

Premature Labour

What may happen if I go into premature labour?

What is preterm labour?

A woman who has been continuously having 2 or more painful contractions in a 10-minute period before she reaches 37 weeks in her pregnancy is said to be in suspected premature labour. About 7% of all women who are pregnant in the UK may experience premature labour before 37 weeks.

What are the factors, which can cause premature labour?

You have a greater chance of having a premature labour if :

- You are less than 15 years old
- You have poor living conditions
- You are underweight
- You smoke
- You have heart disease
- You have had a previous preterm baby
- You are bleeding during your pregnancy
- You have a multiple pregnancy
- There may be a problem with your cervix
- Your waters have broken (Please see the separate information sheet called, '**What happens if my waters break prematurely**').

Sometimes your doctor may feel that it is important that you give birth before 37 weeks of pregnancy. This may be because:

- You have an infection
- Your waters have broken
- You have a multiple pregnancy
- You have pre-eclampsia (Please see the separate leaflet, '**What happens if I am admitted to hospital with high blood pressure?**').
- There is too much fluid around the baby, sometimes called 'Polyhydramnios'.
- There may be an abnormality with the baby
- There may be an abnormality in your womb
- There is a problem with your cervix

Sometimes it may be difficult to be certain that the pains are labour pains. These pains can be caused by other factors.

Some examples are:

- A urine infection
- Kidney infection
- Bowel problems
- Pain related to the pelvic joints
- Backache

Please remember that each woman is treated as an individual. Therefore the management of premature labour differs from person to person.

What are the risks of premature labour?

There may be a greater chance of your baby having physical problems if you go into labour too early. The earlier you go into labour, the greater chance of those problems being severe or life threatening. Babies born between 23 and 34 weeks have a greater chance of having a long-term handicap.

There may be problems related to the baby's:

- Breathing
- Temperature control
- Energy levels in the blood
- Bowel problems
- Infection
- Jaundice

Unfortunately, sometimes the problems are so great that the baby may die.

What will happen if I go into premature labour?

- If you think that you are in labour before 37 weeks please call the hospital on **0151 708 9988** and ask to speak to the **Shift Leader on Central Delivery Suite** who may advise that you come into hospital.
- Please bring your hospital notes with you.
- You may be admitted to the Delivery Suite for observation.
- You will have your temperature, pulse and blood pressure checked. Your urine will be checked and if necessary a specimen will be sent to the laboratory to be checked for any infection.
- The CTG (Cardiotocograph) will make a recording of your baby's heartbeat and any contractions that you might be feeling.
- The best way to decide if you are in labour is by having an internal examination (vaginal examination). This will be done by a doctor, who will use a speculum. This is a metal instrument, used when you have a smear taken (but you will not have a smear taken during this examination). The speculum will be placed in the birth canal (vagina) and will allow the doctor to see the neck of the womb (cervix). If it has started to open (dilate) this is a sign that you may be going into premature labour. A fibronectin test may be performed, this involves placing a small swab high in the birth canal during the speculum examination. If the swab changes colour this means that premature labour may occur but this test is only used as a prediction.
- Sometimes, the neck of the womb is closed but the pains will carry on. If this happens you may need another internal examination after awhile, to see if there are any changes.
- Internal examinations are kept to a minimum to try and prevent infection.
- You may have a scan to check the baby and to measure his/her weight
- You will be able to have help with your pain. The doctor will prescribe this according to your personal situation. Sometimes, once you have had this medication the pains may settle down and you may be transferred to the ward for observation.
- If the doctors think that you are going into premature labour, the staff in the Neonatal Intensive Care Unit (NICU - sometimes called the Special Care

Baby Unit), will be informed. Either one of the doctors working on the unit, (Paediatricians) or one of the nurses will come to see you to discuss what may happen to your baby if he or she is born prematurely.

If possible your partner may be able to have a visit to the unit for a look around before the baby is born. You may be able to have a look around if your condition is stable.

- If you are less than 34 weeks pregnant, you will be prescribed some steroid injections. If this is given at least 24 – 48 hours before birth this can halve the chance and severity of breathing problems in your baby.
- You will need to have 2 injections, 12 hours apart.
- Some women will feel as if they are developing flu after having these injections. This is a common side effect of having the steroid injections.

Can premature labour be stopped?

Sometimes, doctors may decide to try to stop the contractions. There are a few ways to stop contractions and in the Liverpool Women's Hospital at the moment we do this by putting up a drip, which contains a drug called Atosiban. This is known to be one of the safest options at the moment.

- This drug sometimes has side effects that can be unpleasant e.g. a fast pulse, flushing but this is not common
- This medication will be given through an electric pump so that an accurate dose can be given. Your pulse rate will be checked regularly whilst having the drip. If you have these severe side effects the drip will be turned off.
- This drip is usually only given for 24 hours and sometimes it is only used to allow the steroid injections to work,
- If after this time the contractions carry on the labour will be allowed to go ahead.

Sometimes, despite all efforts, this method does not stop labour, but giving the drug may help to give extra time to allow the steroid to work by up to 50%.

If you are less than 28 weeks pregnant,

- The doctors may decide to give you medicine called Indomethacin.
- This is another safe drug of choice in this hospital.
- The first dose is given as a suppository, which is a small, bullet shaped tablet that is placed in your back passage.
- You will then be given Indomethacin tablets (to swallow) for 48 hours. This is only given if instructed by a senior doctor.

This information is not intended to replace discussion with either medical or midwifery staff. If you have any questions regarding the contents of this leaflet please discuss this with a midwife or obstetrician. The hospital is involved in research and you might be asked to consider taking part in a research study. A midwife or doctor will discuss this with you and answer any questions that you may have.

Further information

For further information there is a list of useful web sites which can be found on the Liverpool Women's Hospital web site.

Go to

www.lwh.org.uk

Click on

Clinical Services



Support & Information



Useful organisations

If you require any advice about the information on the web sites please speak to a midwife or doctor at the hospital or a community midwife at the GP surgery

This information was generated from The Women's Information Network Group in the Liverpool Women's Hospital.

This leaflet can be made available in other formats on request

Ref: Mat 22/03

Review date August 2005