



PRETERM LABOR

What is Preterm Labor?

Preterm labor is labor which starts more than three weeks before your baby is due (before 37 weeks of pregnancy). An early delivery can cause the baby to have problems with breathing, eating and keeping normal body temperature. Early treatment of preterm labor may prevent preterm birth. The cause of preterm labor is unknown. It can happen to any pregnant woman during any pregnancy, but some conditions may increase the risk.

Who is at Risk?

These conditions may increase your risk of preterm labor:

- A history of preterm labor or preterm delivery in a past pregnancy.
- Twins, triplets, etc. with the current pregnancy.
- Two or more second trimester abortions or miscarriages.
- A weak or incompetent cervix.
- Previous surgery on the cervix, such as a cone biopsy.
- Severe kidney or bladder infections.
- Bleeding problems with this pregnancy (after 14 weeks).
- Cervical dilation (opening) or thinning out before 30 weeks.
- Frequent uterine contractions before 30 weeks.

Signs of Preterm Labor

Each of the following may be a sign of preterm labor. If you have even one of these signs, contact your health care provider right away.

- **Uterine contractions every 10 minutes or more often:** Uterine contractions are the tightening and relaxing of the muscle of the uterus. Contractions occur normally throughout pregnancy as the uterus stretches and grows. These "normal" contractions happen a few times a day and when you change your position. Uterine contractions that cause preterm labor occur in a regular pattern and are frequent. If your uterus is contracting, you will feel your entire abdomen get tight (hard) and then relax (soften). It may also feel like the baby is "balling up". They may be painless but can cause your cervix to open.
- **Low, dull backache:** Backache may come and go or be constant. It may happen along with "balling up" feeling of your abdomen. It can be felt below the waist and is not relieved after lying down, a change in position or a heating pad.
- **Menstrual-like cramps:** The cramping feeling occurs in the lower abdomen just above the pubic bone. It may come and go or be constant. It may feel like the beginning of your menstrual period.
- **Increase or change in vaginal discharge:** Vaginal discharge is normally thick and white during pregnancy. It may increase in amount or become more watery, pink or tan, like your mucus plug.
- **Pressure in the lower abdomen, back or thighs:** This pressure may feel like heaviness in the pelvis or like the baby is pushing down or falling out.
- **Intestinal cramping, with or without diarrhea:** You may have the feeling of "gas pains".

Preterm Labor Diagnosis

Preterm labor can be diagnosed only when changes in the cervix are found. Your health care provider might do a series of tests to determine whether you need to be hospitalized. These tests are as followed:

- Your health care provider may perform a pelvic exam to see if your cervix has started to change. You may need to be examined several times over a period of a few hours.
- Your contractions may be monitored.



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- A transvaginal ultrasound exam may be done to measure the length of your cervix.
- Your vaginal discharge might be measured to detect the level of protein in it called fetal fibronectin, which is linked to preterm birth.

Treatment for Preterm Labor

Your health care provider may ask you to try some of these behaviors to see if they help with preterm labor:

- Stop what you are doing. Lie down on your left or right side for one hour.
- Quickly drink several cups of fluid that do not contain caffeine during that hour.
- If you have four or more contractions in one hour or any of the other warning signs after rest and fluids, call your doctor or labor and delivery. Do not wait any longer than one hour for the symptoms to go away. You need to go to the hospital to get medicine to stop preterm labor.
- Call your doctor or L&D right away if you have:
 - Bleeding
 - Fluid Leaking from your vagina
 - Change in vaginal discharge
 - Frequent contractions (every 5 minutes or less)

Managing Signs of Preterm Labor

If you are at risk of having preterm labor, your care during pregnancy may be changed:

- Your doctor will see you more often. You will be asked about symptoms of preterm labor and your cervix will be checked on each visit. These findings will be discussed with you.
- Talk to your doctor about attending childbirth education classes. If you have been placed on bedrest, ask about attendance or the ability to participate in the birth activity part of the class.
- Work outside the home may have to be decreased, changed, or stopped. This depends on the type of job you have and your risk of preterm labor. Discuss your job with your doctor early in your pregnancy.
- Physical activity may need to be changed or stopped, including but not limited to these activities:
 - Do not do physical sports or activities including jogging, bicycling, tennis, long walks, or frequent trips up and down stairs.
 - Do not lift heavy grocery bags or laundry baskets.
 - No heavy cleaning should be done, including mopping or scrubbing floors, vacuuming, changing curtains, and moving furniture.
 - Long trips by car or plane should be discussed with your doctor.
- Sexual activity may have to be decreased or stopped, depending on your medical condition. Report any symptoms of preterm labor which continue for more than one hour, after sexual activity.
- Breast massage or nipple preparation for breast feeding should not be done until three weeks before your due date. Breast stimulation releases hormones which may cause contractions.
- Stress may add to preterm labor problems in some women. Discuss stressful or anxious situations with your support person, doctor or nurse. Referrals for help can be made, if needed.
- Talk to your doctor or others on your health care team if you have questions.