



GPs play a pivotal role in identifying women at risk of preterm birth.

Important role for GPs in reducing preterm births

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Preterm birth (PTB), defined as birth prior to 37 completed weeks of gestation, is the leading cause of death in children under five years of age worldwide and it accounts for eight out of ten perinatal deaths in Queensland. For those who survive, prematurity often results in significant morbidity, developmental delay and behavioural problems later in life. Families affected face psychosocial stressors and financial constraints secondary to complications of prematurity resulting in chronic illness; a lifelong burden, often associated with poor quality of life.

Of the just over 60,000 babies born per year in Queensland, 9.4 per cent are born preterm. This has been increasing in recent years and is above the national rate of 8.5 per cent. It is time to face this challenge and reduce the numbers of babies born early across our state.

Risk factors for PTB include a history of preterm birth, smoking and multiple pregnancy.

In order to achieve a reduction of PTB in Queensland, we need to address risk factors early in pregnancy. GPs play a pivotal role in identifying women at risk.

GPs are encouraged to identify women who smoke and offer counselling pre-conception or as early as possible in pregnancy.

Cervical length (CL) measured between 16 and 24 weeks gestation is a powerful predictor of a woman's risk of PTB. Routine cervical length screening at the 18-20 weeks morphology ultrasound scan is a key intervention to prevent PTB. Given that most women will have this routine ultrasound scan done in the community, GPs play a key role in identifying women at risk.

On transabdominal (TA) ultrasound scan with a full bladder, TA-CL > 35 mm indicates a 'long' cervix. Any woman who is considered high-risk of PTB (e.g. previous PTB/cervical surgery) should be offered a transvaginal (TV) scan with an empty bladder. The same applies to women whose cervix could not be seen across its entire length or measures less than 35 mm on TA assessment. A 'short' cervix defined as TV-CL less than 25 mm requires urgent obstetric referral and daily vaginal progesterone pessaries should be commenced by the GP in the community at a dose of 200 mg every night at time of diagnosis.

For more information about the world's first national program aiming to safely lower the PTB rate across its entire population visit www.pretermalliance.com.au.