Useful Contact Details

Preterm Birth Prevention Clinic Midwives

Ph: 0466 329 638 Page 3417

Help to coordinate your care during your pregnancy and your main point of contact. Midwives are contactable Monday to Friday, 8am to 4pm.

www.thewholeninemonths.com.au

King Edward Memorial Hospital Emergency Centre

Ph: (08) 9340 1433

24 hour Emergency service for pregnancy issues prior to 20 weeks of pregnancy.

King Edward Memorial Hospital Maternal Fetal Assessment Unit (MFAU)

Ph: (08) 9340 2134

24 hour emergency service for pregnancy concerns after 20 weeks of pregnancy.

The Western Australian Preterm Birth Prevention Initiative



Many cases of preterm birth can now be prevented. This state-wide initiative aims to safely lower the rate of preterm birth by up to 35% over the next five years.

This brochure details one of nine interventions which help prevent preterm birth and promote going the whole nine months. Further details of the Initiative are available at:

THEWHOLE NINEMONTHS.com.au

a joint collaboration between:









WOMEN AND NEWBORN HEALTH SERVICE

King Edward Memorial Hospital

374 Bagot Road Subiaco WA 6008 **Telephone:** (08) 9340 2222



This document can be made available in alternative formats on request for a person with a disability.

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The Western Australian Preterm Birth Prevention Initiative

Preterm Birth Prevention Clinic

Patient information



Introduction

In Western Australia, preterm birth is defined as birth before 37 and after 20 completed weeks of gestation (pregnancy).

Preterm birth is potentially a very severe condition but many cases can now be prevented.

Your doctor has referred you to the King Edward Memorial Hospital Preterm Birth Prevention Clinic due to events in your medical history that put you at higher risk of delivering a preterm baby.

The specialised team at the KEMH Preterm Birth Prevention Clinic aim to reduce the rate of preterm birth for women like yourself, who are at increased risk.



Services

The clinic will be staffed by specialist obstetricians, midwives and a sonographer.

After referral you can expect to have one, two or three visits where an individualised management plan will be developed.

At each visit you may have an ultrasound scan of your baby and cervix. The measurement of the length of the cervix may be done by an internal scan (transvaginal ultrasound).

You will also be seen by a midwife and a specialist obstetrician. After review of your medical history a detailed management plan will be made and discussed with you and your referring doctor.

Interventions include, but are not limited to, progesterone pessary supplementation, placement of a cervical cerclage, lifestyle advice, treatment of medical disorders and increased fetal monitoring. Some of these interventions will need to occur at KEMH, others may be able to be done at a hospital closer to your home.

The clinic will aim to refer you back to your usual health care provider once a personalised management plan is in place. The remainder of your antenatal care and the birth of your baby can then take place at the chosen hospital.

A small number of women will need to have ongoing care at KEMH, possibly with ongoing involvement of the clinic or the high risk obstetric antenatal clinic.

