

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:

THEWHOLENINEMONTHS.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.

Produced by Women and Newborn Health Service

Web: www.wnhs.health.wa.gov.au

© June 2015 WNHS 0618B

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Government of Western Australia
Department of Health
Women and Newborn Health Service

The Western Australian Preterm Birth Prevention Initiative

Cervical suture

Patient information



What is a cervical suture?

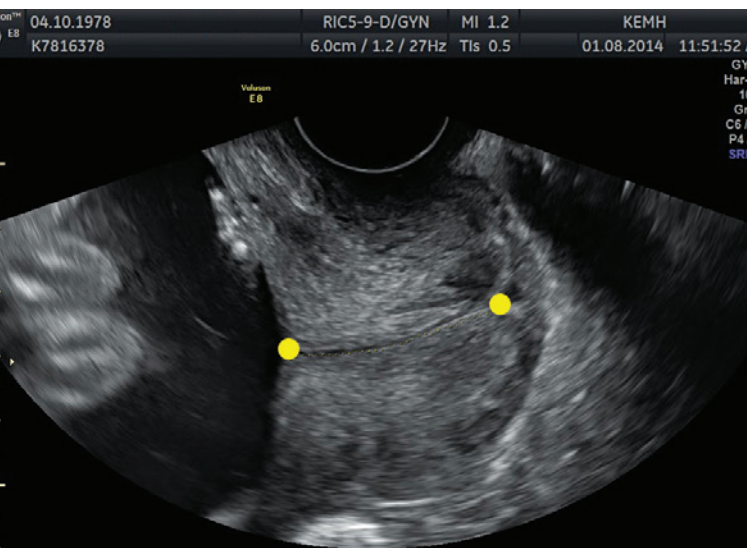
A cervical suture is an operation where a suture (stitch) is placed around the cervix (neck of womb). It is sometimes also called a cervical cerclage. It is usually done between 12 and 24 weeks of pregnancy.

Why is it done?

A cervical suture is sometimes recommended for women who are thought to have a high chance of a late miscarriage or of going into preterm labour.

The purpose of the suture is to reduce the risk of your baby being born early. Premature babies have an increased risk of short and long term health problems.

The exact cause of premature labour or late miscarriages is not clear, but they may be caused by changes in the cervix such as shortening and opening. A cervical suture helps to keep the cervix long and closed, thereby reducing the risk of premature birth or late miscarriage.



How would the cervical suture be put in?

Insertion of the suture takes place in an operating theatre. You may have a spinal anaesthetic where you will stay awake but will be numb from the waist down or you may be given a general anaesthetic where you will be asleep. Your team will advise the best option for you.

You will be advised not to eat or drink for 4-6 hours before the operation. In the operating theatre, your legs will be put in supports and sterile covers will be used to keep the operating area clean. The doctor will then insert a speculum (a plastic or metal instrument used to separate the walls of the vagina to show the cervix) into the vagina and put the suture around the cervix. The operation should take less than 30 minutes.

Afterwards you may be given antibiotics to help prevent infection and you will be offered medication to ease any discomfort. You may also have a tube (catheter) inserted into your bladder that will be removed once the anaesthetic has worn off.

You will likely be in hospital one or two nights after your suture is inserted. Medication will be given to prevent contractions.

What might I expect afterwards?

After the operation, you might have some bleeding from the vagina, which should change to brown in colour after a day or two. You will also experience some lower abdominal and vaginal pain. This will be managed with pain killers whilst in hospital. Due to the position of the stitch some pain and discomfort may continue after you are discharged.

You may need to take simple pain killers like paracetamol once you are at home. Resting in bed is not normally recommended. Sexual intercourse is also not recommended. Your doctor will advise you about the activities you can do and which are best avoided after the procedure.

Is there anything I should look out for?

If you experience any of the following symptoms, you should contact the emergency centre.

- contractions or cramping
- vaginal bleeding
- your waters breaking
- smelly vaginal discharge

When will the suture be taken out?

Your suture will be taken out in the hospital. It will normally happen around 36-37 weeks of pregnancy, unless you go into labour before then.

You will not normally need an anaesthetic. A speculum is inserted into your vagina and the suture is cut and removed. It usually takes a few minutes. Occasionally the suture will need to be removed in theatre. A spinal or general anaesthetic would be needed.

If you go into labour with the cervical suture in place, it is very important to have it removed promptly to prevent damage to your cervix. If you think you are in labour, contact the hospital straight away.