



Information for
patients and
carers

Pre-term birth

What is preterm (premature) birth?

A baby is said to be preterm or premature when he or she is born before 37 weeks of pregnancy. Eight in 100 babies are born before 37 weeks.

Most preterm births are the result of the early, but otherwise natural, onset of labour. It is often impossible to know why labour has started prematurely, although there are a number of situations where there is a higher than average risk of this happening, such as:

- If you have had an infection, particularly if your temperature was very high.
- Your waters broke earlier in pregnancy (early rupture of membranes).
- You have had a previous preterm birth, miscarriage after 14 weeks of pregnancy or membrane rupture before 37 weeks.
- Your womb is abnormally shaped, including if your cervix (neck of the womb) is short.
- A twin or triplet pregnancy.
- If there was a very large amount of fluid surrounding your baby (polyhydramnios).
- You are a smoker.
- You had fertility treatment.
- You have had surgery to your cervix, including for pre-cancerous cells

About 1 in 4 preterm births occur when a medical decision is made that continuing a pregnancy could be harmful to the health of mother or baby. Sometimes a caesarean birth is advised, but in other cases labour is artificially induced (started).

What might preterm birth mean to my baby?

Preterm babies are at particular risk of breathing and feeding problems, they may also have difficulty maintaining their body temperature. As you might expect, the earlier in pregnancy your baby is born the greater the challenges he or she may face.

When you come into hospital in preterm labour, the obstetric doctor, neonatal doctor and midwifery team will make a plan for your labour and offer advice and guidance about what to expect when your baby is born, depending on your individual circumstances and how far along you are in the pregnancy.

If your baby has been born earlier than 34 weeks of pregnancy it is almost certain that he or she will initially need to be nursed in the neonatal unit in an incubator where warmth and oxygen can be easily provided.

The neonatal unit is situated on the top floor of the sharoe green unit and provides a well-equipped, highly specialised environment for preterm and ill babies. You are able to visit and spend time with your baby whenever you wish. The nurses and doctors on the neonatal unit will keep you informed of your baby's progress and involve you as much as possible in their care.

If your baby requires neonatal unit care for longer than 2 or 3 days you could be discharged home. Postnatal checks by a midwife in the maternity day care unit will be arranged during your visits to see your baby. If you live a long distance away e.g. Cumbria it may be possible for you to stay in the hospital's hotel accommodation; please discuss with the ward staff.

Preterm babies without breathing problems may be cared for on the maternity ward, but you should remember that, even if they are a good weight, they are still immature. As a result they may initially be sleepy, need waking for feeds, and have a weak sucking reflex. They are also more at risk of jaundice (see leaflet Jaundice in newborn babies). The midwives will help and advise you, but it is likely that your baby will need a longer than average stay in hospital.

Once at home, the community midwifery team or the neonatal outreach team will continue to monitor your baby's progress.

Whether your baby is in the neonatal unit or with you on the maternity ward you will be encouraged to breastfeed or, if your baby is not strong enough, to provide breast milk that can be given to your baby via a feeding tube. Breast milk is the ideal food for preterm babies as it helps their development, is easy to digest and reduces their risk of infection. The midwives can show you how to express your milk and there are breast pumps available for you to use if you prefer.

Future pregnancies

The prospects for future pregnancies will largely depend on whether it is possible to identify a cause for your baby's preterm birth. Some causes are not necessarily recurring, such as infection or twin pregnancy.

However, it is recommended that you receive consultant-led care during your next pregnancy to try to minimise the risk of another preterm birth. If you have increased risk factors for preterm birth, these will be identified at your booking antenatal appointment, and you will then be referred to the preterm birth clinic. At the preterm birth clinic, the doctor

or midwife may recommend some treatments and/or extra scans to you, depending on your history and individual risk.

If you have any further questions please ask your doctor or midwife.

Contact details

Should you require further advice or information please contact:

Antenatal clinic, Sharoe Green Unit on: **01772 524448**

Maternity ward, Sharoe Green Unit on: **01772 524830**

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.patient.co.uk

www.nice.org.uk

www.accessable.co.uk

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If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Cantonese:

如果你希望以另外一種格式接收該資訊，請和我們聯絡，不必猶豫。

Gujarati:

જો તમને આ માહિતી બીજી રચના કે ફોર્મેટમાં મેળવવાની ઈચ્છા હોય, તો કૃપા કરી અમારો સંપર્ક કરતા અચકાશો નહિ.

Hungarian:

Kérjük, vegye fel velünk a kapcsolatot, ha más formában kéri ezt az információt.

Polish:

Jeżeli chciał(a)by Pan/Pani otrzymać niniejsze informacje w innym formacie, prosimy o kontakt.

Punjabi:

ਜੇ ਤੁਸੀਂ ਕਿਸੇ ਹੋਰ ਫਾਰਮੈਟ ਵਿਚ ਇਹ ਜਾਣਕਾਰੀ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰਨ ਤੋਂ ਨਾ ਝਿਜਕੋ।

Urdu:

اگر آپ اس معلومات کو کسی اور صورت میں حاصل کرنا چاہتے ہیں تو برائے مہربانی ہم سے رابطہ کرنے میں ہچکچاہٹ محسوس نہ کریں۔

Department: Maternity

Division: Women and Children's

Production date: April 2020

Review date: April 2023

JR456 v1