

Dr Caroline Fox - Written evidence (PRT0005)

The importance of preventing the first preterm birth (PTB) in the maternity population has been highlighted as a key research priority. I am writing on behalf of the collaborators (women, midwives, doctors, academics, and charities) from the PRE-EMPT study (PREventing PretErM Birth in nulliParous women Through cervical length screening). Nulliparous means women in their first pregnancy. We have been invited to Stage 2 of the National Institute for Health Research programme grant call. This will be submitted on April 10th, and we believe our project has shared goals with your committee. We will know the outcome of the application by August 2024 and hope that it is a project that you would support.

In England and Wales, we currently offer a cervical length scan (cervical length screening) and specialist preterm care to women identified as high and intermediate risk as per the Saving Babies Lives Care bundle version 3. There is no cervical length screening in those women considered low risk.

Our proposal is based on the knowledge that:

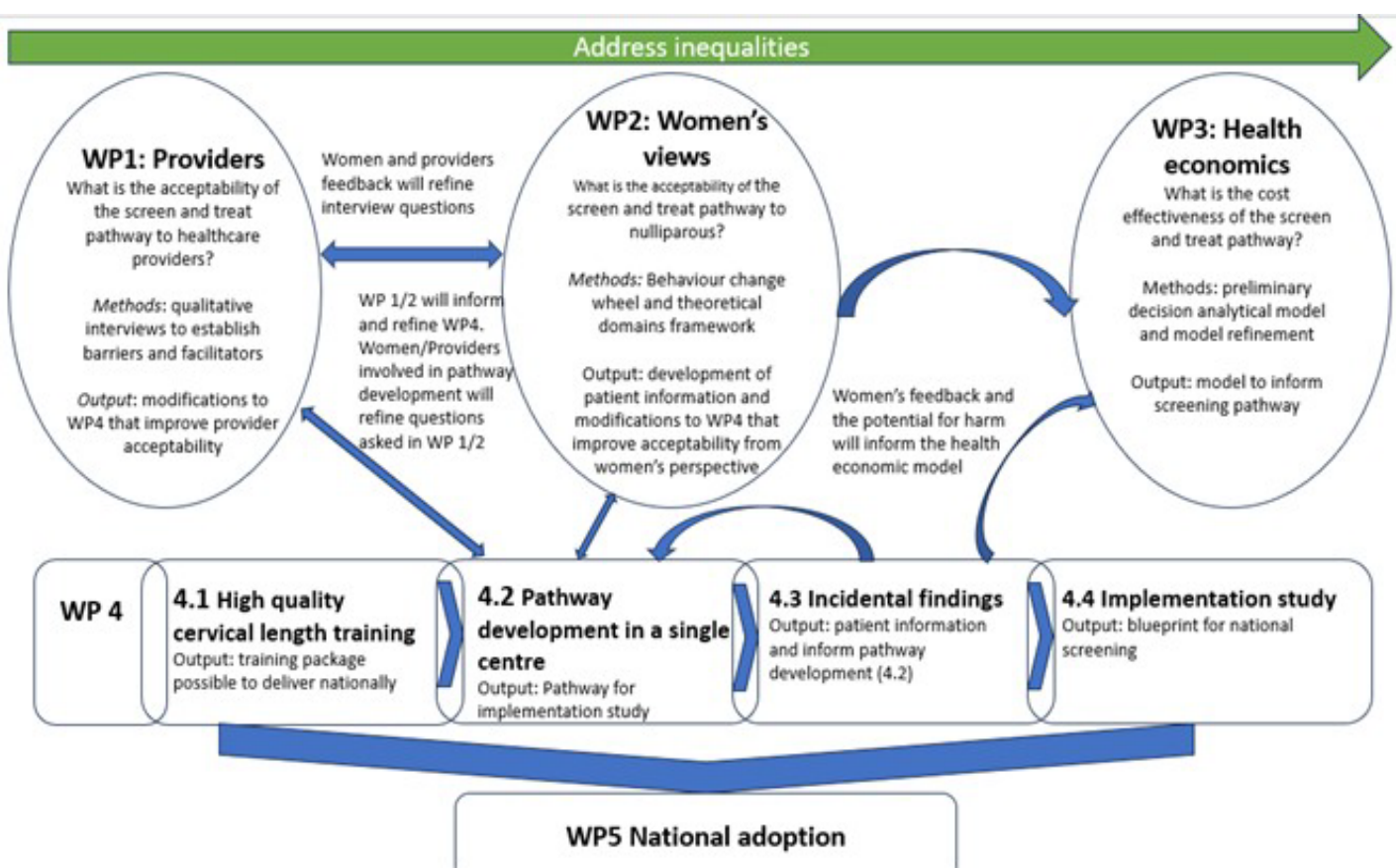
- PTB is more common in nulliparous, Black, Asian and deprived women.
- We need to do more to reduce disparity in PTB.
- Specialist preterm prevention care including progesterone can reduce PTB, this is currently offered to high risk women.
- At least half of PTB occur in women currently defined as low risk.
- A short cervix ($\leq 25\text{mm}$) can predict PTB for which NICE recommends progesterone.
- Further research is needed to see if cervical length scan to pick up a short cervix should be offered to all women in their first pregnancy in the NHS.
- Addressing this problem was identified as a top priority by James Lind Alliance and recommended by NICE.

Offering cervical length screening has been shown to be effective in reducing preterm birth in France, Greece, Israel, and Australia.

We would offer women in their first pregnancy a cervical length scan (referred to as the 'screen' below) and treatment (with progesterone and specialist preterm prevention care) if their cervix was short, with the aim of reducing preterm birth. We developed our proposal involving minority ethnic women and the National Screening Committee to devise 5 work packages.

1. To establish the acceptability of a cervical length screen and treat pathway to healthcare professionals and providers.
2. To establish the acceptability of a screen and treat pathway to women.
 - a. uptake and acceptability of cervical length scan in those in their first pregnancy, particularly Black, Asian, and deprived women
 - b. uptake and acceptability of progesterone treatment and specialist follow-up in women found to have a short cervix
 - c. the psychological impact of diagnosing a short cervix
3. To evaluate the cost effectiveness of offering the screen and treat pathway
4. To develop a cervical length screening and treatment pathway and test if it can be implemented
5. To inform national policy change and adoption through stakeholder involvement

This diagram shows how the work packages enhance each other.



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