Humber and North Yorkshire
Health and Care Partnership

Local Maternity and Neonatal System (LMNS)

Preterm Birth
Patient Information Leaflet

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What is a preterm (premature) birth?

Babies are expected to be born between 37-42 weeks, this is classed as full term. A preterm birth is defined as any birth less than 37 weeks of pregnancy. In the UK, having a baby early is common; eight in 100 babies are born before 37 weeks. Very premature birth is much less common, with fewer that one in 100 babies born between 22 and 28 weeks of pregnancy.

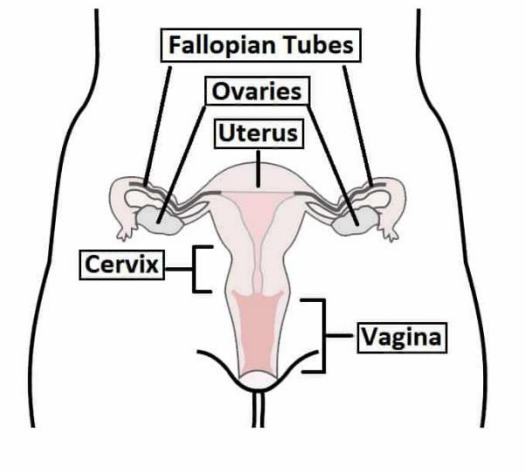
8 in 100 babies are born before 37 weeks

1 in 100 babies are born between 22 and 28 weeks

Why might you be more likely to experience a preterm birth?

We don't always know what causes preterm labour and birth, sometimes labour starts on its own without warning. Even if you do everything right during pregnancy you can still give birth early.

However, these are some of the known risk factors for preterm birth:



- A previous birth before 34 weeks
- A previous late miscarriage(s) after 16 weeks
- If your waters broke before 34 weeks in a previous pregnancy
- Previous surgery to the cervix (neck of the womb) after an abnormal smear test such as LLETZ (large loop excision of the transformation zone) or cone biopsy
- An abnormally shaped uterus (sometimes called bicornuate, septate or 'heart shaped')

- Previous caesarean section when your cervix was fully dilated
- Adhesions in the uterus – Asherman Syndrome
- Multiple pregnancies (twins/triplets)
- If you are a smoker or recreational drug use.

Not everyone who have these risk factors will deliver their baby early, many will go on to deliver much later at term, or after 37 weeks of pregnancy.

In addition, **not everyone with risk factors will be referred to a preterm birth prevention clinic**. This will be discussed with you on an individual basis.

What happens at the preterm birth prevention clinic?

Clinicians will look at what happened in any previous pregnancies and examine the results of any tests you have undergone in clinic, to find out if you are at high risk of early birth and whether you are likely to benefit from suitable treatment or interventions.

They will discuss your individual care plan with you; it will be based on your pregnancy history and the length of your cervix as seen on your ultrasound scan. Your plan is unique to you because not every treatment is effective for all patients.

This may be an anxious time for you so they will try to provide you with support and reassurance.

It is important to understand that whilst cervical monitoring and treatment can reduce your risk of preterm birth, not all preterm births or pregnancy loss can be prevented.

What treatment could you be given to prevent preterm birth?

You may be offered treatment to help prevent preterm birth and you will usually be offered a vaginal ultrasound scan between 16 and 24 weeks of pregnancy to see if treatment may be helpful.

The length of your cervix will also be measured, as having a cervix that is shorter than 25mm has been linked to a higher risk of preterm birth.

There are 2 treatments that may be offered:

- a small tablet of hormone medicine (progesterone) that you put into your vagina, this treatment will usually start between 16-24 weeks of pregnancy and continue until at least 34 weeks.
- an operation to put a stitch in your cervix to help support it (this can be done up to 24 weeks of pregnancy), this is called a cervical cerclage, and you will be taken to theatre and given anaesthetic to ensure you don't feel any pain.

Your midwife or doctor will discuss the risks and benefits with you, depending on your circumstances.

How can you reduce the risks of preterm birth?

If you smoke, stop smoking: this is the single most important thing you can do to make your pregnancy as healthy as possible, including reducing the risk of preterm birth. Your midwife can refer you for specialist support.

Look after your teeth and have your free check-up with a dentist during pregnancy and for a year afterwards. There is a link between gum disease and preterm birth. You can use the NHS website to find a dentist if you don't already have one.

Click here Find a dentist - NHS or scan the QR code below.

If you suffer a lot of stress, or poor mental health or domestic abuse you are more likely to give birth early. Please speak to your midwife or doctor if you need support. Links to online support is also accessible here: Help & Support | Maternity Voices HNY or scan the QR code below.

Unless you are advised otherwise, there is no evidence that continuing to work, doing exercise, or having sex increases the risk of preterm birth.

What are the signs and symptoms of preterm birth?

If you are less than 37 weeks pregnant and have any of the following symptoms, or are concerned, call the hospital straight away:

- Abdominal/period-type pains/cramps or pressure in your vaginal area
- Change or increase of vaginal discharge – this could be heavy, watery, bloody
- Contractions or tightenings – these can be regular or irregular/with or without pain/that become stronger and or more frequent
- Heaviness in the pelvis
- 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, you may feel a soft, popping sensation, this could be your waters breaking
- Intermittent or continuous backache that's not usual for you
- Feeling sick/being sick or having diarrhoea.

In general, if you have any concerns related to your babies' movements, please contact your midwife or chosen birthing unit.

What should you expect if you are admitted to hospital?

You will be seen by a midwife, who will ask you about your symptoms, take your observations (heart rate, blood pressure, temperature) and assess your baby by listening in and monitoring your baby's heart rate with a hand-held device (doppler) or a cardiotocography machine (CTG) as illustrated below.

You will be reviewed by a doctor, which will involve performing an examination of your tummy and an internal check.

It may be recommended to have a small swab taken from your cervix to identify a substance

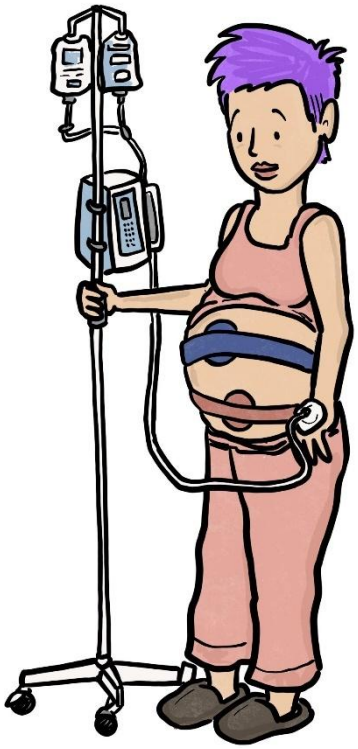
(called phIGFBP-1) which is released when the membranes around your baby start to change prior to you going into labour. An internal scan to measure the cervix may be recommended.

If preterm birth is suspected, antenatal counselling will be held with an obstetrician and neonatal doctor. This will give you the information and advice that you will need to make an informed decision about your care, respecting your wishes along the way. Your midwife can support you whilst you consider your options.

You may need to be transferred to another hospital which can offer more specialist care for your baby if they are born early. This hospital could be much further away. Click **here** for a map of our area or scan the QR code below.

Click **here** to view the regional neonatal team animations on the different types of neonatal unit and transferring between them; and the 24 hours on a neonatal unit animation **here**. The QR codes for the animations can be scanned below.

How is preterm birth managed?



You will be admitted to hospital for the close observation of you and your baby.
It is likely that you will have a cannula (known as a 'drip', a small plastic tube to allow intravenous medications to be given) and blood tests taken.

A medication may be given to slow down contractions; this will delay labour long enough to allow two steroid injections to be given. These boost the development of the baby's lungs, and the production of a substance called surfactant, which helps provide oxygen. Steroids also help to reduce the risk of bleeding and other complications.

In addition to steroids, you may also be given magnesium sulphate through your drip to help protect the baby's brain; and if your waters have broken or you are in labour, antibiotics to protect baby from infection.

You will be given a Preterm Baby Passport when you are admitted to hospital which will give more information on all treatments for your baby.

Your baby may need to be admitted to a neonatal unit for treatment.

Maternity contact numbers

Hull Women and Children's Hospital	01482 311500
Harrogate District Hospital	01423 557531
Scunthorpe General Hospital	03033 306657
Diana, Princess of Wales Hospital (DPoW), Grimsby	03033 306657
York Hospital	01904 726869
Scarborough Hospital	01723 236869

Your Badger Notes app also includes contact details, and you can go to your local maternity unit.

Further sources of information

NHS Premature Labour and Birth

NHS Video What to expect when your baby is born prematurely

NICE Early Labour and Birth: the care you should expect

Tommy's Premature Birth

Bliss for babies born premature or sick

HNY LMNS Neonatal Care

Any external websites are provided for your information and convenience, and we cannot accept responsibility for the information found on them.