Information Leaflet

NHS
Liverpool Women's
NHS Foundation Trust

Preterm Labour – What do I need to know?

WHAT IS PRETERM LABOUR?

Preterm labour is when labour starts before 37+0 weeks of pregnancy. A normal pregnancy lasts between 37 – 42 weeks, dated by the scan undertaken in early pregnancy (around 10 – 14 weeks from your last period). In the UK, 6-8% of babies are born preterm. This can be due to iatrogenic reasons (early delivery recommend by your doctor due to concerns about you or your baby) or more commonly, can occur spontaneously (on their own). In cases of spontaneous preterm labour, this can sometimes occur after your waters break early (premature prelabour rupture of membranes or PPROM).

Not all women who are in threatened preterm labour will deliver their baby early; many will go on to deliver at term. For those who do go on to deliver early, the baby is at higher risk of problems related to underdevelopment or immaturity of certain organ systems, particularly the lungs, brain and bowel. These problems include difficulty with breathing, staying warm, feeding, as well as injury to the eyes and nervous system.

WHAT ARE THE RISK FACTORS?

It is difficult to predict who will labour preterm. Of all preterm labour cases, only around one third will have an identifiable risk factor. There are certain obstetric conditions and other factors that are known to increase a woman's risk.

The strongest risk factor for preterm birth is a previous preterm birth, although most women who have had a previous preterm birth will have a term pregnancy in future.

Other high-risk factors include:

- Previous second trimester miscarriage
- Previous PPROM <34 weeks of pregnancy
- Known uterine variant – e.g. bicornuate, unicornuate, septate
- Previous treatment for cervical cancer

- Previous use of a cervical cerclage in pregnancy
- Ashermann's syndrome (scar tissue within the womb)
- Multiple pregnancy (twins or triplets)

Intermediate risk factors include:
- Previous delivery by caesarean section at full dilatation (10cm)
- History of treatment of the cervix (LLETZ or knife cone biopsy)

If you have any of these risk factors, you will be referred to your local hospital's preterm birth clinic (or dedicated multiple pregnancy clinic) and be seen around 16-20 weeks or earlier depending on your history.

Other things that can increase your risk of preterm labour are:
- Bleeding in the second or third trimester
- Smoking
- Some infections (urine or vaginal)
- Short interval between deliveries (less than 12 – 18 months)
- Recreational drug use
- Excessive amniotic fluid

WHAT ARE THE CAUSES OF PRETERM LABOUR?

Preterm labour is a complex condition, often with no identifiable direct cause, but there are several known problems which can lead to preterm labour, such as:

- Uterine bleeding – caused by conditions like placenta praevia or placental abruption
- Stretching of the uterus due to multiple pregnancy or polyhydramnios (excess fluid around baby)
- Bacteria or inflammation – such as symptomatic bacteriuria or bacterial vaginosis
- Severe physical or psychological stress

WHAT ARE THE SYMPTOMS?

The signs and symptoms of preterm labour are similar to the signs at the end of pregnancy but can sometimes be more subtle and if you have any concerns then it's very important that you attend your local Maternity Assessment Unit to be checked over.

Signs and symptoms to be aware of:

- A change in the type or amount of vaginal discharge (watery, mucus like, bloody)
- Any vaginal bleeding
- Constant, low, dull back ache
- A feeling of pressure down below
- Mild period-like cramps
- Regular or frequent contractions or tightenings, that may be painless
- A gush of fluid or sensation of a pop (which could mean your waters have broken)

WHAT WILL HAPPEN WHEN I ATTEND THE HOSPITAL?

You will first be triaged by a midwife on the maternity assessment unit, who will ask you about your symptoms, take your observations (heart rate, blood pressure, temperature) and assess the wellbeing of your baby by listening in and monitoring your baby's heart rate.

You will be reviewed by an advanced clinical practitioner or a doctor, which will involve performing an examination of your abdomen and a speculum examination.

It may be recommended to have an internal scan to measure the length of the neck of the womb (the cervix).

Your overall risk of preterm labour is calculated and you and your baby's care going forward will be planned depending on these results.

PRETERM LABOUR – HOW IS IT TREATED?

You will be admitted to hospital for close observation of you and your baby. Evidence suggests that the highest chance of preterm delivery occurs in the first 7 days after diagnosis, particularly if your waters have also broken. It is likely you will have a cannula sited (known as a 'drip', a small plastic tube to allow intravenous medications to be given) and blood tests taken.

A treatment called Nifedipine can be given to slow or stop preterm labour (tocolysis). The primary aim of this is to delay delivery long enough so that a course of steroids, which is usually 2 injections (1 at diagnosis then the second 12 or 24 hours later), is completed.

Delaying labour may also be necessary depending on the unit you are in and the gestation of your pregnancy, as you may need to be transferred to another unit with an appropriate level neonatal unit to ensure the best care for your baby if they are to be born early.

Antenatal steroids are given to promote the development of the baby's lungs and the production of a substance called surfactant, which improves the exchange of oxygen into the tissues. Steroids also help to reduce the risk of bleeding into the premature infant's brain (intraventricular haemorrhage) and other complications which affect the bowel and circulatory system.

If you are assessed to be in active preterm labour, antibiotics will be given through a drip to help minimise the chance of infection, as preterm babies are more susceptible to infections due to an immature immune system.

Where preterm labour occurs before 30 weeks of pregnancy, a medication called Magnesium Sulphate is given through a drip to protect the baby's brain. Evidence has shown that is reduces the risk of cerebral palsy in preterm infants.

The obstetric doctors will also inform the neonatal team to discuss the treatment options and answer any questions you may have about what happens should your baby be born early.

WHAT CAN I DO TO HELP PREVENT PRETERM LABOUR?

One of the most important things a pregnant woman can do is to stop harmful habits, such as smoking and the use of recreational drugs. If you would like help and support with this then ask your midwife who can refer you to free Smoking Cessation services and additional support.

If you are concerned that you are experiencing any of the signs or symptoms described above, then it is very important that you do not delay attending your **local maternity unit** to be assessed.

The safety of you and your baby are our utmost priority and we understand that it can be a frightening time, so advise you to come in and soon as you can rather than be worried at home.

WHAT OTHER INFORMATION OR SUPPORT IS THERE FOR ME?

We understand that some of this information may be upsetting or distressing, if you feel as though you would like to discuss this more at length or have more support then always contact your named midwife or ask to have a chat with a member of the Obstetric team (doctors who specialise in the care of pregnant women and unborn babies).

Further information can be found at:
www.rcog.org.uk
Premature labour and birth | Tommy's (tommys.org)
Premature labour and birth - NHS (www.nhs.uk)

This leaflet can be formally translated on request via our Patient Experience Team, although response times to have information translated can vary. To request formal translation services or if you would like to make any suggestions or comments about the content of this leaflet, please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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