My journey to the neonatal unit

Rachel Corry

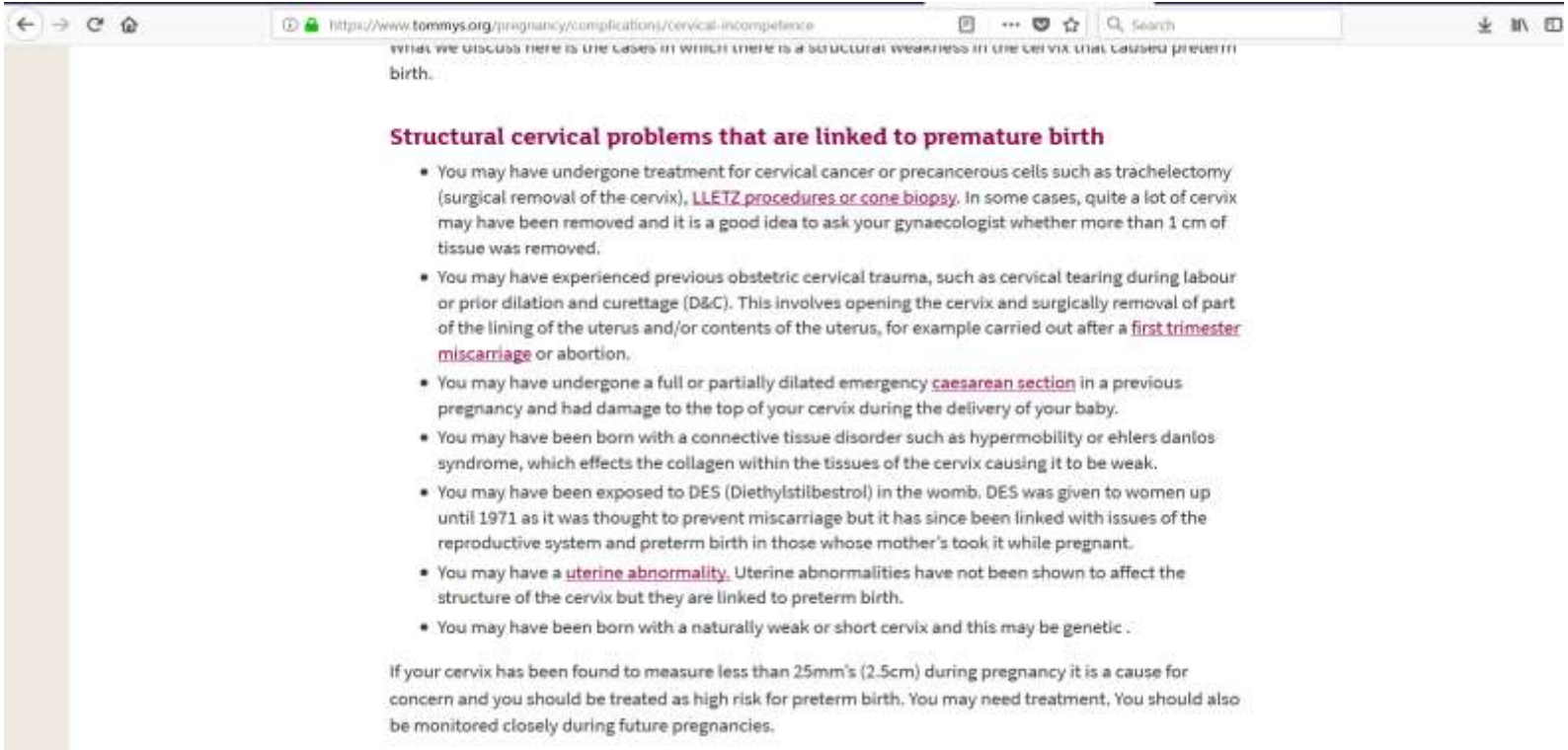
Parent to Adam, Bill & Ben and Hugo

Our History - Adam

Our first premature births

Our pregnancy with Hugo

Cervical weakness



https://www.tommys.org/pregnancy/complications/cervical-incompetence

What we discuss here is the cases in which there is a structural weakness in the cervix that caused preterm birth.

Structural cervical problems that are linked to premature birth

- You may have undergone treatment for cervical cancer or precancerous cells such as trachelectomy (surgical removal of the cervix), LLETZ procedures or cone biopsy. In some cases, quite a lot of cervix may have been removed and it is a good idea to ask your gynaecologist whether more than 1 cm of tissue was removed.
- You may have experienced previous obstetric cervical trauma, such as cervical tearing during labour or prior dilation and curettage (D&C). This involves opening the cervix and surgically removal of part of the lining of the uterus and/or contents of the uterus, for example carried out after a first trimester miscarriage or abortion.
- You may have undergone a full or partially dilated emergency caesarean section in a previous pregnancy and had damage to the top of your cervix during the delivery of your baby.
- You may have been born with a connective tissue disorder such as hypermobility or ehlers danlos syndrome, which effects the collagen within the tissues of the cervix causing it to be weak.
- You may have been exposed to DES (Diethylstilbestrol) in the womb. DES was given to women up until 1971 as it was thought to prevent miscarriage but it has since been linked with issues of the reproductive system and preterm birth in those whose mother's took it while pregnant.
- You may have a uterine abnormality. Uterine abnormalities have not been shown to affect the structure of the cervix but they are linked to preterm birth.
- You may have been born with a naturally weak or short cervix and this may be genetic .

If your cervix has been found to measure less than 25mm's (2.5cm) during pregnancy it is a cause for concern and you should be treated as high risk for preterm birth. You may need treatment. You should also be monitored closely during future pregnancies.

Hospital bedrest

Gloucestershire Hospitals NHS
NHS Foundation Trust

Patient Information

Magnesium sulphate (MgS04) in pregnancy

Introduction

This leaflet has been written to give you information about a medicine called magnesium sulphate.

Magnesium sulphate (MgS04) is a medicine offered to women whose baby will be born between 24 and 30 weeks of pregnancy, as we know that it can protect some babies from developing cerebral palsy. You have been given this leaflet to read as either a decision has been made by the doctor that your baby needs to be born early, or you have gone into premature labour and it is believed that having the magnesium sulphate would be of benefit to you and your unborn baby.

What are the risks to my baby if it is born early?

Every year over 8,500 women in the UK give birth early because of complications with their pregnancy. About 1% of these babies are born before 30 weeks.

Being told that you might give birth early can be a confusing and worrying time for you and your family. Your doctors and midwife will talk to you about the risks of early birth and can help you to make decisions about you and your baby's care.

Being born early can mean that some babies may have a higher risk of breathing difficulties and developing an infection. Babies who are born early can also have difficulty with maintaining a good body temperature and feeding properly. In most babies, these problems will get better with the help of the neonatal doctors and nurses.

A small number of babies can develop long term problems because they have been born prematurely. This can affect their brain and could result in cerebral palsy or problems with sight and hearing.

Reference No.
GMPH373_12_16
Department
Maternity Services
Review due
December 2019

Hugo’s arrival

Hugo’s first few days

A long journey…

- 31 weeks
- CLD
- Grade II IVH
- PDA ligation surgery
- Pulmonary hypertension
- Stage 3 ROP with plus disease
- Sepsis
- Serratia
- Bilateral inguinal hernias needing surgical repair
- Discharged on home oxygen


THING
1
THING
4