

**PRE-TERM LABOUR**

**What is preterm labour?**

Preterm labour is the start of labour between 20 and 37 weeks of pregnancy. A full-term pregnancy lasts 37 to 42 weeks. In labour, the [uterus](http://www.webmd.com/hw-popup/uterus) contracts to open the [cervix](http://www.webmd.com/hw-popup/cervix-8243). This is the first stage of childbirth.

**What are the risks of preterm labour and preterm birth?**

In general, the more premature a baby is, the more severe the problems such as trouble breathing, feeding, keeping warm, or fighting infections. Many times premature babies require special care in a newborn intensive care unit (NICU). This is because many of the organs-especially the heart and lungs-are not fully grown, or mature. Premature infants born after 32 weeks of pregnancy tend to have less chance of problems than those born earlier.

For infants born before 24 weeks of pregnancy, the chances of survival are extremely low. Many who do survive have long-term health problems. They may also have other problems, such as trouble with learning and talking and with moving their body (poor motor skills).

**What causes preterm labour?**

Preterm labour can be caused by a problem with the baby, the mother, or both. About 50% of preterm labour begins for unknown reasons.

Preterm labour most often occurs naturally. But sometimes medicine is used to start labour early because of pregnancy problems that are dangerous to the mother or baby.

Some ***risk factors*** that may increase chances of early labour:

* + - Infection: vagina, genital tract infection, cervix, urinary tract, bladder, kidney, untreated bacteriuria
    - Medical illness: hypertension, uncontrolled diabetes,
      * + Other medical illness (heart disease, renal disease, severe anemia, systemic infection, chronic vascular disease)
    - Mechanical: fibroids or other uterine anomalies, incompetent cervix, previous incision into uterus or cervix
    - Surgical: intraabdominal surgery (e.g. appendicitis)
    - Social: low socioeconomic status, lack of prenatal care, poor nutrition, underweight, smoking, drug addiction (alcohol, cocaine), stress/anxiety/fatigue, strenuous work for long hours
  + Maternal-fetal: placenta previa or abruption (separation from the uterine wall), polyhydramnios
  + Fetal: birth defects, multiple gestation (i.e. twins, triplets)

Treatments to help a woman get pregnant have led to more women being pregnant with more than one baby, such as twins or triplets. This has also increased the number of women who have preterm labor and preterm births.

**What are the symptoms?**

It can be hard to tell when labour starts, especially when it starts early.

Signs and symptoms of preterm labour:

* Menstrual-like cramps that may come and go or remain constant. Feeling cramps in your low abdomen or near your pelvic bone. Note: dehydration can cause cramping, drink a full glass of water and rest then reassess.
* Stomach cramps – you may or may not experience diarrhea
* Contractions that come at regular intervals (4+ in 20mins or ~8+ within 1hr), and starting to increase in intensity.
* Lower back pain, dull aching – you feel backache below your waistline, pelvic area, low belly or thighs. It may come and go, or it may be constant.
* Pressure – the baby feels heavy or as if it is pushing down low into your pelvis or lower belly. The pressure may come and go.
* Leaking or gushing of fluid – “water breaking”, you feel a *continuous* light or heavy flow of fluid constantly coming from your vagina. You are soaking pads, and changing frequently. This is called rupture of membranes, leaking amniotic fluid.
* Change in discharge: watery, mucous-like with blood (red, pink or brown) discharge from vagina.

If your contractions stop, they may have been [Braxton Hicks contractions](http://www.webmd.com/hw-popup/braxton-hicks-contractions). These are sometimes uncomfortable, but not painful, tightening of the uterus. They are practice contractions but sometimes it can be hard to tell the difference.

If preterm labour contractions continue, the cervix begins to open (dilate) or thin (efface).

**How to prevention preterm labour?**

Some basic efforts to decrease chances of preterm labour:

* Regular prenatal care
* Quit smoking
* Eat properly (follow Canadian Food Guide)
* Get plenty of rest
* Learn ways to reduce stress
* Avoid strenuous work
* Avoid overexertion when exercising during pregnancy
* Get help if you need it: you have a right to feel safe. If you are being abused, talk to your healthcare provider; explore local support services such as shelters, crisis line, outreach programs, counselling.

**How is preterm labour diagnosed?**

It is important to recognize premature labour early, because it can sometimes be stopped or delayed. Knowing presenting signs early can also provide time to provide medication that can help the baby, and/or treat conditions causing premature labour.

If you think you have symptoms of preterm labor, page your midwife. She can order urine and blood tests, check baby’s [heartbeat](http://www.webmd.com/hw-popup/fetal-heart-monitoring) and do an ultrasound or perform a painless swab to rule out some causes of preterm labor. If all the tests are negative, then you are unlikely to deliver soon. However, all these tests cannot tell for certain if you are about to have a preterm birth.

**How is it treated?**

If you are in preterm labour, your midwife will consult with a doctor who must weigh the risks of early delivery against the risks of waiting to deliver. Depending on the situation, the doctor may:

* Try to delay the birth with medicine. This may or may not work.
* Use antibiotics to treat/prevent infection. If your amniotic sac broke early, you have a higher risk of infection and will be watched closely.
* Give you steroid to help prepare baby’s lungs to breathe at birth. This treatment has some risks, but research shows it can improve a baby’s chances of surviving a premature birth during gestations between 24 – 34 weeks.
* Treat other medical problems causing trouble in pregnancy.
* Allow the labour to continue because delivery is safer for both mother and baby than letting the pregnancy carry on.

Revised from Webmd.com and SOGC