

mode of birth in NICE's guideline caesarean birth. **[2015]**

- 1.13.2 Explain to women in suspected, diagnosed or established preterm labour and women with P-PROM about the benefits and risks of caesarean birth that are specific to gestational age. In particular, highlight the difficulties associated with performing a caesarean birth for a preterm birth, especially the increased likelihood of a vertical uterine (classical) incision and the implications of this for future pregnancies. **[2015, amended 2022]**
- 1.13.3 Explain to women in suspected, diagnosed or established preterm labour that there are no known benefits or harms for the baby from caesarean birth, but the evidence is very limited. **[2015]**
- 1.13.4 Consider caesarean birth for women presenting in suspected, diagnosed or established preterm labour between 26+0 and 36+6 weeks of pregnancy with breech presentation. **[2015]**

## 1.14 Timing of cord clamping for preterm babies (born vaginally or by caesarean birth)

- 1.14.1 Wait at least 60 seconds before clamping the cord of preterm babies unless there are specific maternal or fetal conditions that need earlier clamping. **[2015, amended 2022]**
- 1.14.2 Position the baby at or below the level of the placenta before clamping the cord. **[2015]**

## Terms used in this guideline

This section defines terms that have been used in a particular way for this guideline. For other definitions see the [NICE glossary](#) and the [Think Local, Act Personal Care and Support Jargon Buster](#).

## Cervical trauma

Physical injury to the cervix including surgery; for example, previous cone biopsy (cold knife or laser), large loop excision of the transformation zone (LLETZ; any number) or radical diathermy.

## Diagnosed preterm labour

A woman is in diagnosed preterm labour if she is in suspected preterm labour and has had a positive diagnostic test for preterm labour.

## Emergency cervical cerclage (previously known as 'rescue')

Cervical cerclage performed as an emergency procedure for premature cervical dilatation, often with exposed fetal membranes.

## Established preterm labour

A woman is in established preterm labour if she has progressive cervical dilatation from 4 cm with regular contractions (see the [definition of the established first stage of labour in NICE's guideline on intrapartum care](#)).

## MBRRACE-UK

Mothers and babies: reducing risk through audits and confidential enquiries across the UK (MBRRACE-UK) is a series of audits carried out with the aim of identifying causes of maternal and perinatal death and morbidity and making recommendations to inform maternity care and so reduce these poor outcomes.

## Preterm prelabour rupture of membranes (P-PROM)

A woman is described as having P-PROM if she has ruptured membranes before 37+0 weeks of pregnancy but is not in established labour.

## Suspected preterm labour

A woman is in suspected preterm labour if she has reported symptoms of preterm labour

and has had a clinical assessment (including a speculum or digital vaginal examination) that confirms the possibility of preterm labour, but rules out established labour.

## Symptoms of preterm labour

A woman has presented before 37+0 weeks of pregnancy reporting symptoms that might be indicative of preterm labour (such as abdominal pain), but no clinical assessment (including speculum or digital vaginal examination) has taken place.

# Recommendations for research

The guideline committee has made the following recommendations for research.

As part of the 2019 update, the guideline committee made 3 additional recommendations for research on prophylactic progesterone. As part of the 2022 update, the guideline committee made an additional recommendation for research on repeating maternal corticosteroids.

## Key recommendations for research

### 1 Repeating maternal corticosteroids

Is a single repeat dose or a single repeat course (2 doses) of maternal corticosteroids more effective than a single course for preterm neonatal outcomes and longer-term outcomes for babies and children, and what is the optimal time interval between completing the initial course (2 doses) and the repeat dose or course? **[2022]**

For a short explanation of why the committee made the recommendation for research, see the [rationale section on repeat courses of maternal corticosteroids](#).

Full details of the evidence and the committee's discussion are in [evidence review B: effectiveness of repeat courses of maternal corticosteroids for fetal lung maturation](#).

### 2 Prophylactic vaginal progesterone

Does progesterone reduce the risk of preterm birth in women who have risk factors for preterm birth, but do not have a short cervix (cervical length of more than 25 mm)? **[2019]**

#### Why this is important

Preterm birth is a cause of significant morbidity for women and babies, and impacts negatively on women and their families, as well as being costly to the NHS. There is good evidence for the use of progesterone to reduce preterm birth, however studies include

women with a combination of risk factors for preterm birth, such as a history of preterm birth and a shortened cervix.

There is no evidence for the effectiveness of progesterone in women who do not have a short cervix, but who do have other risk factors for preterm birth. It is therefore difficult to decide if progesterone should be recommended for women, and also whether measuring the cervical length to guide treatment is necessary.

### 3 Prophylactic vaginal progesterone

Does progesterone reduce the risk of preterm birth in women who have a short cervix (cervical length of 25 mm or less), but do not have other risk factors for preterm birth? **[2019]**

#### Why this is important

Preterm birth is a cause of significant morbidity for women and babies, and impacts negatively on women and their families, as well as being costly to the NHS. There is good evidence for the use of progesterone to reduce preterm birth, however studies include people with a combination of risk factors for preterm birth, such as a history of preterm birth and a shortened cervix.

There is a lack of evidence for the effectiveness of progesterone in women with a cervical length of 25 mm or less, but without other risk factors for preterm birth. It is therefore difficult to decide if progesterone should be recommended for women, and consequently whether measuring the cervix to guide treatment is necessary for women with no other risk factors.

### 4 Prophylactic vaginal progesterone

At what gestation should treatment with prophylactic vaginal progesterone for the prevention of preterm birth be started and stopped? **[2019]**

#### Why this is important

Preterm birth is a cause of significant morbidity for women and babies, and impacts negatively on women and their families, as well as being costly to the NHS. There is good evidence for the use of progesterone to reduce preterm birth, however studies do not