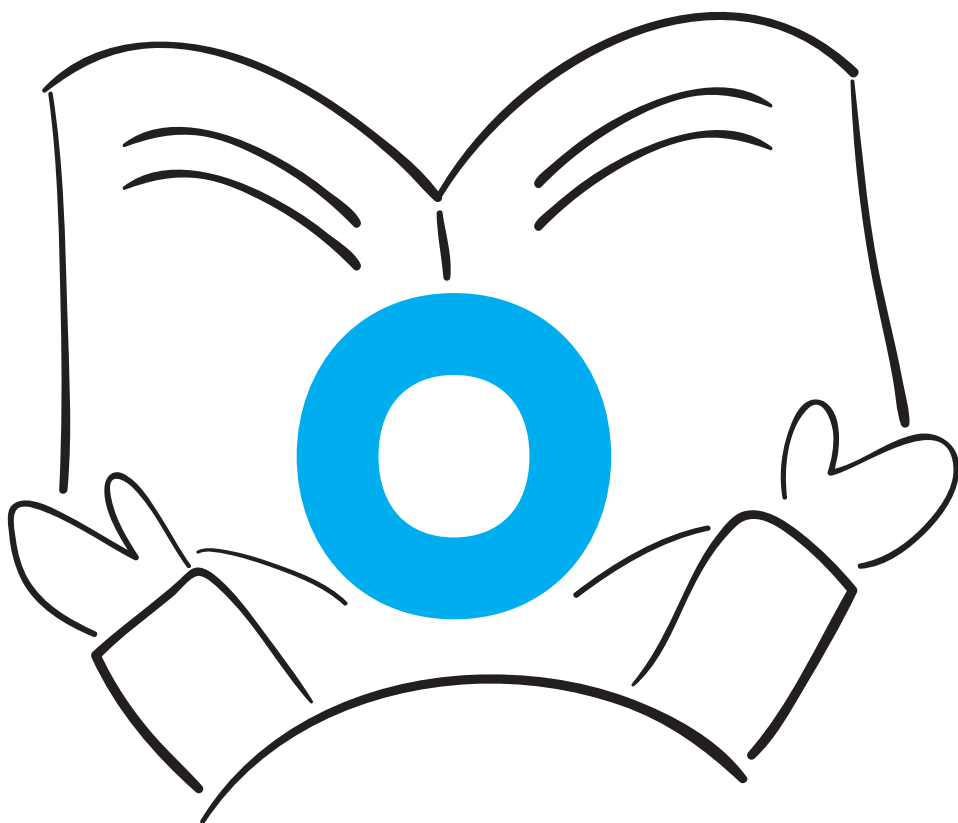


Premature Labour

Information for parents



About Tommy's, the baby charity

Tommy's, the baby charity, aims to inform and educate all parents-to-be about health in pregnancy. By providing this information we hope to ensure that every pregnancy has the best possible chance of a healthy outcome and a healthy baby.

Tommy's was set up in 1992 with the goal of making pregnancy and childbirth safer for both the expectant mother and her child, by funding a national programme of medical research into miscarriage, stillbirth and premature birth.

Every parent-to-be hopes their baby will be born healthy but every year in the UK one in five pregnancies will end in miscarriage and around 4,000 babies will be stillborn. More than 100 babies are born too small or too soon every day and two percent are severely premature, arriving six weeks or more before their expected birthday. Premature birth is the most common cause of baby death and one in 10 premature babies will develop a permanent disability.

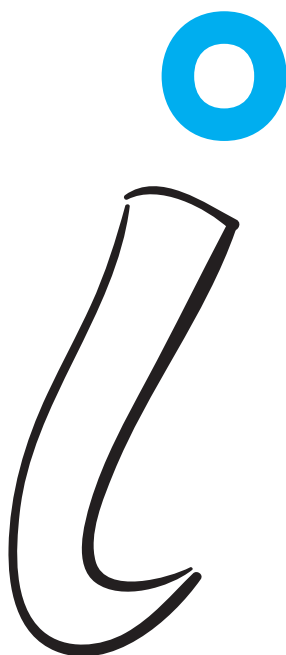
As the UK's leading baby charity we want to find the answers for parents who deserve to know why their baby died or had to fight for life after being born prematurely.

Tommy's is determined to find the causes of miscarriage, stillbirth and premature birth and to save tiny lives by discovering new ways to encourage healthy pregnancy and prevent problems. We support a nationwide programme of vital research and are already improving the chances of survival for hundreds of babies through our clinical trials. We are examining the processes underlying normal and premature labour, and are finding ways to identify women who are most at risk of giving birth prematurely. We are increasing understanding of conditions such as pre-eclampsia which endanger both mother and baby, and we are making progress in discovering ways to prevent health problems in premature and low birth-weight babies.

Tommy's also provides information about pregnancy health issues for health professionals, parents and parents-to-be. We aim to ensure that information on health in pregnancy and reducing the risks of problems is available to all parents-to-be in the UK, thereby reducing the number of babies' lives lost.

Foreword

This leaflet, produced by Tommy's, aims to give information about premature labour and premature birth to help understand what might cause it and what can be done about it. The leaflet is based upon the most recent research available. If you have any concerns about any aspect of your pregnancy, please discuss them with your midwife or doctor.



Contents

2

What is premature labour?

5

Avoiding premature labour

8

Premature labour care

9

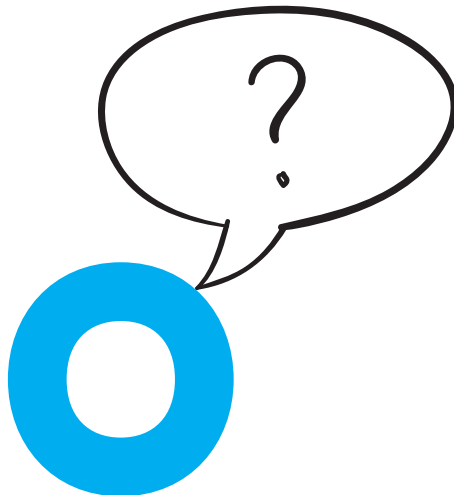
Useful addresses

What is premature labour?

Every day, thousands of families experience the joy and delight that comes with the birth of their new baby. However, sadly, every year, thousands more families experience the pain of losing their baby or seeing their tiny child fight for life.

Premature birth, or preterm delivery, is the birth of a baby too soon, before 37 completed weeks of pregnancy. Babies are considered to be full term from 37 weeks of pregnancy and will have the maximum chance of healthy development if they are born from this time.

Premature labour affects 6–7% of all births in the UK. Despite vast improvements in antenatal and neonatal care, the number of premature babies born each year hasn't decreased since the 1960s. It remains very difficult to identify women at risk of premature delivery because the causes are still poorly understood.

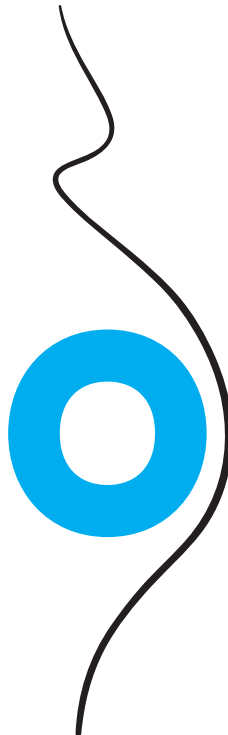


What are the implications of premature birth?

Ultimately, despite the best efforts of modern medicine babies are born early. Sadly some of these babies will die. Research has concluded that babies born very early (before 25 weeks) are more likely to survive than in the past, but survival of these babies has led to an increase in disability.

The survival rates and levels of long-term disability for premature babies are related to the gestational age of the baby. Babies born closer to their due date and with a good birth weight will have a greater chance of survival than very small, very premature babies. Premature babies have less time in the womb to mature and develop, as a result they're often at increased risk of medical and developmental problems. However, neonatal care is making huge advances, and there are many wonderful stories of tiny babies surviving despite the odds against them.

Whilst the experience of a premature birth may be very traumatic for all the family involved, there is seldom any adverse effect upon the mother's physical health. For the mother, physical recovery from premature labour and delivery will be no different than from a later delivery although there can be greater emotional stress.



What are the risk factors associated with premature birth?

Many women with no identified risk factors will go on to experience premature delivery, however there are some factors that we know increase your risk of having a premature baby.

Risk factors of premature labour

Lifestyle influences

- Smoking
- Recreational drug use
- High caffeine intake
- Poor diet (or being underweight)
- Overstrenuous physical activity

Medical conditions

Conditions experienced prior to pregnancy (such as systemic lupus erythematosus (SLE, also known simply as lupus), antiphospholipid syndrome (APS), or renal disease)
Pregnancy related conditions (such as pre-eclampsia, pregnancy-induced diabetes, or obstetric cholestasis, (OC))

Previous pregnancy problems

Previous early delivery (16–37 weeks)

Gynaecological history

Cervical surgery
Cervical or uterine abnormalities
Cervical weakness (this is sometimes referred to as an “incompetent cervix”)
These can cause the cervix to open too soon in pregnancy, resulting in premature labour.

Infection

Vaginal infections (such as gonorrhoea, chlamydia, trichomonas, bacterial vaginosis or group B streptococcus)

Current pregnancy

Multiple pregnancy

It is important to note that whilst many of these conditions are risk factors for premature birth and may cause spontaneous labour (contractions starting or waters breaking on their own), there are also circumstances where premature delivery is initiated by medical staff. For example, if a woman suffers from pre-eclampsia or the baby is not thriving in the womb, or if there is an ante-partum bleed and either the health of the mother or baby is at risk, then premature delivery of the baby may be the only option.

Avoiding premature labour

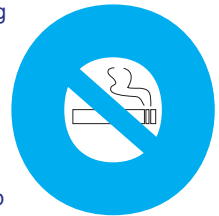
The exact cause of many premature births remains unknown, but there are some conditions and factors that may increase your chances of having a premature baby.

Pre-conception and early pregnancy care

If you are planning to have a baby, or have recently found out you are pregnant, the following advice could reduce your risk of premature labour, and is also good advice for all pregnant women.

Stop smoking

Ideally you should stop smoking. This is probably the single most important thing you can do to reduce your risk of having your baby early. Smoking cigarettes, or breathing in somebody else's smoke reduces the amount of oxygen in your blood stream which in turn deprives your baby of oxygen. There is a huge amount of evidence showing that smoking is definitely related to premature delivery. Ideally both you and your partner should stop smoking before trying for a baby, but it is never too late to stop. If you are finding it difficult to give up on your own, speak to your GP or midwife for advice and support and enlist the help of local and national support networks.



Don't take recreational drugs

Using recreational drugs, particularly cocaine, during pregnancy is a recognised risk factor for premature delivery. It is important to stop either prior to pregnancy or as soon as you discover you are pregnant. However, if you use recreational drugs on a regular basis seek professional help to give up, as without it you may risk endangering both your health and that of your baby.

Avoid caffeine

High levels of caffeine have been shown to increase the risk of miscarriage and premature birth. Government guidelines therefore recommend reducing your caffeine intake to less than 300 mg per day, which is roughly three average sized caffeine-containing drinks. These include coffee, tea, chocolate drinks and bars and some soft and energy drinks.

Avoid stress and over-strenuous activity

Research suggests that stress leads to high blood pressure, which can be a cause of premature birth and miscarriage. It's important to manage the amount you take on during your pregnancy and to give yourself plenty of time to rest and relax. Standing for long periods or shift work may become difficult for pregnant women, and it is sensible to avoid strenuous or tiring situations. If you are working, it is a good idea to meet with your manager to discuss your workload and to plan together for the coming months, to set realistic goals for the duration of your pregnancy.

Exercise is great for reducing stress and maintaining fitness as you get ready for labour. It is very important, however not to over-exert yourself. Check any planned exercise routine for safety (swimming, walking and yoga are excellent, low-impact, forms of exercise), and make sure your instructor knows you are pregnant.

Antenatal care

All pregnant women should attend regular antenatal appointments. This is particularly important as regular contact can help to identify women at risk of premature delivery and also allows the progress of the pregnancy to be closely monitored.

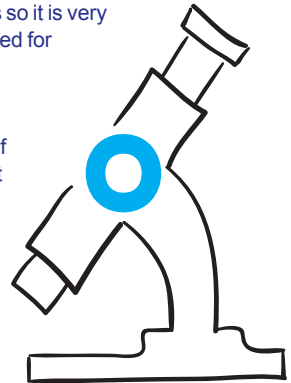
Women who are at greater risk of having a premature baby will be referred to their local maternity unit early in their pregnancy. This appointment will enable you to discuss any tests that are available at your hospital regarding prematurity, and plan the care for your pregnancy. Tests available may vary from hospital to hospital and will depend on your risk factors.

Detecting and treating infection

Research has shown that some urinary and vaginal infections are commonly related to preterm labour. These can sometimes be present with no symptoms so it is very important to attend your antenatal appointments where you will be tested for infection, and given appropriate treatment if infection is detected.

Urinary testing

You will be asked for a urine sample for testing at each antenatal visit. If an infection is suspected following a test, a further sample may be sent to a laboratory to confirm infection, and so appropriate antibiotics can be prescribed. Common symptoms of a urine infection are burning or stinging when passing urine, increased frequency of passing urine, unpleasant smell, backache and sometimes feeling generally unwell. Your urine will also be tested for the presence of urine which can be an indication of the complication in pregnancy, pre-eclampsia.



Vaginal swabs

Vaginal swabs are sometimes taken at antenatal appointments if vaginal infection is suspected, and antibiotic treatment may be prescribed. However, at present there is limited evidence regarding their effectiveness. It is therefore important for you to seek medical advice if you are concerned about your discharge in pregnancy. If you notice creamy, yellow, green or brown discharge, itchiness, or an unpleasant smell, you should talk to your doctor or midwife. Remember that vaginal discharge in pregnancy may be heavier than normal, but if it is clear or white and causes no discomfort, it is probably normal.

New indicators of infection are currently being studied, however at present they are not widely available in routine clinical practice.

Cervical assessment

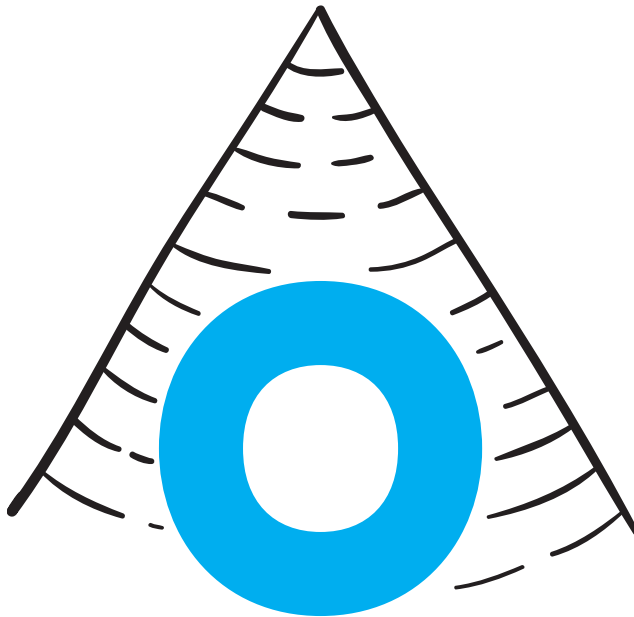
One of the early signs of labour is the shortening of the cervix. In some women, this cervical change occurs prematurely, leading to preterm labour. For women at risk of pre-term birth, changes in the cervix can be monitored, so that appropriate management can be offered.

Transvaginal ultrasound

Traditionally, cervical changes have been detected by either vaginal or speculum examination. However, a new and more reliable test is being developed to examine and measure the cervix using transvaginal ultrasound (internal scan). A probe is placed just inside the vagina – this may be slightly uncomfortable but should not be painful. This method is very useful in detecting a shortening cervix before signs of labour. Cervical scanning can be repeated regularly, with no reported significant adverse side effects. This type of scanning is usually performed before 26 weeks but can be valuable later as well. If a shortened cervix is identified, you may be offered a cerclage operation. (See explanation of cervical cerclage below).

Cervical cerclage (Stitch)

A cervical cerclage operation is performed under anaesthetic in an attempt to keep your cervix closed by putting a stitch around the neck of your womb. This is usually carried out vaginally, during the early weeks of your pregnancy. Very occasionally it may be necessary to insert an abdominal stitch, even before you are pregnant.



Premature labour care

Signs of labour

If you're at all worried that you might be in premature labour, or your 'waters' break (ruptured membranes), even if you have no labour pains, contact your local maternity unit immediately for advice. Ruptured membranes can be the first sign of preterm labour, and it is very important to ensure you receive appropriate care immediately to prevent possible infection and to ensure any onset of labour is monitored carefully.

Labour management

Tocolytic drugs are administered to women whose labour spontaneously starts prematurely. These drugs delay labour allowing time for the woman to be transferred to a specialist neonatal unit if necessary, or for steroids to be administered. Steroids have been given to women at risk of preterm delivery since the 1970s. They are recognised as improving the baby's lung function, helping them to establish breathing at birth. For some pregnancies, a delay of 24-48 hours can make a huge difference to a baby's chances of survival.



Useful addresses

Tommy's, the baby charity

Funds research into the causes of miscarriage, stillbirth and premature birth. Also provides information about healthy pregnancy.

www.tommys.org
Nicholas House
3 Laurence Pountney Hill
London EC4R 0BB
Pregnancy information line: 0870 777 30 60
Tel: 08707 70 70 70
Fax: 08707 70 70 75
Email: info@tommys.org

SANDS (Stillbirth and Neonatal Death Society)

Provides support and information for parents, families and carers following stillbirth and neonatal death.

www.uk-sands.org
28 Portland Place
London W1N 4DE
Tel: 020 7436 5881 (helpline)
Fax: 020 7436 3715
Email: support@uk-sands.org

The Miscarriage Association

Provides advice and support following miscarriage
www.miscarriageassociation.org.uk
c/o Clayton Hospital
Northgate
Wakefield
West Yorkshire WF1 3JS
Tel: 01924 200 799
Fax: 01924 298 834
Email: info@miscarriageassociation.org.uk

BLISS

Provides equipment to neonatal units nationwide. Advice, support and information for families and health professionals, plus training for nurses and midwives caring for sick neonates. Also conducts research into neonatology.

www.bliss.org.uk
68 South Lambeth Road
London SW8 1RL
Tel: 0870 7700 337
Fax: 0870 7700 338
Email: information@bliss.org.uk

Premature Babies UK

A website designed by a parent of a preterm baby. Provides support and links to other sites.

www.premature-babies.co.uk

Baby Lifeline

Provides equipment and training for neonatal units. Also support for parents and carers. Founded by a parent.

www.babylifeline.org.uk
Tel: 0845 6581059
Email: info@babylifeline.org.uk

The Child Bereavement Trust

Provides advice and support for families and health care professionals coping with the loss of a child.

www.childbereavement.org.uk
Information & support service line:
0845 357 1000
Email: enquiries@childbereavement.org.uk

How we can help you

Tommy's, the baby charity, publishes information for parents-to-be and for those who have experienced problems in pregnancy, such as miscarriage, stillbirth or premature birth, as well as providing information on toxoplasmosis. Please indicate below if you would like to be sent further information.

- Toxoplasmosis and pregnancy
- Toxoplasmosis a handbook for health professionals
- Toxoplasmosis and pregnancy everything you need to know
- Toxoplasmosis and animals
- Toxoplasmosis information about congenital toxoplasmosis
- Healthy pregnancy a guide for parents-to-be
- When a baby dies information for parents, for family and for friends
- Premature labour information for parents
- Premature labour information for midwives
- Information sheet on miscarriage
- Information sheet on stillbirth
- Information sheet on premature birth
- Information sheet on pre-eclampsia
- Annual Review
- Research update

Please complete your details below and return the form to Tommy's, the baby charity, Nicholas House, 3 Laurence Pountney Hill, London EC4R 0BB, or contact Tommy's on our information line (0870 777 30 60) or e-mail: info@tommys.org

Your details	Name
Address	
Postcode	
Telephone	
Email	

Please tick this box if you do not wish to receive further mailings from Tommy's.

Tommy's, the baby charity

Nicholas House
3 Laurence Pountney Hill
London EC4R 0BB
Tel: 08707 70 70 70
Fax: 08707 70 70 75

Pregnancy information line: 0870 777 30 60

Email: mailbox@tommys.org

Website: www.tommys.org