



Topic Expert Group: Birth and transfer

Information provision for women about the risk for preterm birth (PTB)

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Target group

Pregnant women and their partners

User group

Healthcare professionals caring for women, perinatal units, hospitals, and health services

Statement of standard

All (pregnant) women receive timely information and counselling about potential risk factors for and signs and symptoms of preterm birth and how to find appropriate healthcare advice. (see TEG Follow-up & continuing care)

Rationale

Risk identification and education regarding the signs and symptoms of preterm birth are essential components of obstetric care. They should be a routine part of obstetric care, since counselling of women and their partners and early intervention may be effective in reducing the risk of preterm birth. Healthcare providers (be it a midwife, general practitioner or an obstetrician/gynaecologist) should be able to advise and appropriately triage patients at risk for preterm birth. (1–10)

Differentiation between low risk and high risk pregnancies is important to assess the best strategy of preventing preterm birth or managing women at risk. Specific standards of care should be applied to women with known risk factors for preterm birth. Early detection and provision of specialist care may reduce the incidence of preterm birth and the associated fetal/neonatal and maternal complications. (1–10) Although for the majority of preterm births the cause may be uncertain, there are specific risk constellations that women and healthcare professionals should be aware of.

Criteria/risk factors for preterm birth include pregnancy related factors, demographic and behavioural factors, underlying medical conditions of the mother and fetal conditions (detailed information see table at “description”). (1–10)

Benefits (4,7,11–22)

Short-term benefits

- Better informed women and partners (6,11–14,17,20–24)
- Improved pregnancy follow-up (4,11,15,17,20,21)
- Earlier recognition of impending complications (4,11,15,19–21)
- Earlier transfer/referral to a specialist (4,11,15,17,19–21)
- Better and earlier initiation of prophylactic or therapeutic regimens (4,11,15,17–21)
- Reduced perinatal mortality and morbidity (12,15–21,24)
- Reduced maternal mortality and morbidity (12,17–19,23,24)



- Reduced healthcare costs (12,17)

Long-term benefits

- Improved short- and long-term outcomes (mother and infant/child) (consensus)
- Reduced healthcare costs (consensus)
- Increased population awareness about pregnancy complications (consensus)

Components of the standard

Component	Grading of evidence	Indicator of meeting the standard
For parents and family		
1. (Pregnant) women are informed by healthcare professionals about risk factors and also symptoms and/or signs for impending pregnancy complications. (13,14,20–24)	A (High quality) B (High quality)	Patient information sheet
2. Accurate communication (all essential information) is provided. (13,14)	A (High quality) B (High quality)	Parent feedback
For healthcare professionals		
3. Training on the risks and signs of preterm birth and tools for assessment of risk for impending preterm birth is attended by all responsible healthcare professionals. (25–30)	A (High quality) B (High quality)	Training documentation
4. Professional and empathic communication is provided. (13,14)	A (High quality) B (High quality)	Healthcare professional feedback, parent feedback
5. Women at risk for very preterm birth are cared for exclusively in specialist centres. (31–33)	A (High quality) B (High quality)	Audit report
For perinatal unit		
6. A unit guideline on procedures and algorithms for the management of threatened preterm birth and underlying conditions is available and regularly updated. (34)	A (High quality) B (High quality)	Guideline
7. Women at risk for very preterm birth are referred and transferred to appropriate delivery clinic in a timely fashion. (31–33)	A (High quality) B (High quality)	Audit report



For hospital		
8. Training on the risks and signs of preterm birth and tools for assessment of risk for impending preterm birth is ensured.	B (High quality)	Training documentation
9. Continuous quality improvement programme is in place. (35)	A (High quality) B (Moderate quality)	Audit report
For health service		
10. A national guideline on procedures and algorithms for the management of threatened preterm birth and underlying conditions is available and regularly updated.	B (High quality)	Guideline
11. Regional networks for perinatal care are established. (36)	A (High quality)	Regional network
12. Risk reduction programmes are in place.	B (Moderate quality)	Audit report
13. An appropriate working environment for pregnant women is provided by employers. (37)	C (High quality)	Workplace legislation

Where to go – further development of care

Further development	Grading of evidence
For parents and family	
<ul style="list-style-type: none"> Advocate for enhanced maternity and paternity leave benefits. 	B (High quality)
For healthcare professionals	
<ul style="list-style-type: none"> N/A 	
For perinatal unit	
<ul style="list-style-type: none"> N/A 	
For hospital	
<ul style="list-style-type: none"> N/A 	
For health service	
<ul style="list-style-type: none"> Encourage or promote increase in funding of research on the causes and prevention of preterm birth. 	B (Moderate quality)



Getting started

Initial steps

For parents and family

- Parents are verbally informed in a timely manner on healthy pregnancy and pregnancy complications by healthcare professionals.

For healthcare professionals

- Attend training on the risks and signs of preterm birth and tools for assessment of risk for impending preterm birth and pregnancy complications.
- Counsel women/couples (e.g. by midwives, general practitioners, obstetricians/gynaecologists).

For perinatal unit

- Develop and implement a unit guideline on procedures and algorithms for the management of threatened preterm birth and underlying conditions.
- Distribute information material on healthy pregnancy and pregnancy complications for parents.

For hospital

- Support healthcare professionals to participate in training on the risks and signs of preterm birth and tools for assessment of risk for impending preterm birth.

For health service

- Develop and implement a national guideline on procedures and algorithms for the management of threatened preterm birth and underlying conditions.
- Develop information material on healthy pregnancy and pregnancy complications for parents.

Description

Risk factors for preterm birth (3–10)

Pregnancy related conditions

- Reproductive history: history of (spontaneous) preterm birth or abortion
- Preterm labour: may be caused by several conditions: multiples, hydramnios, infection, ...
- Multiple pregnancy
- Pregnancy complications: Gestational diabetes, hypertensive disorders (preeclampsia), intrauterine growth restriction, vaginal bleeding in early pregnancy, cervical insufficiency
- Assisted reproduction techniques: higher number of multiples and increased risk of pregnancy complications
- Uterine/cervical infections

Fetal conditions

- Fetal malformations
- Intrauterine growth restriction

Underlying medical conditions

- Uterine or cervical abnormalities



- Chronical medical disorders: hypertension, renal insufficiency, diabetes mellitus, autoimmune diseases, anemia

Demographic factors

- Age: particularly young (<17 years) or older women (>35 years)
- Ethnicity: higher risk for preterm birth in black women
- Socioeconomic background: low education level, low income, little social support does play a role for preterm birth
- Genetic influence: Specific fetal and maternal genotypes

Modifiable lifestyle risk factors

- Short inter-pregnancy interval
- Smoking or substance abuse
- Exposure to environmental pollutants
- Under- and overweight (obesity)
- Unbalanced diet
- High stress level
- Suboptimal prenatal care

Source

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Lifecycle

5 years/next revision: 2023

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