Preterm Birth Study Day Glossary of Terms

1. Preterm Birth Classifications

Word / Clinical Term	Simple Clinical Definition
Preterm / Premature Birth	Delivery occurring before 37 completed weeks of pregnancy (less than 37+0 weeks' gestation).
Periviable Birth / Threshold of Viability	Delivery occurring at the borderline of fetal viability (typically 22+0 to 24+6 weeks' gestation), requiring individualised, risk-stratified multidisciplinary decision-making regarding survival-focused versus comfort-focused care.
Extreme Preterm	Birth occurring before 28 completed weeks of gestation (less than 28+0 weeks).
Very Preterm	Birth occurring between 28+0 and 31+6 weeks of gestation.
Moderate Preterm	Birth occurring between 32+0 and 33+6 weeks of gestation.
Late Preterm	Birth occurring between 34+0 and 36+6 weeks of gestation.
Spontaneous Preterm Birth	Early delivery that begins naturally due to spontaneous preterm labour or preterm prelabour rupture of membranes.
Iatrogenic / Provider-Initiated Preterm Birth	Deliberate early delivery achieved by induction of labour or planned caesarean section due to maternal or fetal complications (e.g., pre-eclampsia, severe growth restriction).

2. Ultrasound Terminology & Cervical Assessment

Word / Clinical Term	Simple Clinical Definition
Transvaginal Cervix Scan (TVCS)	An internal ultrasound scan performed with an empty bladder using a high-frequency vaginal probe to accurately assess cervical anatomy and measure cervical length.
Cervical Length (CL)	The linear measurement along the endocervical canal between the internal os and external os.
Internal Os & External Os	The internal os is the upper opening of the cervix into the uterine cavity; the external os is the lower opening into the vagina.
Endocervical Mucosa / Mucosal Line	The inner mucosal lining of the cervical canal, visualised on ultrasound as an echogenic or hypoechoic line to guide accurate caliper placement and prevent false measurement.

Word / Clinical Term	Simple Clinical Definition
Funnelling	Protrusion of the amniotic sac into the upper cervical canal, opening progressively from the internal os downwards in a T-, Y-, V-, or U-shape.
Amniotic Fluid Sludge / Sludge	Hyperechoic particulate matter or dense debris observed near the internal os on transvaginal ultrasound, indicating intra-amniotic infection, microbial biofilms, or inflammation.
Dynamic Cervical Changes	Transient changes in cervical length or internal os configuration (such as temporary funnelling) observed over time during real-time ultrasound examination, often provoked by uterine contractions or fundal pressure.
Probe Pressure Artifact	Artificial lengthening of the cervix caused by pressing too firmly with the transvaginal transducer, which compresses the cervical lips and conceals funnelling.
Uterine Artery Doppler	Ultrasound measurement of blood flow resistance (mean pulsatility index) in the mother's uterine arteries at 18–24 weeks to screen for placental dysfunction and early fetal growth restriction.
Umbilical Artery Doppler	Fetal Doppler ultrasound measuring blood flow resistance (including end-diastolic flow) in the umbilical cord to assess placental function and fetal compromise.
Middle Cerebral Artery (MCA) Doppler	Fetal Doppler scan used after 34 weeks to detect brain-sparing blood flow redistribution in response to fetal hypoxia or growth restriction.
Estimated Fetal Weight (EFW)	An ultrasound calculation combining fetal biometry measurements to assess growth and identify growth restriction.
Single Deepest Pool (SDP)	An ultrasound measurement of the largest vertical pocket of amniotic fluid free of umbilical cord and fetal limbs; <2 cm indicates oligohydramnios.
Amniotic Fluid Volume (AFV)	The total estimated amount of fluid surrounding the baby.
Oligohydramnios	An abnormally low volume of amniotic fluid surrounding the baby on ultrasound scan.
Anhydramnios	The complete or near-complete absence of amniotic fluid surrounding the baby on ultrasound scan.

4. Cervical and Uterine Aetiologies

Word / Clinical Term	Simple Clinical Definition
Cervical Insufficiency	The inability of the uterine cervix to retain a pregnancy in the second trimester, in the absence of uterine contractions. Typically presenting as acute, painless dilatation of the cervix.
LLETZ	Large Loop Excision of the Transformation Zone; an excisional cervical procedure where depth >15 mm or 2 or more procedures increases subsequent preterm birth risk.
Cold Knife Cone Biopsy	Surgical removal of a cone-shaped wedge of cervical tissue, causing structural loss and risk of cervical insufficiency.
Full-Dilatation Caesarean Scar Damage	Structural disruption to the upper cervix or lower segment can be caused by an emergency C-section performed at full cervical dilatation, elevating future preterm birth risk.
Congenital Uterine Anomalies	Müllerian structural variations of the uterus resulting from incomplete fusion or reabsorption during embryonic development associated with an increased risk of preterm birth.
Arcuate Uterus	A mild uterine variation featuring a slight midline indentation of the fundus.
Septate Uterus	A uterine anomaly where a fibrous or muscular septum divides the cavity.
Bicornuate Uterus	A heart-shaped uterus with two confluent cavities entering a single cervix.
Unicornuate Uterus	A single-horned uterus resulting from development of only one Müllerian duct.
Uterus Didelphys	A complete duplication anomaly resulting in two separate uterine cavities and two cervices.

5. Preterm Labour and Prelabour Rupture of Membranes (PPROM)

Word / Clinical Term	Simple Clinical Definition
Actim Partus	A bedside vaginal swab test measuring phosphorylated IGFBP-1 in cervical secretions to provide a positive or negative result. A negative result means it is highly unlikely preterm birth will occur within the next 7 days.

Word / Clinical Term	Simple Clinical Definition
QUiPP App	Validated digital clinical decision-support tools that integrates test results (cervical length) and history to predict premature delivery risk.
PPROM	Preterm Prelabour Rupture of Membranes; rupture of the amniotic bag of waters before 37 completed weeks of pregnancy and before labour starts.
Actim PROM	A rapid, point-of-care swab test used to confirm preterm prelabour rupture of membranes (PPROM) by detecting insulin-like growth factor binding protein-1 (IGFBP-1) in vaginal secretions.
Ascending Infection	Microorganisms migrating upward from the vagina through the cervical canal into the amniotic cavity, driving preterm labour.
Clinical Chorioamnionitis	An acute infection of the fetal membranes and amniotic fluid presenting with maternal fever, uterine tenderness, foul discharge, and fetal tachycardia.
Subclinical Chorioamnionitis	Histological or biochemical inflammation of the membranes and amniotic cavity occurring without overt clinical symptoms.
Matrix Metalloproteinases (MMPs)	Proteolytic enzymes (e.g. MMP-8, MMP-9) that degrade collagen and extracellular matrix in the cervix and membranes, driving cervical ripening and PPROM.
Tissue Inhibitors of Metalloproteinases (TIMPs)	Endogenous inhibitor proteins that regulate matrix metalloproteinase activity to maintain cervical and membrane structural integrity.
Latency Period	The duration of time between membrane rupture (or clinical intervention) and the onset of delivery.

6. Perinatal Optimisation

Word / Clinical Term	Simple Clinical Definition
Perinatal Optimisation Pathway	A structured, evidence-based care bundle delivered antenatally and intrapartum to improve premature infant survival and reduce brain injury.
In Utero Transfer (IUT)	Transferring a pregnant woman at risk of extreme preterm birth to a hospital with a co-located Level 3 Neonatal Intensive Care Unit (NICU) before she gives birth.

Word / Clinical Term	Simple Clinical Definition
Antenatal Corticosteroids	Steroid injections (dexamethasone or betamethasone) given to the mother before premature birth to accelerate fetal lung development and protect brain microvasculature. It is recommended 2 doses are administered 24 hours apart, 1 to 7 days before preterm delivery.
Magnesium Sulphate	An intravenous medication administered to the mother within the 24 hours prior to early preterm birth (in all cases <30 weeks) to protect the baby's brain against cerebral palsy.
Intrapartum Antibiotic Prophylaxis (IAP)	Intravenous benzylpenicillin given to women in preterm labour to prevent early-onset Group B Streptococcal (GBS) sepsis in the newborn.
Optimal / Deferred Cord Clamping	Delaying clamping of the umbilical cord for at least 60 seconds after birth so the baby receives vital extra blood volume.
Admission Normothermia	Protocol ensuring the premature infant's core body temperature is maintained between 36.5°C and 37.5°C upon arrival at the neonatal unit.
Early Maternal Breast Milk / Buccal Colostrum	Placing tiny drops of expressed maternal early milk directly inside the baby's cheek for early mucosal immunity and gut priming.
Caffeine Therapy	Early administration of caffeine citrate to stimulate respiratory drive, prevent apnea of prematurity, and reduce bronchopulmonary dysplasia.
Volume Targeted Ventilation (VTV)	A neonatal ventilation mode delivering consistent tidal volumes to protect premature lungs from volutrauma and barotrauma.
Tocolysis	Medication (e.g., nifedipine) given short-term (up to 48 hours) to temporarily suppress uterine contractions and allow time for in utero transfer or steroid completion.
Asymptomatic Bacteriuria	A bacterial urinary tract infection present without physical symptoms, which is routinely treated in pregnancy to lower the risk of pyelonephritis and preterm labour. This should be routinely tested for at booking in all women with risk factors for preterm birth.

7. Care and Outcomes of the Preterm Infant

Word / Clinical Term	Simple Clinical Definition
Survival-Focused Care	Active medical treatment, resuscitation, and intensive care aimed at sustaining the baby's life.

Word / Clinical Term	Simple Clinical Definition
Comfort-Focused Care	Palliative care focused on keeping the baby warm, comfortable, and pain-free when survival is not clinically possible or appropriate.
BAPM Risk Stratification	Guidance categorising extremely premature babies into Extremely High, High, or Moderate risk profiles based on gestation and clinical co-factors.
Bronchopulmonary Dysplasia (BPD)	A chronic lung disease in premature infants caused by prolonged mechanical ventilation and oxygen therapy.
Necrotising Enterocolitis (NEC)	A serious, inflammatory gastrointestinal disease where tissue in the premature baby's intestine becomes severely damaged.
Intraventricular Haemorrhage (IVH)	Bleeding into the fluid-filled spaces (ventricles) inside the premature baby's brain, graded I to IV by severity.
Cystic Periventricular Leukomalacia (cPVL)	Softening and brain tissue damage in the white matter surrounding the cerebral ventricles, linked to motor and cognitive deficits.
Retinopathy of Prematurity (ROP)	An eye condition in premature infants caused by abnormal blood vessel development in the retina, which can affect vision.
NICU (Neonatal Intensive Care Unit) / Level 3	Provide intensive care for babies who are the most unwell or unstable and have the greatest needs in relation to staff skills and staff to patient ratios. Are sited alongside specialist obstetric and feto-maternal medicine services, and provide the whole range of medical neonatal care for their local population, along with additional care for babies referred from the neonatal network.
LNU (Local Neonatal Unit) / Level 2	Provide neonatal care for their own catchment population, except for the sickest babies. They provide all categories of neonatal care, but transfer babies who require complex or longer-term intensive care to a NICU.
SCU (Special Care Unit) / Level 1	Provide special care for babies who require additional care delivered by the neonatal service but do not require either intensive or high dependency care. They provide special care for their own local population and they also receive transfers from other network units for continuing special care.