Recognizing Preterm Labor and Preventing Preterm Birth

What is preterm birth?

Pregnancy is based on 40 weeks and your due date is calculated to fall at the end of 40 weeks. Birth after 37 weeks is considered full-term. Preterm birth is when a baby is born between 20 weeks and 37 completed weeks of pregnancy. A delivery that occurs prior to 20 weeks is called a miscarriage.

Viability, which is the ability for a baby to survive outside of the womb, usually begins after 24 weeks of pregnancy. Some of the challenges for a baby who has been born preterm may include:

- Very low or low birth weight (less than 2 pounds to 5½ pounds).
- Inability to suck at the breast or bottle, requiring feedings by IV or a tube that deposits breastmilk directly into the baby's stomach.
- Immature lungs causing the baby to need breathing help with oxygen or a ventilator (breathing machine).
- Increased risk for infection.
- Inability to maintain body temperature, which requires the baby to be cared for in an isolette or incubator.
- Increased risk for bleeding in the brain, as well as eye and bowel problems.
What causes preterm birth?

Some preterm births are induced to protect the medical well-being of a mother and/or her infant. In these situations, a woman often knows in advance she will be delivering her baby prematurely.

Most premature births are not planned. The vast majority of these births occur when labor begins too early (preterm labor), or when the bag of waters breaks too early (preterm rupture of membranes). It is not fully understood what causes preterm labor and/or the membranes to rupture early. However, many factors may be linked to the start of preterm labor. These, along with methods of prevention, are discussed below.

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 twins, triplets, or more.
- Cervical weakening or a history of cervical procedures, such as a cone biopsy.
- Abnormally shaped uterus.

*Certain medical risk factors during pregnancy may increase a woman’s chance of having preterm labor:*

- Urinary tract, vaginal, and/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).
- Maternal age – less than 18 or greater than 40 years of age.
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- Being underweight before pregnancy.
- Obesity.
- Certain birth defects in the baby.

*Certain lifestyle factors may be associated with preterm labor:*
- Late or no prenatal care.
- Cigarette smoking, drug, or alcohol use.
- High levels of stress.
- Lack of social support.
- Standing for long hours at work or continually lifting heavy objects at home or at work.

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

Having a risk factor does not mean a woman will have a preterm labor and birth. However, it is important to remember that preterm birth is a possibility for every pregnant woman. Therefore, prevention through education is a key part of every woman’s prenatal care.

**Can preterm birth be prevented?**

Early detection and treatment of preterm labor helps to prevent preterm birth. Preterm labor does not always lead to the birth of a preterm baby. Knowing the warning signs of preterm labor can lead to early treatment and increases the chances that preterm labor can be stopped.

**Getting to Know What’s Normal for You**

Plan a time each day to rest and become familiar with the activity patterns of your uterus and your baby (or babies). Baby movements are quick and feel like "being poked" or "the baby changing position." They usually only last a few seconds. Once you are familiar with your normal activity
patterns, you will be able to tell when "something is different" and respond quickly to early signs of a problem. At times, you will notice a lot of activity going on in the uterus with baby movements and periodic tightening, or contractions, of the uterine muscle. Sometimes they are uncomfortable, but most often they are not. What you will want to keep track of is how often they occur. Six or more contractions in one hour is not normal and may be a sign of preterm labor.

**Warning Signs of Preterm Labor**

Signs of preterm labor can be very different for each woman. It is important to listen to your body and not to ignore potential symptoms by assuming you “overdid” it on a certain day. Call your doctor, nurse midwife, clinic, or labor and delivery if you have one or more of these symptoms:

- Six or more uterine contractions in one hour. They may be painful or painless, feeling like a tightening or “balling up” sensation.
- Cramps that feel like your period. They 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. The feeling may radiate to the thighs.
- Intestinal or stomach cramping with or without diarrhea.
- Vaginal discharge that suddenly increases in amount. It may be watery, mucousy, 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:

• Your period is about to start.
• Your baby is “down too low” or “about to fall out.”
• Your pregnancy won’t last until your due date.
• Pressure or heaviness inside.
• Things are opening up or spreading apart in your vagina.

When to Call

If you are having 6 or more contractions, you should:

• Empty your bladder.
• Drink two 8-ounce glasses of water or juice.
• Lie down for an hour.
• Feel for contractions by resting your hands, palms open, 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 using a watch. To measure length, write down the time you feel the contraction begin and again when you feel it end. The frequency will be from the time a contraction begins to the time when the next one begins.

If you have 6 or more contractions during the hour you are resting, call your doctor, nurse midwife, clinic, or labor and 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 this hour.
Questions?
Call 206-598-4070

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC Clinic staff are also available to help at any time.

Maternity and Infant Center (Labor and Delivery)
206-598-4616

UWMC’s Prematurity Prevention Program
206-598-6959

Maternity and Infant Care Clinic
206-598-4070

Treatment of Preterm Labor
There are many ways to treat preterm labor. Simply increasing fluid intake can calm the uterus for some women. Sometimes medications taken by mouth or injected under the skin can be helpful. At other times, it is necessary to use an intravenous medication called magnesium sulfate to relax the uterus. Structured rest periods or bedrest may be recommended. Knowing your body’s normal contraction patterns and being aware of your risk factors will help you and your provider to plan your care.

What else can you do?
- Drink six to eight 8-ounce glasses of water or juice every day.
- Avoid strenuous physical activity after 20 weeks. Avoid lifting anything over 20 pounds.
- “Activity to tolerance” should be your goal. If you notice certain activities result in more frequent contractions, those activities should be changed or stopped. Each woman’s tolerance is different.
- Make appropriate changes in your work routine.
- Increase your rest periods.
- Sexual activity does not cause preterm labor. However, your provider may recommend restricting sexual activity if you are diagnosed with preterm labor or other medical complication, such as cervical shortening.
- Visit your dentist early in your pregnancy to be checked for gum disease, which has been linked to preterm labor.
- Avoid douching which can change the normal pH of your vagina, making you more prone to vaginal infections.
- Avoid severe coughing.
- Ask questions. There is a great deal to learn when you are faced with a pregnancy at risk for preterm labor.