

# Information for patients and carers

## Preterm (Premature) Labour and Birth

Decorative blue wavy lines at the bottom of the page, consisting of three overlapping bands of different shades of blue.

## What is a Preterm (Premature) birth?

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

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 early, although there are a number of situations where there is a higher-than-average chance 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).

## Signs and symptoms of preterm labour

Signs and symptoms of preterm labour can vary however, common symptoms include:

- Regular contractions or tightenings of the uterus (Womb)
- Period type pains or pressure in your vaginal area
- A “show” – when the plug of mucus that has sealed the cervix during pregnancy comes away and out of the vagina
- A gush or trickle of fluid from your vagina – this could be your waters breaking
- Backache or sharp pain that is not usual for you

Contact the maternity assessment suite (Triage) immediately on **01772 524495** if you have any of the above signs or symptoms or:

- You are bleeding
- Your baby is moving less than usual
- You have any suspicion that your waters may have broken
- You are experiencing pain or tightenings before 37 weeks

If you have any symptoms of preterm labour, the midwife will ask you to attend the maternity unit for review.

## What happens at the hospital?

If you have symptoms of preterm labour, the doctor or midwife in the maternity unit will offer you examination or tests to find out if:

- Your waters have broken
- You are in labour
- You have an infection

These tests may include:

- A vaginal or speculum examination to determine if your cervix is opening
- Blood tests to identify any infection
- Urine tests to identify any infection
- A check of your pulse, blood pressure and temperature
- A vaginal swab such as a fetal fibronectin test, to see if your body is preparing to give birth
- Vaginal swabs to test for infections such as bacterial vaginosis and group B strep
- Monitoring and recording any contractions
- A check of your baby's heartbeat

The team will also ask you about your baby's movements. You should continue to feel your baby move in a normal pattern right up to the time you go into labour and even during labour. Tell the midwife or doctor immediately if you think your baby's movements have slowed down, stopped. or changed.

## What happens if I am in preterm labour?

The midwife or doctor will talk to you, providing evidence-based information about whether it's best to give birth to your baby now (either by vaginal delivery or by caesarean section) or try to slow down labour using medication. They will consider:

- How many weeks pregnant you are
- You and your baby's health
- What you want to do
- They will work closely with the from the neonatal unit doctors and nurse team to come and talk to you

## What happens if I am not in labour?

If labour has not started, the midwife or doctor will investigate what may be causing your symptoms and if you and your baby would benefit from further treatment. In some instances, it may be recommended that you stay in hospital so that you and your baby can be monitored.

## 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 they 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 with you and offer advice and guidance about what to expect when your baby is born, depending on your individual circumstances and how many weeks pregnant you are.

If your baby has been born earlier than 34 weeks of pregnancy it is almost certain that they will initially need care and support 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 at Royal Preston Hospital and provides a well-equipped, highly specialised environment for preterm and ill babies. You can 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.

## Longer term care

If your baby requires neonatal unit care for longer than 2 or 3 days you could be offered discharge 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 neonatal unit staff.

Preterm babies without breathing problems may be cared for jointly on the maternity ward, under the transitional care team 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 community outreach nursing 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 and store your milk and there are breast pumps available for you to use if you prefer. Both the neonatal unit and maternity wards have facilities for short term storage of breastmilk should this be required.

## 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 antenatal booking appointment, and you will be referred to the preterm birth clinic. At the preterm birth clinic, the doctor or midwife may recommend some treatments and/or extra scans for 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 the maternity unit on **01772 524495**. This is a 24-hour number where you can speak to a midwife at any time of day.

## Sources of further information

[www.lancsteachinghospitals.nhs.uk](http://www.lancsteachinghospitals.nhs.uk)

[www.nhs.uk](http://www.nhs.uk)

[www.accessable.co.uk](http://www.accessable.co.uk)

[www.patient.co.uk](http://www.patient.co.uk)

[www.nhs.uk/pregnancy/labour-and-birth/signs-of-labour/premature-labour-and-birth/](http://www.nhs.uk/pregnancy/labour-and-birth/signs-of-labour/premature-labour-and-birth/)

Follow us on social media @lancshospitals

**Lancashire Teaching Hospitals NHS Foundation Trust is not responsible for the content of external internet sites.**

All our patient information leaflets are available on our website for patients to access and download:

[www.lancsteachinghospitals.nhs.uk/patient-information-leaflets](http://www.lancsteachinghospitals.nhs.uk/patient-information-leaflets)

Lancashire Teaching Hospitals is a smoke-free site. Smoking is not permitted anywhere on any of our premises, either inside or outside the buildings. Our staff will ask you about your smoking status when you come to hospital and will offer you support and advice about stopping smoking this will include Nicotine Replacement Therapy to help manage your symptoms of withdrawal and the opportunity to speak to a nurse or advisor from the specialist Tobacco and Alcohol Care Team.

If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**

**Please ask a member of staff if you would like help in understanding this information.**  
**This information can be made available in large print, audio, Braille and in other languages.**

**Department: Maternity**  
**Division: Women and Children**  
**Production date: November 2023**  
**Review date: November 2026**  
**JR 1082 v1**