PRETERM BIRTH PREVENTION

PRETERM BIRTH PREVENTION : LOW RISK WOMEN

PRETERM BIRTH PREVENTION- MODERATE RISK WOMEN :
MANAGEMENT OF

This guideline applies to current singleton pregnancies only

REFERENCES / STANDARDS

| National Standards – | 1- Care Provided by the Clinical Workforce is Guided by Current Best Practice |
| Related Guidelines / Policies – | Preterm Birth Prevention : Moderate Risk Women |
| Related Guidelines / Policies – | Preterm Birth Prevention : High Risk Women |

RESPONSIBILITY

| Policy Sponsor | Medical Director Obstetrics |
| Initial Endorsement | May 2015 |
| Last Reviewed | |
| Last Amended | |
| Review date | May 2018 |

See flowchart page 2

Do not keep printed versions of guidelines as currency of information cannot be guaranteed.
Access the current version from the WNHS website.

Department of Health Western Australia 2015

MODERATE RISK

Previous cervical surgery (> 2 or more LLETZ, previous cone biopsy, previous 1 LLETZ of more than 10mm depth), significant uterine anomaly and no history of previous preterm birth. All women in this cohort require TVCL at 16, 19 and 22 weeks gestation.

- > 25mm at 22 weeks
  - Routine care

- 15-25mm at 16, 19 or 22 weeks
  - Vaginal progesterone 200mg pessary nightly until 36 weeks.
  - TVCL assessment weekly until 23+6 weeks

- ≤ 15mm at 16, 19 or 22 weeks
  - Cervical cerclage recommended

Evidence of further shortening:

- No
  - Continue progesterone

- Yes
  - TVCL > 15mm
    - Consider cervical cerclage
  - TVCL < 15mm
    - Cervical cerclage recommended