

# Patient information from BMJ

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## Premature labour

**Pregnant women sometimes go into labour much earlier than expected, which can be dangerous for their baby. If your labour starts early there are steps your doctor can take to increase your baby's chances of a healthy start.**

**You can use our information to talk to your doctor if you want to know more about premature labour. If you go into labour early your doctor should discuss your options with you as clearly as possible.**

### What is premature labour?

Pregnancy normally lasts between 37 and 42 weeks. If you go into labour before the 37th week, this is called premature labour. You may also hear it called **preterm labour**. When a baby is born before the 37th week this is called a premature (or preterm) birth.

Sometimes doctors start labour early on purpose because the woman's health, or her baby's health, is at risk.

Here, though, we talk about preterm labour that isn't planned. This is called **spontaneous preterm labour**.

Spontaneous preterm labour is sometimes linked to a specific cause, such as a woman's waters breaking early (this happens when the sac of fluid around a baby, called the amniotic sac, ruptures early).

But often doctors don't know why a woman goes into preterm labour. However, we do know that certain things can increase a woman's chance of preterm labour. These are called **risk factors**. They include:

- having had a preterm labour before
- being pregnant with more than one baby
- smoking while pregnant
- having an infection
- having had surgery on your cervix (the cervix is the opening to the womb)

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- having a cervix that is short (this increases the chance that it will open early, leading to premature labour)
- having had an abortion before.

If you have one of these risk factors this doesn't mean you will definitely have a premature labour. It just means you have a greater chance than a woman without that risk factor of having premature labour.

It's also worth noting that women sometimes go into premature labour without having any risk factors.

### What are the symptoms?

Signs that you may be going into labour include:

- bleeding from your vagina
- cramping pains (contractions)
- a new pain in your lower back, or
- your waters breaking.

If you go into labour early, you and your baby will need treatment in hospital. Don't delay asking for help.

If your doctor thinks you may go into labour early he or she will examine you and possibly do some tests.

One is called a **fetal fibronectin test**. It involves having a swab of fluid taken from your vagina and tested for a certain protein. This can show whether you are likely to go into labour soon.

Other tests that you might need include:

- an **ultrasound scan** of your cervix to see if there are changes that suggest you are going into labour
- tests to check for possible infection, and
- tests to check on your baby's heartbeat.

If you are having contractions your doctor will also monitor how frequent they are.

### What treatments work?

#### Treatments to prevent premature labour

Doctors usually can't predict whether a woman will have a premature labour, or stop it happening. But they might offer treatments to help prevent an early labour in women who are at high risk.

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If a woman has a short cervix doctors might recommend having a **stitch put into her cervix**. You might hear your doctor call this **cervical cerclage**. This might help stop the cervix opening too early.

Having an infection caused by an overgrowth of bacteria in your vagina (called bacterial vaginosis) can increase your chances of giving birth early. **Antibiotics** can help kill the bacteria. But it's not clear if having treatment with antibiotics makes much difference in your chances of a premature labour.

### Treatments to delay delivery

Once you go into labour there's little anyone can do to stop it. But if you go into labour before 34 weeks your doctor might offer you medicines to try to delay your delivery for a few days.

The medicines are called **tocolytic agents**. They can delay delivery by dampening down your contractions.

This allows more time for your baby to grow and develop in the womb. It also allows you to be moved to a special hospital unit for the care of babies born early.

### Treatments to help protect your baby

If your labour starts prematurely your doctor will probably recommend medicines called **corticosteroids** (often just called steroids).

Corticosteroids speed up your baby's development, improving your baby's chances of a healthy start. They work best if you have them at least 24 hours before your baby is born. Corticosteroid injections seem to cause few, if any, side effects when used in this way.

If your waters break before 37 weeks you might or might not go into labour soon after. If you don't, you will be given **antibiotics**.

This is because you no longer have the protective sac of fluid around your baby (the amniotic sac). As a result, you have a greater chance that an infection could get into your womb and harm your baby. Antibiotics help prevent infection and might also help to delay your labour.

## What will happen to my baby?

Babies born at between 32 and 37 weeks are usually small and might need to stay in hospital a little longer than babies born at full term. But in the long run they usually do as well as babies born on or near their due date.

Babies born before 32 weeks might be very small and not properly developed. They might need special care, usually in an incubator. Some need a life-support machine to help them breathe.

There are some serious health problems that can affect babies born very early, and babies born before 23 weeks usually do not survive. But medical care for premature babies is better than it has ever been.

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