



Information For You

Preterm Labour – What Do I Need To Know?

What is Preterm Labour?

Preterm labour is when labour begins before reaching 37 weeks of pregnancy. A normal pregnancy lasts between 37 – 42 weeks, dated by the scan in early pregnancy (around 10 – 14 weeks from your last period). In the UK, 6 to 8 out of every 100 babies are born preterm. This can happen because your doctor recommends early delivery because they are concerned about you or your baby. More commonly, preterm labour 'just happens' and we don't always know why. It can happen after your waters break early (preterm prelabour rupture of membranes or PPRM).

Not everyone who experiences symptoms of preterm labour will deliver early; many go on to deliver after 37 weeks. However, for those who do deliver early, the baby is at higher risk of health issues particularly relating to 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 know who will experience preterm labour. Of all preterm labour cases, only around one third have a known risk factor. There are certain factors known to increase a woman's risk; the strongest being a previous preterm birth.

However most women who have had a previous preterm birth will have a term pregnancy in future.

Other high risk factors include:

- Previous history of waters going early before 34 weeks
- Previous spontaneous late miscarriage after 16 weeks
- Variation in the shape of the womb – such as bicornuate or unicornate uterus
- Previous treatment for cervical cancer
- Previous use of a cervical stitch in pregnancy
- Ashermann's syndrome (adhesions or scar tissue inside the uterus)
- Multiple pregnancy (twins or triplets)

Intermediate risk factors include:

- Previous delivery by caesarean section at full dilatation (10cm)
- History of treatment to the cervix (deep 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.

Other factors 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 (placenta covering the exit of the womb) or placental abruption (bleeding and separation behind the placenta)
- Stretching of the uterus due to multiple pregnancy or polyhydramnios (excess fluid around baby)
- Bacteria or inflammation – such as urine infection or bacterial vaginosis
- Severe physical or psychological stress

What are the symptoms?

The signs and symptoms of preterm labour are similar to the signs of a full-term labour but can be more subtle. If you have any concerns, it is very important that you attend your local Maternity Assessment Unit to be checked.

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 happens at hospital?

A midwife on the maternity assessment unit will see you and will ask you about your symptoms. They will check your heart rate, blood pressure, temperature and assess the wellbeing of your baby.

You will be reviewed by an advanced nurse 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) and have a vaginal swab taken to measure the amount of a substance called fetal fibronectin – which is released when the membranes around the baby start to change prior to labour.

Your overall risk of preterm labour is calculated and how we care for you and your baby will be planned depending on this result. If the risk of preterm labour within the next week is low, the medical team will consider what else might be causing your symptoms and you may be discharged home. If things worsen or change, we always encourage you to return.



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 seven 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 so we can give you medication) and blood tests taken.

A treatment called Nifedipine is sometimes used to slow or stop preterm labour. The primary aim of this is to delay delivery long enough so that a course of steroids can be given. A course of steroids is two injections, 24 hours apart.

Antenatal steroids are given to promote the development of the baby's lungs.

Steroids also help to reduce the risk of bleeding into the baby's brain and other complications which affect the bowel and circulatory system.

Delaying labour may also be necessary to allow you to be transferred to a hospital with a neonatal intensive care unit. In some cases 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 it reduces the risk of cerebral palsy (a condition affecting movement and coordination) in preterm infants.

When you are in preterm labour, antibiotics will be given through a drip to help reduce the chance of your baby becoming unwell from group B strep (GBS) infection. Preterm babies have a greater chance of developing an infection. The obstetric doctors will also ask the neonatal team to discuss the treatment options and answer any questions you may have about what happens if your baby is 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 smoking and stop the use of recreational drugs. If you would like help and support with this, your midwife can refer you to Smoking Cessation services and additional support.

If you are concerned that you are experiencing any of the signs or symptoms described above, it is very important that you contact your local maternity unit so you can be assessed. If you think that you should be referred to the preterm birth prevention clinic because you have a risk factor for preterm birth, please speak to your community midwife about this.

