



Ref: FOIA Reference 2021/22-470

Date: 8th March 2022

Email foi@uhnm.nhs.uk

Dear

I am writing to acknowledge receipt of your letter dated 19th October 2021 (received into our office 14th December) requesting information under the Freedom of Information Act (2000) regarding maternity

As of 1st November 2014 University Hospitals of North Midlands NHS Trust (UHNM) manages two hospital sites – Royal Stoke University Hospital, and County Hospital (Stafford). Therefore the response below is for the two sites combined from that date where appropriate.

Q1 I would like to know if your Trust offer preterm prevention clinic for pregnant women. If so, what inclusion criteria is it set against?

A1 The following patients are at increased risk of preterm labour and birth, and are referred to the Preterm Birth Prevention Clinic (PPC).

- Previous delivery by caesarean section at full dilatation
- History of a significant cervical excision i.e. LLETZ where >10mm depth removed, or >1 LLETZ procedure carried out previously or a cone biopsy under general anaesthetic.
- Previous preterm birth or mid-trimester loss between 16+0 and 34+6 weeks gestation
- Previous preterm prelabour rupture of membranes (PPROM) <34+6 weeks.
- Preterm birth prevention intervention in a previous pregnancy i.e. cerclage, progesterone or Arabin pessary.
- Known uterine variant e.g. unicornuate, bicornuate or septate uterus
- Intrauterine adhesions (Asherman syndrome)
- History of trachelectomy for cervical cancer.

Q2 What is the caseload capacity and do you have any data on success rate supporting this intervention?

A2 There is evidence that midwifery continuity models reduce the rate of preterm birth. UHNM are currently not able to implement a full Midwifery Continuity of Carer Model we are completing a full Birthrate Plus workforce establishment review considered an essential building block to support the implementation of a successful MCoC model.

https://www.england.nhs.uk/wp-content/uploads/2021/10/B0961_Delivering-midwifery-continuity-of-carer-at-full-scale.pdf

It is intended that MCoC will become the default model of care; however UHNM will be prioritising caseloads once our Birthrate Plus establishment workforce has been completed and that we have our recommended workforce establishments in place. UHNM will also be prioritising a midwife with a specialist interest in pre-term births. We are currently ensuring compliance for element 5 of the Saving Babies Lives care Bundle Reducing preterm births <https://www.england.nhs.uk/wp-content/uploads/2019/07/saving-babies-lives-care-bundle-version-two-v5.pdf>

140 new patients who delivered in 2020 were seen at UHNM preterm birth clinic

Q3 Is this in addition to the implantation of continuity of care model which was requested by the government? Is so do you have any information on the interventions being used together for reducing preterm birth?

A3 Interventions at UHNM for reducing pre-term birth

Surveillance in the Preterm Birth Prevention Clinic (PPC) at UHNM

- All patients with a history of a previous preterm birth before 26 weeks should be referred to the PPC by 12+0 weeks gestation.
- All other patients at increased risk should be referred to the PPC by 18+0 weeks gestation.
- Patients should be offered at least one transvaginal cervical length assessment from 16+0. More scans should be offered if indicated by clinical risk assessment or findings in the PPC. They should be discharged back to their assigned antenatal care pathway at booking if no further intervention is necessary
- At UHNM Cervical cerclage, vaginal progesterone and Arabin pessary are the interventions available for patients at high risk of preterm birth. At present there is no evidence to suggest precisely in which patients or in what circumstance each intervention will be most effective. As such the care of all patients should be individualised, taking into account the patient's wishes after discussing the potential risks and benefits of each intervention.
- Interventions at UHNM: History indicated cerclage (high vaginal or prepregnancy laparoscopic abdominal cerclage), cervical length indicated low vaginal cerclage, Arabin pessary, Vaginal progesterone and prophylactic omega 3 fish oils

*Please note that any individuals identified do not give consent for their personal data to be processed for the purposes of direct marketing.

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An anonymised copy of this request can be found on the Trust's disclosure log, please note that all requests can be found at the following link: <http://www.uhnm.nhs.uk/aboutus/Statutory-Policies-and-Procedures/Pages/Freedom-of-Information-Disclosure-Log.aspx>

This letter confirms the completion of this request. A log of this request and a copy of this letter will be held by the Trust.

If you have any queries related to the response provided please in the first instance contact my office.

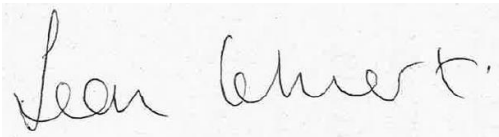
Should you have a complaint about the response or the handling of your request, please also contact my office to request a review of this. If having exhausted the Trust's FOIA complaints process you are still not satisfied, you are entitled to approach the Information Commissioner's Office (ICO) and request an assessment of the manner in which the Trust has managed your request.

The Information Commissioner may be contacted at:

Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF or via www.ico.org.uk.

If following review of the responses I can be of any further assistance please contact my secretary on 01782 671612.

Yours,



Jean Lehnert
Data, Security & Protection Manager