SASUOG

South African Society for Ultrasound in Obstetrics and Gynaecology

Patient information - Early labour and birth

Babies born before the 37th week of pregnancy are called preterm or premature. Preterm labour usually starts by itself, although sometimes a preterm birth is planned by your doctor if it's thought to be safest for the baby or the mother. The signs of spontaneous preterm labour are like the signs of labour at the end of pregnancy.

Not all women who have preterm labour will deliver their baby early. If preterm labour occurs, various measures can be taken to both delay delivery and decrease the risk of new-born complications.

If preterm labour does lead to an early delivery, the premature new-born is at risk for problems related to incomplete development of its organ systems. These problems include difficulty with breathing, staying warm, feeding, as well as injury to the eyes, gut, and nervous system.

Regular antenatal care can help to identify some, but not all, women at risk for preterm labour.

The following factors may increase your risk of preterm labour:

- Previous preterm birth
- Being pregnant with twins, triplets, or more
- Vaginal bleeding, especially in the second or third trimester
- Use of certain recreational drugs, such as cocaine, cannabis
- Cigarette smoking
- Some infections
- Low pre-pregnancy weight and low weight gain during pregnancy
- Excessive amniotic fluid (in the sac around the baby)
- Moderate to severe anaemia early in the pregnancy

- Ages <16 and >35 years (mainly due to pregnancy complications)
- Short cervix (neck of the womb) as identified during a vaginal scan

One of the most important things a pregnant woman can do to prevent preterm labour is to stop habits that can be harmful, such as smoking and use of recreational drugs.

If you have any of the risk factors mentioned above, your doctor or midwife will advise you on what precautions to take, as well as on ways to reduce your risk of going into preterm labour.

If you are found to have a short cervix, the doctor may advise on putting a stitch around your cervix or using medication like vaginal progesterone.

If you had a preterm birth in your previous pregnancy, or develop preterm labour in this pregnancy, you may also be offered progesterone treatment.

Call your doctor or the hospital if you're less than 37 weeks pregnant and you have:

- regular painful contractions or tightening of the abdomen (tummy)
- you see mucus with blood draining from the vagina
- a gush or trickle of fluid from your vagina – this could be your waters breaking
- backache that's not usual for you

The midwife or hospital will find out whether:

- your waters have broken (called PPROM, preterm prelabour rupture of the membranes)
- you're in labour
- you have an infection

Assessment may include a vaginal examination, blood test, urine test and cardiotocography to record contractions and the baby's heartbeat. They'll check you and your baby, to find out whether you're in labour or in distress and discuss your further care with you.

If your waters have broken…

There is an increased risk of infection for you and your baby.

If this is suspected or confirmed, you'll be:

- admitted to the hospital for observations
- perhaps have an ultrasound scan to assess amount of water and fetal well-being
- tested for infection, which may include blood and urine tests
- offered antibiotics to take for about 7- 10 days if PPROM is confirmed

NB: PPROM doesn't mean you're definitely going into labour. Your doctor will decide whether you may be able to go home if there's no infection and you don't go into labour within 48 hours.

If you go home, you'll be advised to tell your midwife immediately if:

- you feel feverish
- any fluid draining from your vagina is smelly or changes in colour
- you bleed from your vagina
- your baby's movements slow down or stop

If your waters haven't broken….

- Your midwife or doctor will examine you to assess if you're in labour or not. This will include asking you about your medical and pregnancy history, and about possible labour signs. In addition to checking your pulse, blood pressure and temperature, your abdomen will be palpated for contractions and to assess the baby's condition. A vaginal examination will be done to check the state of the cervix. You will also be asked about your baby's movements in the last 24 hours. If they don't ask, tell them about the baby's movements.

If you're in premature labour with or without waters broken…

The midwife or doctor may offer:

- medicine to try to slow down or stop your labour (tocolysis)
- corticosteroid injections, which can help mature your baby's lungs and prevent other prematurity-related complications
- magnesium sulphate treatment (only between 26 and 32 weeks) to protect the baby's brain from prematurity-related complications

Slowing down labour or stopping it isn't appropriate in all circumstances and sometimes it is safer that the delivery is not delayed. Your midwife or doctor will discuss your situation with you.

They will consider:

- how many weeks pregnant you are
- whether it might be safer for the baby to be born than to stay inside you – for example, if you have an infection or if you're bleeding
- neonatal (new-born) care facilities at the hospital or whether you might need to be moved to another hospital

Babies born too early need special care in a hospital with specialist facilities for premature babies. This is called **a neonatal unit**. Premature babies are likely to have health and development problems because they haven't fully developed in the womb. If your baby is likely to be delivered early, you should be admitted to a hospital that has a neonatal unit since it is better for the baby to be born there, instead of needing to be transferred shortly after birth.

Not all hospitals have facilities for the care of very premature babies, so it may be necessary to transfer you and your baby to another unit, ideally before delivery (if time permits) or immediately afterwards.