

Recognizing Preterm Labor and Preventing Preterm Birth

Recognizing preterm labor and preventing preterm birth will help give your baby or babies the healthiest start possible.

What is preterm birth?

We usually expect pregnancy to last about 40 weeks. Your due date is at the end of that time. But, not all pregnancies last exactly 40 weeks.

- A baby who is born after 37 weeks is considered *full-term*.
- *Preterm* birth is when a baby is born between 20 weeks and 37 weeks of pregnancy.
- A delivery that occurs before 20 weeks is called a *miscarriage*.

Viability is a baby's ability to survive outside of the womb. A baby is usually *viable* – able to survive outside the womb – after 24 weeks of pregnancy.

What are the challenges for a preterm baby?

A baby who is preterm may:

- Have a very low birth weight (less than 2 pounds) or low birth weight (5½ pounds or less)
- Not be able to suck at the breast or bottle and need to be fed by IV or a tube that places breast milk directly into the baby's stomach
- Have immature lungs and need extra oxygen or a *ventilator* (breathing machine)
- Have a higher risk of infection
- Not be able to maintain a healthy body temperature and need to be cared for in an *isolette* or *incubator* (an enclosed device that controls air temperature and moisture)
- Have a higher risk for bleeding in the brain, and for eye and bowel problems



A preterm baby may need to be cared for in an isolette or incubator.

What causes preterm birth?

Some preterm births are *induced* (started) by the doctor. This is done to protect the health of a mother or her infant. A woman who is induced often knows ahead of time that she will be delivering her baby preterm.

But, most premature births are not planned. Most of these births occur when labor begins too early (*preterm labor*), or when the bag of waters breaks too early (*preterm rupture of membranes*).

We do not always know what causes preterm labor or why the membranes rupture early. But, many factors may be linked to the start of preterm labor. Some of them can be prevented.



Women who are having twins, triplets, or more, are at higher risk for preterm labor.

Who is at risk for preterm labor?

Women with these conditions are at highest risk for having preterm labor:

- Previous preterm labor or birth
- Pregnancy with multiples (twins, triplets, or more)
- Cervical weakening or a history of cervical procedures, such as a cone biopsy
- Abnormally shaped uterus

Health Risk Factors

Certain conditions during pregnancy may also increase a woman's chance of having preterm labor:

- Urinary tract, vaginal, or sexually transmitted infections, and possibly other infections
- Vaginal bleeding
- Short time period between pregnancies (less than 6 to 9 months between birth and the beginning of the next pregnancy)
- Age of the mother less than 18 years or more than 40 years
- Being underweight before pregnancy
- Mother is obese
- Certain birth defects in the baby

Lifestyle Factors

Certain lifestyle factors may be linked with preterm labor:

- Late or no prenatal care
- Cigarette smoking



High levels of stress during pregnancy may increase your risk for preterm labor and birth.

- Drug or alcohol use
- High levels of stress
- Lack of social support
- Constantly standing for many hours or lifting heavy objects at home or at work

Race or Ethnicity

Race or ethnicity can also place a woman at risk. For example, many African American women are at risk for preterm labor and birth.

Can preterm birth be prevented?

Having a risk factor does **not** mean a woman will have a preterm labor and birth. And, any pregnant woman could have a preterm birth. Learning how to prevent preterm birth is a key part of every woman's prenatal care.

Know the warning signs of preterm labor and tell your health care provider if you have any of them. Early treatment increases the chances that preterm labor can be stopped.

Get to Know What Is Normal for You

Plan a time each day to rest and pay attention to the activity patterns of your uterus and your baby (or babies). Baby movements are quick and usually only last a few seconds. They may feel like you are being poked or like the baby is changing position. Once you know your baby's normal activity patterns, you will be able to tell when something feels different. Respond quickly to early signs of a problem.

At times, you will notice a lot of activity going on in your uterus. Your baby may move a lot and you may feel tightening (contractions) of your uterus from time to time. Sometimes these contractions are uncomfortable, but most often they are not.

If you feel contractions, keep track of how often they occur. If you have 6 or more contractions in 1 hour, you may be having preterm labor (see "When to Call" on page 4).

Warning Signs of Preterm Labor

Signs of preterm labor can be different for each woman. Listen to your body. Do not ignore warning signs and just assume that you overdid it on a certain day.



Call your doctor, nurse midwife, clinic, or Labor & Delivery if you have 1 or more of the symptoms listed at right.

Call your doctor, nurse, clinic, or Labor & Delivery if you have 1 or more of these symptoms:

- **6 or more uterine contractions in 1 hour.** These contractions may be painful or painless. They can feel like a tightening or “balling up” sensation.
- **Cramps that feel like your period.** These cramps may be constant or come and go.
- **Lower backache** that may be rhythmic or constant, sharp or dull, and does not get better after your usual comfort measures.
- **Abdominal or pelvic pressure, a feeling of heaviness, or like the baby is pushing down.** This feeling may spread to your thighs.
- **Intestinal or stomach cramps**, with or without diarrhea.
- **A sudden increase in vaginal discharge.** It may be watery, mucus-like, or bloody.
- **A general feeling that “something is just not right.”**

Signs of preterm labor are often hard to describe. Women sometimes say it feels like:

- Their period is about to start.
- Their baby is “down too low” or “about to fall out.”
- Their pregnancy will not last until their due date.
- Pressure or heaviness inside.
- Things are opening up or spreading apart in their vagina.

When to Call

If you are having 6 or more contractions:

- Empty your bladder.
- Drink 2 glasses (8 ounces each) of water or juice.
- Lie down for 1 hour. While you are lying down:
 - Feel for contractions by resting your open hands on the middle to lower part of your abdomen. Pretend you are hugging a basketball. Using your fingertips, press your uterus firmly.
 - Record the *length* and *frequency* of each contraction. Write down the time you feel the contraction begin and the time you feel it end (length). Write down how many minutes pass between the start of one contraction to the start of the next one (*frequency*).

If you have 6 or more contractions during the hour you are resting, call your doctor, nurse, clinic, or Labor & Delivery. You should also call if you are not sure if you are having contractions and your symptoms continue. Remember, the delay could make the difference between successful treatment and the birth of a preterm baby. Call any time of the day or night if these warning signs do not go away by the end of your hour of rest.



Increase your rest periods if you have preterm labor.

Treating Preterm Labor

There are many ways to treat preterm labor. For some women, increasing fluid intake can calm their uterus. Sometimes medicines that are taken by mouth or injected under the skin can be helpful. At other times, an intravenous medicine called *magnesium sulfate* is needed to relax the uterus.

If you have preterm labor, your care provider may advise rest periods or full bed rest. Know your body's normal contraction patterns and be aware of your risk factors. This will help you and your provider plan your care.

What else can you do?

- Drink 6 to 8 glasses (8 ounces each) of water or juice every day.
- Avoid strenuous physical activity after 20 weeks of pregnancy. Avoid lifting anything over 20 pounds.
- Make “activity to tolerance” your goal. If you notice that certain activities cause contractions, change or stop doing those activities. Each woman's tolerance is different.
- Make changes in your work routine as needed.
- Increase your rest periods.
- Sexual activity does not cause preterm labor. But, your provider may advise you restrict sexual activity if you are diagnosed with preterm labor or have another complication, such as cervical shortening.
- Visit your dentist early in your pregnancy. Ask your dentist to check for gum disease. Gum disease has been linked to preterm labor.
- Avoid douching. It can change the acid level of your vagina and make you more likely to get vaginal infections.
- Avoid severe coughing.
- Ask questions. There is a lot to learn if you are at risk for preterm labor.

Questions?

Your questions are important. Call your doctor or health care provider if you have question or concerns. UWMC clinic staff are also available to help.

Maternal and Infant Care
Clinic: 206-598-4070

Labor & Delivery:
206-598-4616