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Service Evaluation of Uterine Anomalies referred to Liverpool Women's Hospital Preterm Birth Clinic

Liverpool Women's NHS Foundation Trust

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Background

- Uterine anomalies are associated with a higher risk of spontaneous preterm birth (sPTB).[1]
- Identifying those patients with a known uterine anomaly (UA) who will then subsequently deliver preterm is an ongoing challenge.
- The gold standard practice of serial cervical length (CL) screening has shown to be ineffective in this at-risk group.[2,3]
- Additionally, there is no known effective management options to reduce the incidence of sPTB in this cohort.
- Despite this, since 2019 NHS England guidance has specified uterine anomalies require CL surveillance under a dedicated PTBC in the Saving Babies' Lives (SBL) bundle.[4]

Methods

A service evaluation was completed on all referrals to LWH PTBC for a UA who delivered between June 2022 and October 2023

The objectives were to identify;

1) the proportion of referrals for UA to our PTBC
2) compliance with SBL guidance
3) sPTB rate in this cohort
4) detection rate of CL surveillance for sPTB

Discussion

- There is a variance in sPTB<34w risk between type of UA with the greatest risk associated with uterine didelphys and lowest risk with bicornuate.
- CL surveillance appears ineffective in detecting those at risk with a UA. 75% of sPTB <34w never had a short cervix (≤25mm)
- Treatment for a short CL (3/24) was used infrequently in this population.
- SBL guidance should be reviewed for women with uterine anomalies.

Results

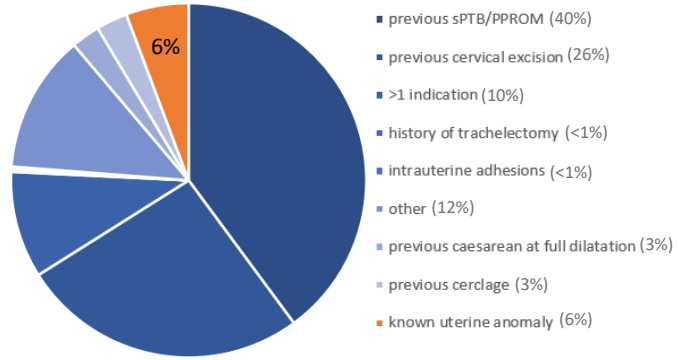

Figure 1. Referral indications to preterm birth clinic

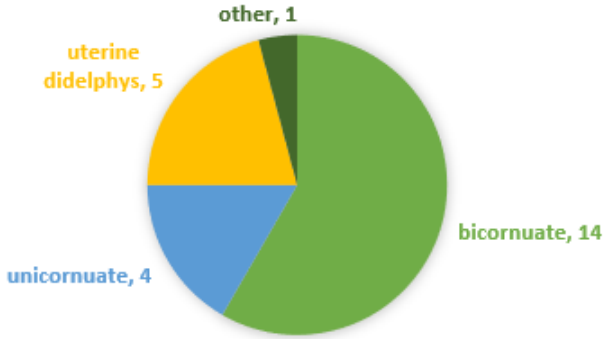

Figure 2. Uterine anomalies referred by uterine variant

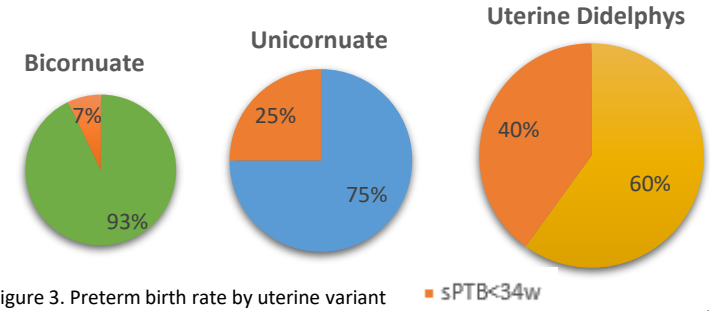

Figure 3. Preterm birth rate by uterine variant

Objective 1

421 total referrals received over 17 months

6% of referrals had Known UA as only SBL risk factor (24/421) (figure 1)

Majority of UA referrals are bicornuate (58%) (figure 2)

Objective 2

100% compliance with SBL guidance

LWH PTBC stats	
Percentage of referrals which had CL screening	100%
Average number of visits to PTBC	2
Average gestation at 1st appointment	17 weeks
Average gestation at discharge	22 weeks

Objective 3

Overall UA sPTB <34w 17% (4/24)

sPTB by uterine variant (figure 3)

Bicornuate- 1/14 (7%) at 33w+1d
Unicornuate- ¼ (25%) at 33w+1d
Didelphys- 2/5 (40%) at 27w+6d & 29w+2d

Objective 4

3/24 cases had CL shortening ≤25mm

- All 3 received vaginal progesterone +/- omacor
- 2/3 subsequently delivered preterm at 29+2w and 36+2w
- Both were uterine didelphys and had CL>25mm on discharge from PTBC

No cervical cerclage or pessaries in this group

¾ of sPTB <34w cases did not have a short cervix during surveillance

References

1. Kim Min-A et al. J. clin. Med. 2021,10, 4797. https://doi.org/10.3390/jcm10214797
2. Hughes, K M et al. Acta Obstet Gynecol Scand. 2020;99:1519-1526. https://doi.org/10.1111/aogs.13923
3. Ibeto LA et al. Archives of Disease in Childhood- Fetal and Neonatal Edition 2012;97:A115.
4. England N. Saving Babies' Lives Version Three. A care bundle for reducing perinatal mortality. Leeds: NHS England; 2023.