Suspected Preterm Labour

Guidance for Frontline Clinicians

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Background

Over the last 25 years the prospects for babies who are born very premature, have congenital anomalies requiring surgery, or who develop illnesses after birth, have improved greatly. For example, in babies born at extremely low gestational ages (23-25 weeks of gestation) survival increased between 1995 and 2006 by 15%, and since then has continued to improve year on year (https://fn.bmj.com/content/105/3/232).

Alongside this, services have been re-organised into a series of networks so that hospitals can work together to ensure that expert care can be delivered when it is needed. These centres are required to look after a minimum number of very small infants and infants requiring intensive care; in order to maintain expertise.

Improving outcomes should not mean we are complacent. The evidence shows that there are further gains that can and should be achieved. We know that some of the variation in outcomes is due to babies being born in maternity units without intensive care services. Whilst every hospital with a labour ward has the capability to look after a sick or preterm baby who needs intensive care as an emergency; and can do so for a brief period of time – the expertise of an intensive care unit is demonstrated to improve outcomes for these infants. Additionally babies who are born in the wrong centre will then need to undergo a transfer ex-utero, which has also been associated with a worse outcome; as well as causing increased demand for neonatal transfer services.

Achieving more than 85% of extremely preterm births (<27 weeks) in the right place is a national standard (KLOE 20/21); and having in place a perinatal pathway to facilitate this is a NICE quality standard.

In an emergency, it is always the right decision to go to the nearest hospital (with a labour ward). If there is a choice, the aim of this flow chart is to aid decision making to support delivery in the right centre.

Types of neonatal unit

NICU

Neonatal Intensive Care Unit (level 3)

- In-patient care of mothers expected to deliver at less than 27 weeks gestation
- In-patient care of mothers at 27 weeks gestation and above who are considered to be at high risk (identified in clinical guidelines – for example, severe early onset pre-eclampsia; fibronectin positive; cervical length decrease at 24 – 27 weeks)
- Babies needing intensive care (excluding short-term intensive care in level 2 units)
- Babies needing intensive or high dependency care following surgery
- Babies needing high dependency and special care

LNU

Local Neonatal Unit (level 2)

- Deliveries at 28 weeks gestation and above considered to be medium risk.

SCU

Special Care Unit (level 1)

- Deliveries at 32 weeks gestation and above considered to be low risk

Regional contact details (!)

Medway Maritime, Gillingham 020 8812 3456	NICU
Royal Sussex County, Brighton 020 8812 3456	NICU
St Peter's, Chertsey 020 8812 3456	NICU
William Harvey, Ashford 020 8812 3456	NICU
East Surrey, Redhill 020 8812 3456	LNU
Frimley Park, Frimley 020 8812 3456	LNU
Tunbridge Wells, Pembury 020 8812 3456	LNU
Conquest, Hastings 020 8812 3456	SCU
Darent Valley, Dartford 020 8812 3456	SCU
Princess Royal, Haywards Heath 020 8812 3456	SCU
QEQM, Margate 020 8812 3456	SCU
Royal Surrey, Guildford 020 8812 3456	SCU
Worthing 020 8812 3456	SCU

Suspected Preterm Labour Decision Tree

DISPATCH TO PREGNANCY RELATED CONCERNS

Do you need senior help?
Consider discussing with CCP/CCD

Assess clinical status
- Maternal baseline observations
- Blood pressure
- Frequency of contractions
- History of blood loss
- Foetal movements
- Antenatal history

Gestation 22-27 weeks
- Suspected preterm labour: PV bleeding
- Contractions
- Ruptured membranes

→
- Transfer to **maternity with NICU** if ETA <30 minutes
- Contact critical care desk if ETA >30 minutes

Gestation 27-32 weeks
- Threatened preterm labour

→
- Transfer to **maternity with LNU** if ETA <30 minutes
- May benefit from transfer to maternity with NICU

Gestation <22 or >32 weeks
- Threatened preterm labour
- Concern for foetal wellbeing
- Concern for maternal health

→
- Transfer to **nearest maternity centre** with a neonatal unit

Antenatal history
Known need to deliver at hospital with NICU: e.g. growth restriction (weight <800g), significant congenital anomaly or maternal condition

→
- May benefit from transfer to maternity with NICU
- Contact critical care for advice

Delivery on scene or en route
- Preterm <32 weeks
- Any gestation need for maternal or infant resuscitation

→
- Transfer to **nearest emergency department**

Pass pre-alert call to receiving unit

Kent, Surrey, Sussex neonatal unit locations

30 min drive to LNU | 30 min drive to NICU