



**OBSTETRICS AND GYNAECOLOGY  
CLINICAL PRACTICE GUIDELINE**

# Preterm birth prevention

<b>Scope (Staff):</b>	WNHS Obstetrics and Gynaecology Directorate Staff
<b>Scope (Area):</b>	Obstetrics and Gynaecology Directorate clinical areas at KEMH and OPH
<b>This document should be read in conjunction with this <a href="#">Disclaimer</a></b>	

**This guideline has three separate pathways for low, moderate and high risk for preterm birth and applies to SINGLETON pregnancies only.**

## LOW RISK

No previous preterm birth, no family history of preterm birth, no previous cervical surgery, no previous pregnancy loss 16-24 weeks.

## 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.

## HIGH RISK

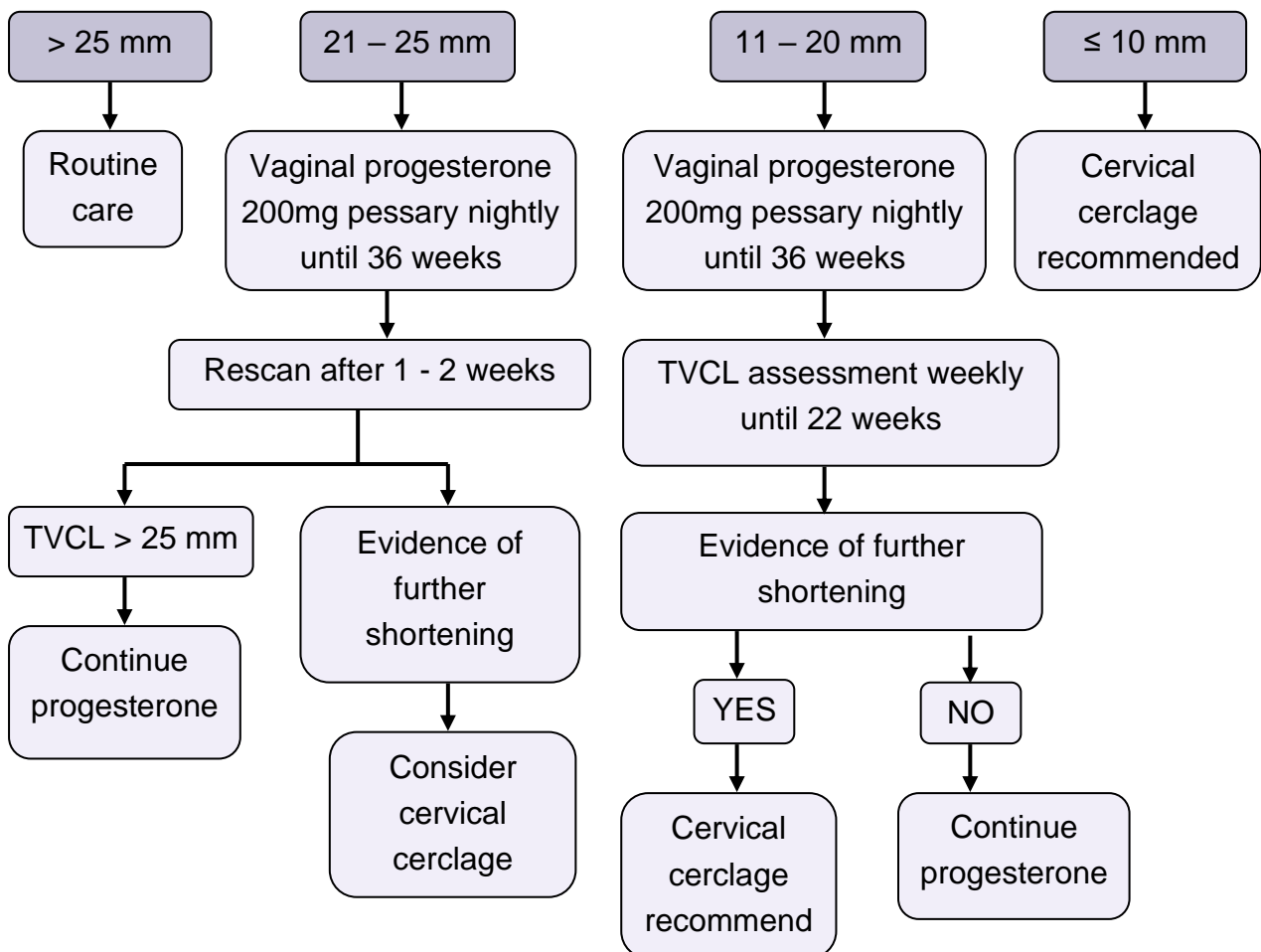
Previous spontaneous preterm birth at 24-34 weeks gestation and / or previous pregnancy loss at 16-24 weeks gestation (not due to placental dysfunction or fetal anomaly)



**PRETERM BIRTH PREVENTION  
LOW-RISK WOMEN PATHWAY**

No previous preterm birth, no family history of preterm birth, no previous cervical surgery, no previous pregnancy loss 16-24 weeks.

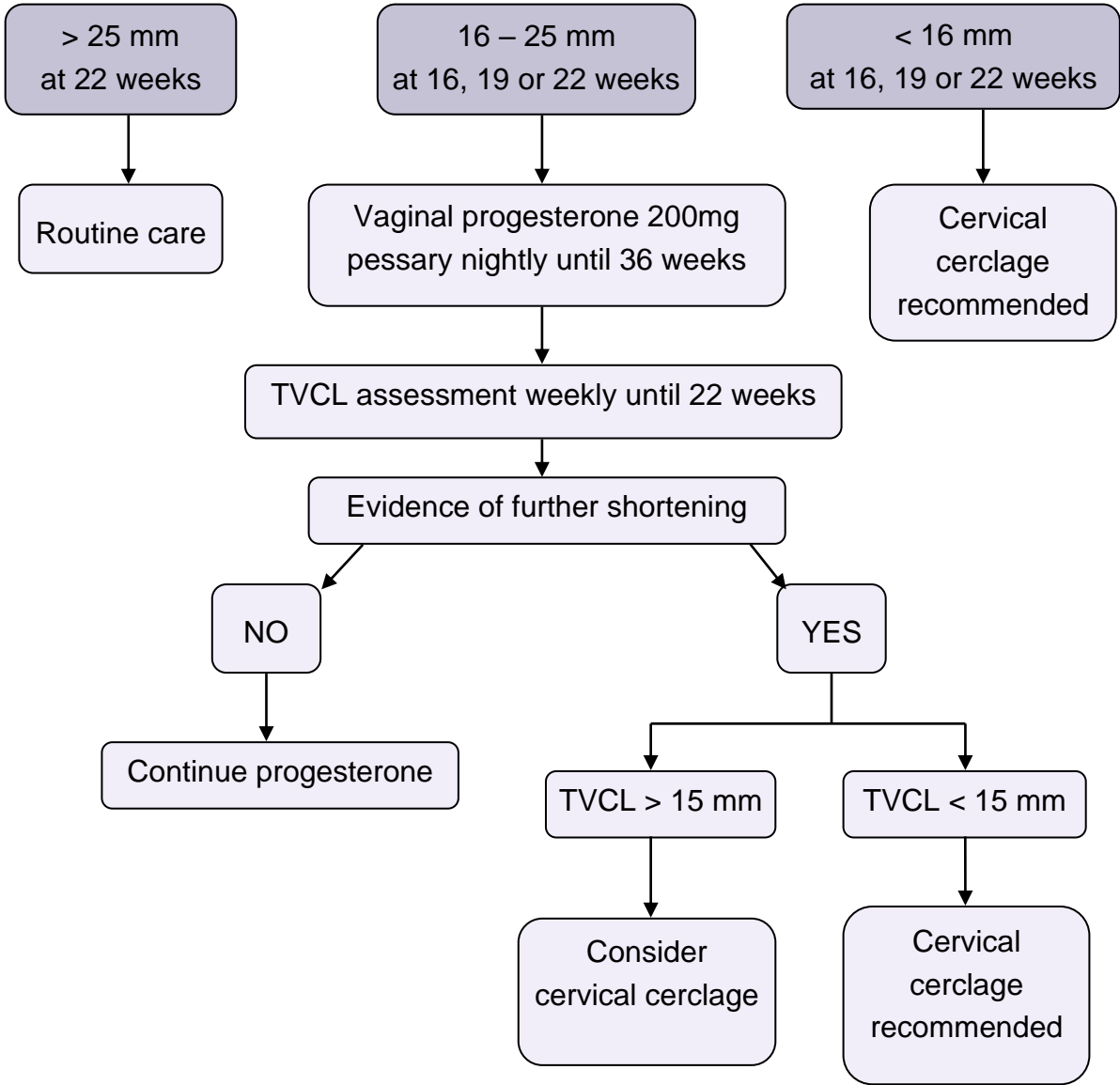
- All women to have a transabdominal cervical assessment performed at the 18 - 20 week anatomy scan. If the cervical length is < 35 mm perform a transvaginal cervical length assessment and follow the algorithm below.



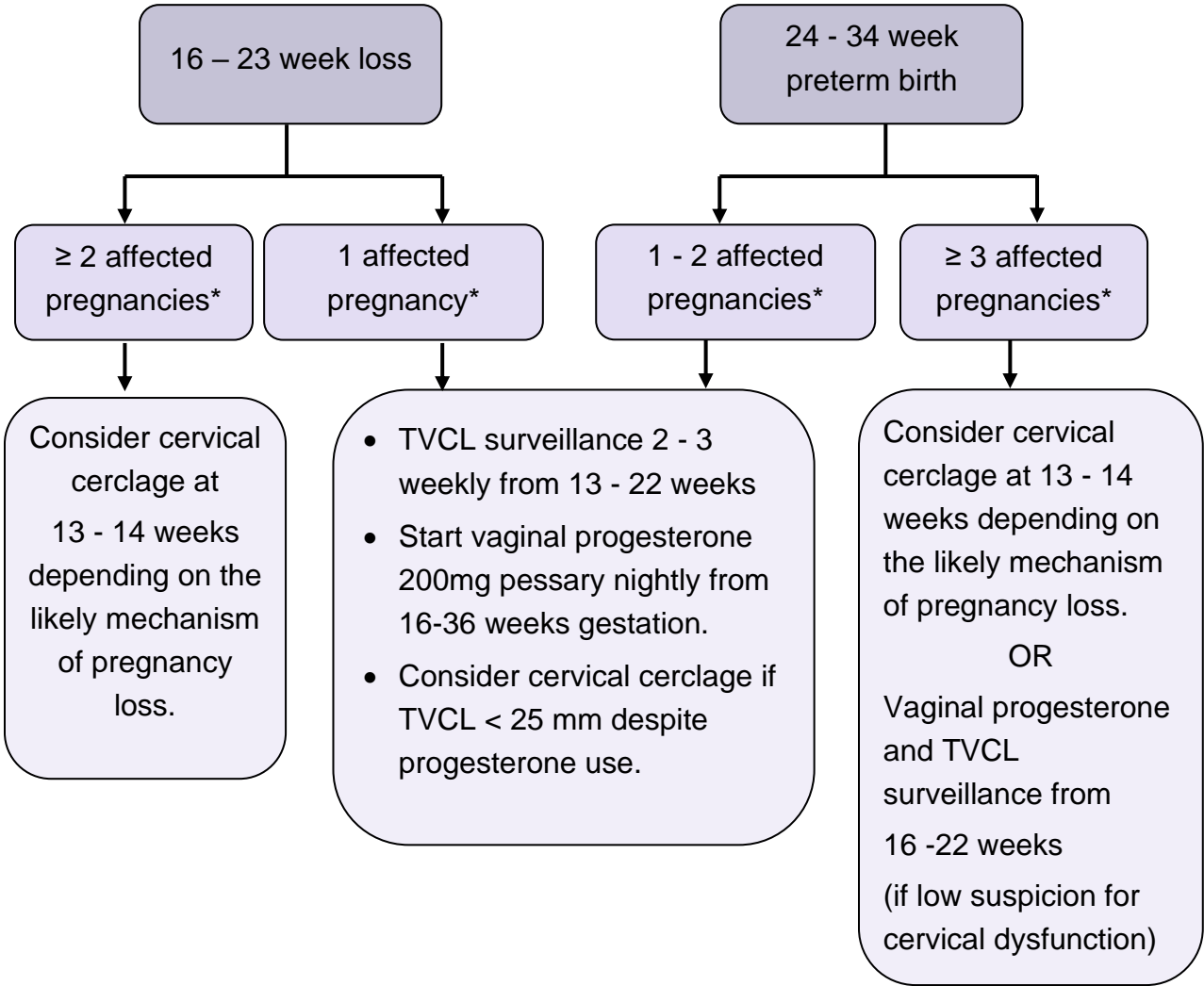
**PRETERM BIRTH PREVENTION**  
**MODERATE -RISK WOMEN PATHWAY**

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



**PRETERM BIRTH PREVENTION**  
**HIGH-RISK WOMEN PATHWAY**  
Previous spontaneous preterm birth at 24-34 weeks gestation and / or previous pregnancy loss at 16-24 weeks gestation (not due to placental dysfunction or fetal anomaly)



Related WNHS procedures and guidelines	
Obstetrics and Gynaecology Clinical Practice Guidelines:	
<ul style="list-style-type: none"> <li><a href="#">Cervical Cerclage (Post-insertion Nursing Observations and Suture Removal Medical Procedure)</a></li> </ul>	

Keywords:	Preterm, birth, progesterone, PTB, TVU CL, cervical cerclage, singleton, pessaries, PPRM, cervix, cervical length, low risk, flowchart		
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NSQHS Standards (v2) applicable:	<input checked="" type="checkbox"/>  1: Clinical Governance <input type="checkbox"/>  2: Partnering with Consumers <input type="checkbox"/>  3: Preventing and Controlling Healthcare Associated Infection <input type="checkbox"/>  4: Medication Safety	<input type="checkbox"/>  5: Comprehensive Care <input type="checkbox"/>  6: Communicating for Safety <input type="checkbox"/>  7: Blood Management <input checked="" type="checkbox"/>  8: Recognising and Responding to Acute Deterioration	
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## Version history

Number	Date	Summary
1	April 2025	<p>First version</p> <p><b>History:</b> In April 2025 amalgamated 3 individual guidelines for women at risk of pre-term birth, dating from May 2015.</p> <p><b>Superseded:</b></p> <ol style="list-style-type: none"> <li>Preterm Birth Prevention: Low Risk Women Pathway (dated June 2021)</li> <li>Preterm Birth Prevention: Moderate Risk Women Pathway (dated June 2021)</li> <li>Preterm Birth Prevention: High Risk Women Pathway (dated June 2021)</li> </ol> <p><b>Changes:</b></p> <ul style="list-style-type: none"> <li>Content reviewed and updated- read guideline</li> <li>Added link to the Obstetrics and Gynaecology Cervical Cerclage Clinical Practice Guideline</li> </ul>

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