

# Media Release



## Preterm Birth Clinic Saves Amanda's Baby

20 August 2015

Amanda Pinder, of Baldivis, knows first-hand the devastation of having a premature baby after losing her baby Freya, who was born at 23 weeks in 2011. After attending the WA Preterm Birth Prevention Trial Clinic at King Edward Memorial Hospital, Amanda has recently delivered a full term baby boy, Archie.

The Clinic is just one part of the Women and Infants Research Foundation's (WIRF) *WA Preterm Birth Prevention Initiative (The Whole Nine Months)* which aims to reduce the rate of premature births in the State by 35 percent over the next five years, which currently stands at 8 – 9 percent (2,800 WA births per year).

Amanda said she was elated to have her baby boy in her arms, "I had 8 miscarriages prior to losing Freya, so when I became pregnant with Archie I was referred to the Clinic and a cervical suture was put in at 13 weeks. The Clinic is the reason that I now have my healthy baby – it literally saved Archie's life".

Insertion of a cervical suture when a women's cervix is found to be shortened at the standard mid-pregnancy ultrasound, is one of the key recommendations of the *Initiative* which also involves educating state-wide medical professionals of new evidence-based clinical guidelines to help women go *the Whole Nine Months*.

Chair of the *Initiative*, Executive Director of the Women and Infants Research Foundation (WIRF) Professor John Newnham said "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. If the cervix is found to be shortened mid-pregnancy we may also prescribe natural vaginal progesterone in women with a past history of preterm birth".

Professor Newnham has this year been touring Western Australia, informing regional medical professionals of the new clinical guidelines of the *Initiative*. This 'Outreach' campaign is the second phase of the *Initiative*, following on from the opening of the trial Clinic in November last year. The Clinic has recently received half a million dollars in State Government funding to continue to operate for the next year.

"The Clinic is already showing early signs of success and Amanda's story is testament to this", said Professor Newnham. "Preterm birth is single, largest cause of death and disability in children under five years of age in the developed world, but we now know that in many cases it is preventable".

With the exception of the Clinic, the Initiative is being supported by WIRF and funded through donations and philanthropy. Professor Newnham said "we now need to support of the WA public to help us run the third phase of the Initiative – a health promotion campaign aimed at raising awareness amongst the general public in WA and those most at risk of having a preterm birth - to be launched in the coming year". You can assist WIRF to run the campaign by visiting [www.thewholeninemonths.com.au/supportus](http://www.thewholeninemonths.com.au/supportus)

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Endorsed by the Australian Medical Association, the *Initiative* is a joint collaboration between WIRF, UWA, the Women and Newborn Health Service (WNHS), and the Department of Health Western Australia (DOH). The recommended interventions to reduce the rate of preterm birth in WA are:

- o Not delivering babies until 38 weeks gestation or later unless there are medical or obstetric reasons necessitating an early birth;
- o Prescription natural vaginal progesterone or insertion of a cervical suture in women with a past history of preterm birth
- o Cessation of smoking or exposure to cigarette smoke for pregnant women;
- o Use of fertility treatments with appropriate caution;
- o Pre-conception care and planning a pregnancy, and;
- o Other health optimising strategies will also be encouraged.

Further information about the Initiative is available at [www.thewholeninemonths.com.au](http://www.thewholeninemonths.com.au), on Facebook @The Whole Nine Months, on Twitter @WIRFWA.

## THEWHOLENINEMONTHS.com.au

*Preterm birth is defined as birth before 37, and after 20, completed weeks of pregnancy. In Western Australia, the rate of preterm birth is 8-9 percent, and is almost double in Aboriginal Australians. While many children born preterm can expect to live a normal and productive life, very early preterm birth is associated with death, physical disability, respiratory disease, cerebral hemorrhage, bowel necrosis and prolonged stay in intensive care. In childhood, risks include chronic lung disease, deafness, blindness, learning difficulties and behavioral problems. In adulthood, there may be additional risks of metabolic syndrome, diabetes and heart disease.*

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