

Preterm Labour – what do I need to know?

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اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید، لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie, proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil, vă rog să discutați cu un membru al personalului să se ocupe de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

What is preterm labour?

Preterm labour is when labour that happens before the 37th week of pregnancy.

About 8 out of 100 babies will be born prematurely.

Call Maternity Triage if you are less than 37 weeks pregnant and have:

- Regular contractions or tightenings
- Period-type pains
- A gush or trickle of fluid from your vagina – this could be your waters breaking
- Backache that is not usual for you
- A feeling of pressure in the pelvis.

What will happen when I attend the hospital?

You will first be triaged by a midwife on the maternity assessment unit, who will offer tests, checks and monitoring to find out whether:

- Your waters have broken
- You are in labour
- You have an infection.

These may include an abdominal and vaginal examination, blood test, urine test and assessment of baby's heartbeat and movements.

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 identify and 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 you and your baby's management going forward will be planned depending on these results.

Not all women who are in threatened preterm labour will deliver their baby early, many will go on to deliver at term.

If your waters have broken

If your waters have broken (also called pre-labour rupture of membranes or P-PROM) there is an increased risk of infection, and you will be offered:

- Antibiotics
- Tests for infection

P-PROM does not definitely mean you're going into labour, but you may be advised to stay in hospital for a few days. When you go home, you will be advised to call maternity triage immediately if you have any of the following:

- Feeling hot and shivery
- Your temperature is raised
- Any fluid coming from your vagina is green or smelly
- You have any bleeding from the vagina
- You have pain in your tummy or back
- You have contractions
- Your baby's movements slow down or stop or there is a change to their usual pattern of movements

You may be offered steroid injections depending on how many weeks pregnant you are. If you are known to have Group B Streptococcus (GBS) and your waters have broken, you will be offered a planned delivery between 34 and 37 weeks of pregnancy.

If you are in preterm labour

Your midwife or doctor should discuss with you the symptoms of preterm labour and offer checks to see if you are in labour. If your waters have not broken, you may be offered:

- Medicine to slow down or stop your labour
- Steroid injections depending on how many weeks pregnant you are
- Magnesium Sulphate
- Antibiotics

Labour can be slowed or stopped with a treatment called Nifedipine, the primary aim of this is to delay the delivery of the baby for enough time to allow a course of steroids to be given to you. It may not be appropriate to do this in all circumstances and your midwife or doctor will discuss this with you.

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 baby's brain (intraventricular haemorrhage) and other complications which affect the bowel and circulatory system.

If you are under 34 weeks pregnant and in premature labour a medication called Magnesium Sulphate is given through a drip to protect the baby's brain. Research has shown that this reduces the risk of cerebral palsy in preterm infants.

If you are in premature labour, then antibiotics are also given through an intravenous drip (IV drip) to help reduce the chance of infection in your baby.

If you are less than 27 weeks pregnant (or 28 weeks if you are carrying twins) you may need to be transferred to a different maternity unit that cares for babies who are born extremely premature to ensure the best care for your baby.

A doctor from the neonatal team will be asked to come and talk to you about the care of your baby after they are born.

What are the risk factors for preterm labour?

Planned preterm delivery

In some cases, preterm delivery is planned because it's safer for the baby to be born sooner rather than later. This could be because of a health condition in the mother or in the baby. Your doctor will discuss with you the benefits and risks of continuing with pregnancy versus your baby being born premature. You can still make a birth plan and discuss your wishes with your birth partner and medical team.

Unplanned preterm delivery

It is difficult to predict who will develop preterm labour. Of all preterm labour cases, only around one third will have an identifiable risk factor.

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. High risk factors include:

- Previous rupture of membranes less than 34 weeks of pregnancy
- Known uterine anomaly – such as bicornuate or unicornate uteri
- Previous treatment for cervical cancer
- Previous use of a cervical cerclage in pregnancy
- Ashermann's syndrome
- Multiple Pregnancy

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 our preterm birth prevention clinic (or dedicated multiple pregnancy clinic) and be seen around 16-20 weeks.

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 births (less than 12 – 18 months)
- Recreational drug use
- Excessive amniotic fluid

What treatments can help prevent preterm labour?

You may be offered treatment to prevent early labour depending on your individual risks. These are:

- A medical treatment called progesterone pessaries; this is a small tablet that you put inside the vagina.
- An operation to put a stitch in your cervix called a cervical cerclage
- A combination of the above two treatments
- An Arabin pessary, this is a soft silicone ring that sits inside the vagina around the cervix.

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.

You can also call the NHS Smokefree Helpline – 0300 123 1044.

Or visit the Smokefree website: www.smokefree.nhs.uk.

Useful contact information and organisations

Maternity Triage at Whiston Hospital – 0151 290 4489.

Tommy's Website: www.tommys.org – signs and symptoms of premature labour page.

Bliss website: www.bliss.org.uk – A charity with support and resources for families of babies born sick or premature.

Miscarriage Association: www.miscarriageassociation.org.uk. A Charity offering support to people affected by miscarriage.

Twins Trust: www.twinstrust.org – a Charity offering support for families with twins, triplets and more.

Preterm birth team

The pre-term birth prevention clinic is led by two Obstetric Consultants, Mrs Ria Agass and Miss Caroline Hicks and Specialist preterm birth Midwife Mrs Jen Chean.



Mrs Ria Agass



Miss Caroline Hicks

The contact for Mrs Agass and Miss Hicks secretary is 0151 676 5289.



Mrs Jen Chean



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