OBSTETRICS AND GYNAECOLOGY
CLINICAL PRACTICE GUIDELINE

Preterm birth prevention - high risk women pathway

This document should be read in conjunction with this Disclaimer

Scope- This guideline applies to singleton pregnancies only

High risk
Previous preterm birth at < 34 weeks gestation and / or previous pregnancy loss at 16-24 weeks gestation.

* Affected pregnancy =
  - 16-23 week loss not clearly solely due to placental dysfunction or fetal anomaly
  - 24-34 spontaneous preterm birth

16—23 week loss

≥ 2 affected pregnancies*

Recommend cervical cerclage at 13-14 weeks

1 affected pregnancy*

TVCL surveillance 2-3 weekly from 13-22 weeks
Start vaginal progesterone 200mg pessary nightly from 16-36 weeks gestation
Consider cervical cerclage if TVCL < 25 mm

1-2 affected pregnancies*

24—34 week preterm birth

≥3 affected pregnancies*

Consider cervical cerclage at 13-14 weeks

OR
Vaginal progesterone and TVCL surveillance from 16-22 weeks (if low suspicion for cervical dysfunction)
Preterm birth prevention - low risk women pathway

Keywords: Preterm, birth, progesterone, PTB, TVU CL, cervical cerclage, singleton, pessaries, PPROM, cervix, cervical length, high risk, flowchart

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NSQHS Standards (v2) applicable:

- ☑ 1: Clinical Governance
- ☑ 2: Partnering with Consumers
- ☑ 3: Preventing and Controlling Healthcare Associated Infection
- ☑ 4: Medication Safety
- ☑ 5: Comprehensive Care
- ☑ 6: Communicating for Safety
- ☑ 7: Blood Management
- ☑ 8: Recognising and Responding to Acute Deterioration

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