Bundle guided the audit’s approach.

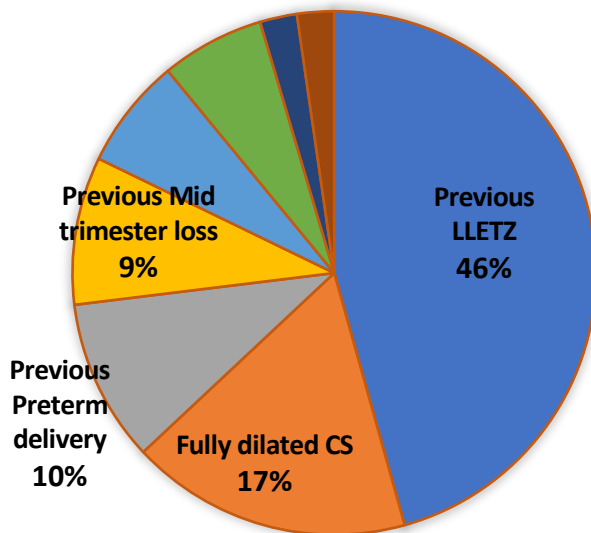
Results

- ❖ Among the 222 patients assessed, data from 205 were included to ensure accuracy
- ❖ Preterm delivery rate for **2021 - 434** (Total delivery at Homerton - 5280) - hence preterm delivery rate : **434/5280 = 8.2%**
- ❖ Preterm delivery rate for **2022 - 410** (Total delivery at Homerton - 5608) - hence Preterm rate : **410/5608 =7.3%**
- ❖ **12 women** had a cervical cerclage (50% history indicated), 58% delivering preterm
- ❖ Late referrals were done for 22% of women with previous fully dilated cesarean

Conclusion

- ❖ The establishment of a dedicated preterm birth prevention clinic has significantly improved care delivery in a condensed timeframe.
- ❖ Patient feedback has been instrumental in refining clinic operations, leading to an improved information leaflet.
- ❖ The recent incorporation of predictive tools like Fetal fibronectin and the QuiPP app, has enhanced management of both symptomatic and asymptomatic women; with ongoing data analysis.
- ❖ Dedicated study days and training initiatives for obstetric registrars in preterm birth prevention and cervical length assessment have been implemented.
- ❖ This audit underscores the need for improved referral pathways for BAME populations. Highlighting appropriate referral indications and disseminating this information amongst colleagues is imperative to avoid unnecessary referrals.

Referral reason



Distribution based on ethnicity

