

Preterm labour and birth

This information sheet aims to answer some commonly asked questions about preterm labour and birth.

IMPORTANT: This is general information only.
Ask your doctor or midwife about what care is right for you.

What is a preterm labour?

Preterm labour is when labour starts before your 37th week of pregnancy. Sometimes preterm labour may start even if you are healthy and taking care of yourself during pregnancy.

What should you do if you think you are in preterm labour?

If you have any signs or symptoms of preterm labour, it is very important to go to the hospital straight away or contact your health care provider immediately. Getting help quickly is the best thing you can do.

What are the signs & symptoms of preterm labour?

For some women, it is easy to know they may be in preterm labour, for others the signs and symptoms are less clear.

Some of the signs and symptoms of preterm labour can include:

- contractions that make your abdomen muscles tighten up like a fist
- cramps that feel like your period
- low dull backache
- the feeling that your baby is pushing down, called pelvic pressure
- change in colour of your vaginal discharge
- general feeling that something is 'not right'
- bleeding from your vagina
- your waters breaking
- fever (temperature more than 38 °C)

Who is more likely to go into preterm labour?

The reasons why women go into preterm labour are not completely understood, however it is more likely if you have:

- had a previous preterm baby
- a urinary tract infection
- vaginal bleeding
- premature rupture of membranes (i.e. 'waters breaking' before 37 weeks of pregnancy)
- abnormalities with your uterus (e.g. fibroids)
- excessive amounts of amniotic fluid (fluid or water around the baby)
- had no or very little antenatal care
- had surgery on your cervix (the opening to your uterus)
- a multiple pregnancy (e.g. twins, triplets)

Or you:

- smoke cigarettes
- are a substance user (e.g. cannabis, ICE)
- are younger than 20 years of age
- are older than 40 years of age

What can be done to check if you are in preterm labour?

Your health care provider will examine you and may recommend you have:

- monitoring of your baby's heart beat—usually with a cardiotocograph (CTG) machine
- observation and monitoring of your contractions
- an internal examination to see if your cervix is opening and/or if your waters have broken



Image. Woman in preterm labour



Are there tests to see if you are in preterm labour?

Your health care provider may also recommend some tests. These tests help identify if preterm birth is likely and may include:

An Actim Partum test

This test is done using a swab taken from inside the vagina. A positive test result is linked to preterm birth. A negative test result means your risk of preterm birth is low.

An ultrasound scan

To measure the length of your cervix. If your cervix has started to become shorter, it may indicate the start of preterm labour. This scan can be done by gently placing the scanning probe in your vagina or on your abdomen.

Can preterm labour be stopped?

Other treatments your healthcare provider may recommend include:

Corticosteroids

Corticosteroids are medicines that help your baby's lungs to develop. Your doctor may advise you to have these if you are less than 35 weeks pregnant and in preterm labour.

Magnesium sulfate

Magnesium sulfate is a medicine that may help reduce the chance of your baby having cerebral palsy which can be associated with preterm birth.

Magnesium sulfate may be advised if you:

- are between 24 weeks and 30 weeks pregnant (but it may be considered up to 34 weeks pregnant) and
- are in preterm labour and
- have a strong chance of birthing within the next 24 hours

Antibiotics

Antibiotics are advised if:

- it looks very likely you will give birth, or
- you have signs of an infection, or
- your waters (membranes) have broken

What happens if your preterm labour cannot be stopped?

If your preterm labour cannot be stopped, you may require transfer to a hospital that has specialist care in case your baby is born early (prematurely). Most preterm babies need specialist care in a special care nursery and/or a neonatal intensive care unit.

If your labour is quick and you give birth early, your baby may need to be transferred to another hospital for care.

What happens if your preterm labour stops?

Around half of all women who have symptoms of preterm labour will have no changes to their cervix and their contractions stop without treatment. If your preterm labour stops completely, you may be able to return home.

Sometimes it may be better to stay in hospital. The best option will depend on your individual situation and your health care provider will discuss this with you.

Support & Information

13HEALTH (13 432584) is a phone line that provides health information, referral and services to the public. <https://www.qld.gov.au/health/contacts/advice/13health>

Pregnancy, Birth & Baby Helpline 1800 882 436 (free call) offers free, confidential, professional information and counselling for women, their partners and families relating to issues of conception, pregnancy, birthing and postnatal care. www.health.gov.au/pregnancyhelpline

Lifeline 13 11 14 Lifeline offers a telephone crisis support service to anyone. www.lifeline.org.au

Harrison's Little Wings is a high risk pregnancy support service. <https://harrisonslittlewings.org.au>

Red Nose Grief and Loss Support Line (1300 308 307) available 24/7 for anyone affected by the loss of a pregnancy, stillbirth or death of a baby or child www.rednosegriefandloss.org.au

The Pink Elephants Support Network supports women through miscarriage, pregnancy loss and beyond. <https://miscarriagesupport.org.au>

Women's Health Queensland Wide 1800 017 676 (free call) offers health promotion, information and education service for women and health professionals throughout Queensland. www.womhealth.org.au

Australian Breastfeeding Association 1800 686268 (breastfeeding helpline). Community based self-help group offers information, counselling, and support services, on breastfeeding issues www.breastfeeding.asn.au