



Topic Expert Group: **Follow-up and continuing care**

Reproductive counselling

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Target group

Mothers of very preterm infants and their partners

User group

Healthcare professionals, perinatal and neonatal units, hospitals, health services, and follow-up teams

Statement of Standard

Mothers of infants born very preterm or after pregnancy complications and their partners are counselled on the risk of recurrence in future pregnancies, and offered strategies to prevent recurrence, both before conception and during a subsequent pregnancy.

Rationale

The goal is to assess and evaluate the risk of recurrence of preterm birth or other severe pregnancy complications after birth of a high-risk infant.

Compared to the general population, women with a previous preterm delivery have an increased risk of preterm delivery in future pregnancies. (1,2) This increased risk applies to spontaneous as well as iatrogenic preterm delivery.

With regards to spontaneous preterm delivery, a number of preconception interventions may reduce the risk of recurrence: cessation of smoking and recreational drugs, appropriate management of maternal comorbidities, including treatment of genital tract infection, and attainment of a normal body mass index. (1,3,4) In a subsequent pregnancy, treatment of asymptomatic bacteriuria, progesterone administration and cervical cerclage have proven useful in reducing the risk of recurrence in women with a short cervix. (1,3,5,6)

In terms of iatrogenic preterm delivery, a substantial proportion of these cases are related to vascular placental conditions, such as pre-eclampsia and fetal growth restriction. The risk of recurrence of these conditions is higher than in the general population, and can be decreased by low-dose aspirin, calcium supplements, and diet and lifestyle interventions. (2,7,8)

Benefits

Short-term benefits

N/A

Long-term benefits

- Better informed parents (consensus)
- Appropriate preconception or early pregnancy intervention or management (1,3,4)
- Reduced risk of recurrent preterm delivery (1,3–6)
- Reduced risk of recurrent pre-eclampsia and fetal growth restriction (2,7–9)



Components of the standard

Component	Grading of evidence	Indicator of meeting the standard
For parents and family		
1. Mothers and their partners are informed by healthcare professionals on strategies to prevent recurrence of preterm delivery or pregnancy complications, before hospital discharge or at a follow-up visit. (see TEG Birth & transfer)	B (High quality)	Patient information sheet
2. Mothers and their partners are supported to help them to cope with uncertainties in outcomes in future pregnancies.	B (High quality)	Parent feedback
For healthcare professionals		
3. A unit guideline on reproductive counselling of women with a previous complicated pregnancy at risk of recurrence, including pathways of integrated antenatal care, is adhered to by all healthcare professionals. (1–8)	A (High quality) B (High quality)	Guideline
4. Training on reproductive counselling of women with a previous complicated pregnancy at risk of recurrence is attended by all responsible healthcare professionals.	B (High quality)	Training documentation
For perinatal and neonatal unit, hospital, and follow-up team		
5. A unit guideline on reproductive counselling of women with a previous complicated pregnancy at risk of recurrence, including pathways of integrated antenatal care is available and regularly updated. (1–8)	A (High quality) B (High quality)	Guideline
6. Communication about maternal health issues that may affect newborn care is maintained.	B (High quality)	Clinical records
7. Training on reproductive counselling of women with a previous complicated pregnancy at risk of recurrence is ensured.	B (High quality)	Training documentation



For health service

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| 8. | A national guideline on reproductive counselling of women with a previous complicated pregnancy at risk of recurrence, including pathways of integrated antenatal care is available and regularly updated. (1–8) | A (High quality)
B (High quality) | Guideline |
| 9. | Funding for follow-up care of mothers and for targeted antenatal care in future pregnancies is provided, or included in insurance packages. | B (Moderate quality) | Audit report |

Where to go – further development of care

Further development	Grading of evidence
For parents and family N/A	
For healthcare professionals N/A	
For neonatal unit, hospital, and follow-up team N/A	
For health service N/A	

Getting started

Initial steps

For parents and family

- Mothers and their partners are informed by healthcare professionals about pregnancy complications and about the availability of targeted care in future pregnancies.

For healthcare professionals

- Attend training on reproductive counselling of women with a previous complicated pregnancy at risk of recurrence.
- Establish a structure of communication with other healthcare institutions providing antenatal care.

For perinatal and neonatal unit, hospital, and follow-up team

- A service for providing antenatal care for women at risk of recurrent pregnancy complication is available.
- Develop and implement a unit guideline on reproductive counselling.
- Develop information material on the follow-up that is available for women at risk of recurrent pregnancy complication.



- Support healthcare professionals to participate in trainings on reproductive counselling of women with a previous complicated pregnancy at risk of recurrence.
- Provide funding and resources for targeted antenatal care in future pregnancies.

For health service

- Develop and implement a national guideline on pathways of care, integrating routine antenatal care for women with a previous complicated pregnancy at risk of recurrence.

Source

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