

# Preterm labour and birth.

This week we are looking at Preterm Births. Most pregnancies last about 40 weeks. A baby born before the 37th week gestation, is known as a premature or pre-term baby. In New Zealand, about 7-10% of babies are born prematurely. And according to the World Health Organization (WHO), each year an estimated 15 million babies are born prematurely. While medical advances have greatly improved over the years, premature birth is the most common cause of death among babies in the world. It's important to note that medical advances have meant that more than 9 out of 10 premature babies survive, and most go on to develop normally.

Science is not absolutely certain why some babies are born early. As a result, it is difficult to figure out which interventions work best to reduce preterm labour. We know there are certain risk factors, signs and causes. However, a large proportion of preterm births happen without risk factors and known causes.

## Risks of Preterm Labour

Because the actual cause of preterm labour is largely unknown, it's not easy to know who will experience preterm labour. Even so, there are some risk factors that increase the chances of having your baby early, let's take a look at these. Smoking, alcohol and drug use: not only do these behaviours increase the risk of preterm birth, but they can also cause your baby to be born at low birth weight and/or with other health problems. Pregnancy conditions (high blood pressure, pre-eclampsia, diabetes, blood clotting disorders, placental abruption, placenta previa, autoimmune disorders) - these conditions can compromise your baby's growth and oxygen, which can lead to preterm birth. Vaginal and uterine infections, these infections are believed to cause almost 50% of all preterm labours. Research has shown infections cause inflammation, which triggers the release of certain hormones that may initiate labour. Twin or multiple pregnancies, women carrying more than one baby are more likely to go into labour early. Previous preterm labour, you are more likely to have another premature birth if you have already experienced preterm labour. If you have a family history of preterm labour, such as if you were born prematurely you are more likely to have a premature baby yourself. The baby has certain birth defects. Structural problems with the cervix or uterus, if the cervix stays open during pregnancy, or there are abnormal structures of the uterus, preterm labour is more likely to occur. Gum health, pregnant women are more likely to have periodontal disease, which has been linked to preterm labour - it's believed the bacteria can enter the bloodstream and trigger preterm labour. Having short intervals between babies, a large study has shown the closer together your pregnancies are, the greater the risk of preterm labour. Maternal age, women who are older than 35 are considered to be high risk, because they are more likely to experience premature labour. High levels of extreme physical stress, women who stand for long periods of time, or have physically stressful jobs, are more likely to go into labour early.

## Premature Labour Signs

Preterm labour can sometimes be stopped, or at least delayed, to allow the baby as much time as possible in the uterus. If you experience any of the following signs of premature labour, contact your LMC immediately. Backache, usually felt in the lower back area. This can be felt constantly or intermittently, but it doesn't ease or go away if you change positions or use comfort measures like a wheat bag. Regular contractions coming every 10 minutes or less. Changes in the type or amount of vaginal discharge (bloody, mucus or water). Increasing pressure in your pelvis or vagina. Any bleeding from the vagina, even spotting. Some of these signs - such as backache and pelvic pain - are normal symptoms of pregnancy, but it is always a good idea to contact your LMC if you are unsure.

## What To Do If You Think You Are In Premature Labour?

If you suspect you're having contractions, try sitting down and resting, or changing positions if you are already lying down. Drink a few glasses of water in case you are becoming dehydrated. Put your fingertips on your stomach, you will feel a contraction as a tightening, then a releasing and softening. Time each contraction, from the start of one contraction to the start of the next contraction. This tells you the frequency of contractions; if the interval is 10 minutes or less and occurring regularly, contact your LMC. Contractions can be confused with Braxton Hicks which you might have already been feeling. These are practice contractions; they are usually quite irregular, they don't intensify, and they stop when you change position. If you aren't sure whether your contractions are the real thing, it's best to contact your LMC anyway. If you think your waters have broken, put on a pad (don't use tampons) and try smelling the liquid. If it doesn't have any smell it could be amniotic fluid, but if it smells like urine it could be bladder leakage. If you are in doubt, or have any signs of preterm labour, contact your LMC for advice (Yes, even if it's 3am!). They will ask you some questions and then, if they think it is needed, will ask you to come in for an assessment.

## What To Expect

When you arrive at the hospital, your baby's heart rate will be monitored to see if there are any signs of distress, and you will be checked for contractions. You might also have an ultrasound to assess your baby's growth and size, and to check the amniotic fluid levels. You may also have a vaginal examination, to check whether the membranes have ruptured and your cervix has begun to thin or open (efface and dilate). During the vaginal examination, your LMC will probably do a swab, to test for any signs of infection. If these exams show you are not in labour then you will probably be sent home. Most likely you will be told to rest as much as possible. If you are in premature labour you will remain in hospital. Based on your individual situation, your LMC will decide whether to delay labour or let it continue. In most cases your LMC will try to delay the start of labour for as long as possible. Every day your baby remains in the uterus, which improves the chances of survival, and reduces the chances of complications for your baby. If your health, or the health of your baby, is at risk, it might be better for your baby to be born early. If you are more than 34 weeks pregnant, or tests have shown that your baby's lungs are mature enough, labour might be allowed to continue.

Dealing with premature labour is understandably a big shock, and you might feel very stressed and worried about what will happen and concerned for your baby's health. The good news is that for about 30% of women, preterm labour stops by itself. About 10% of women who go into preterm labour will give birth within a week.

At the hospital you will probably meet a number of staff who will help look after you and your baby after birth. There will be a lot of information to take in and you might feel overwhelmed and anxious. If you need more information, ask your LMC any questions you might have. Preterm labour does not automatically mean you will need a c-section. Unless your baby's health, or yours, is at risk and immediate birth is necessary, you should be able to experience a vaginal birth. Discuss your options with your LMC if a c-section becomes necessary. You will be monitored throughout your labour, to keep a check on your baby's heart rate. This can restrict your movements. Medicinal pain relief options will probably be limited to epidural or gas, as these medications will not affect your baby's respiration after birth.

Babies who are born between 34-37 weeks tend to do quite well, and might need only some, or even no medical treatment. In this situation, having lots of skin to skin time is ideal. This is often called 'kangaroo care' and provides the perfect conditions for your baby to bond with you and to develop. If your baby is born earlier than 34 weeks it's more likely that special care will be required in the Special Care Baby Unit (SCBU). This can be a distressing and difficult time as you might be able to see your baby only very briefly, immediately after birth. You will be able to visit SCBU and be involved in caring for your baby as much as possible. The staff will assist you and support you during this time (they are amazing!).

### What will my premature baby look like?

Babies born at 36 to 37 weeks usually look like small full-term babies. Very premature babies will be small and look very fragile. Their skin: it might not be fully developed, and may appear shiny, translucent, dry or flaky. The eyelids of very premature babies may be fused shut at first. By 30 weeks they should be able to respond to different sights. Your baby may have little hair on its head, but lots of soft body hair (called 'lanugo'). The baby's genitals may be small and underdeveloped.

### Premature Labour Prevention

While some women go into labour for reasons we don't understand, there are ways to reduce your risk of premature birth. Such as stopping habits that are harmful – such as smoking, drug use or drinking during pregnancy. Avoid or reduce physical and emotional stress. Ask your LMC for supporting medical documentation, if required for your employment. Be as healthy as possible before and during pregnancy. Have high-quality antenatal care. A recent review published by The Cochrane Library has shown women who have the same midwife during pregnancy and labour are around 23% less likely to have a premature baby than women who have shared care. Midwifery-led continuity of care is also linked with a lower risk of fetal loss before 24 weeks gestation.

Premature labour can be very stressful, and it is important to remember that you will be well supported by your LMC and hospital staff. Meeting your baby is a very significant time and you are likely to have many conflicting emotions, such as fear, guilt, shock, and grief, as well as excitement and joy at seeing your baby. It's normal to feel you have missed certain experiences when you go through preterm birth, and you should seek support from your care provider if you feel overwhelmed by your experience.

