
Pregnancy - premature labour

Summary

- It's important to recognise premature labour, in case you and your baby need medical care.
 - The risk of premature labour is higher in certain circumstances – for example, if you have high blood pressure or diabetes, if you are having a multiple birth, or if you smoke.
 - Braxton Hicks contractions are a tightening feeling in the uterus. They usually last less than one minute, and happen only once or twice an hour, a few times a day. They are not a sign of labour.
 - Real labour pains become regular, longer and more painful over time.
 - If your waters break, or you start contractions before 37 weeks of pregnancy, call your midwife, doctor or hospital immediately.
-

Sometimes, babies arrive early. It's important to recognise premature labour, in case you and your baby need medical care.

First, let's look at what is 'early'. Pregnancy usually lasts for 38 to 42 weeks. A premature birth is when a baby arrives before 37 weeks.

For premature babies, we talk about their gestational age (or how long they were growing in the uterus) as:

- extremely premature (from 23 weeks to less than 28 weeks)
- very premature (28–32 weeks)
- moderately premature (32–36 weeks)
- late pre-term (36–37 weeks).

Gestational age is calculated from the first day of your last period.

When babies are born prematurely they are less developed than full term babies. Their gestational age is an indicator of what stage of development they have reached. This, in turn, relates to what sort of medical support they will need.

The health professionals and equipment needed to look after premature babies are usually located in the **neonatal intensive care unit** (NICU) of a hospital, or the **special care nursery** (for babies who are a little stronger than those needing intensive care).

Equipment in the NICU helps to support and monitor babies' breathing, heart rate, feeding and temperature, and the workings of their stomach and bowels.

Risk factors for premature birth

It is hard to predict whether you will go into early labour, particularly if you are healthy.

The presence of certain bacteria in the urine (even without signs of an infection) seems to make premature labour more likely. Treating the infection seems to reduce the risk of premature labour.

Aside from this risk, premature labour is more likely if you:

- have a vaginal or urinary tract infection, or pre-eclampsia
 - have high blood pressure
 - have diabetes or gestational diabetes
 - are having a multiple birth (twins or more babies)
 - smoke [<https://www.betterhealth.vic.gov.au/health/healthyliving/pregnancy-and-smoking>], use recreational drugs, or drink alcohol during pregnancy
-

- have a uterine or cervical condition, such as fibroids
- have poor nutrition
- undertake too much physical activity during pregnancy
- are experiencing stress, anxiety or depression
- have had cervical surgery
- have had an abortion
- have had a miscarriage (especially one at 16–24 weeks)
- went into premature labour in an earlier pregnancy.

Remember, if any or all of these risks apply to you, you may still have a full term pregnancy. And, if you have none of the risks, you may still have a premature labour.

Not labour, just Braxton Hicks contractions

After 20 weeks of pregnancy, you may have a tight feeling in your uterus. These contractions are called Braxton Hicks contractions (also known as false contractions) – they are your body preparing for giving birth, not the start of labour. If your pregnancy is your first, the feeling may be quite strong and even painful.

Late in pregnancy, it can be hard to tell your Braxton Hicks contractions from the real start of labour. But look for these differences:

- Real labour pains become regular. They start to be more intense and more frequent. Braxton Hicks contractions usually happen only once or twice an hour, a few times a day. And they usually last less than a minute.
- Real labour pains become longer and more painful. Braxton Hicks contractions may stop if you change what you're doing – for example, they may go away if you've been walking and then you sit down, or if you've been resting and then you move about.

If you are not sure, call the health professional who will be delivering your baby.

False labour versus true labour

You may experience false labour before your real labour. It tends to happen in late pregnancy, and more often affects women who have previously given birth.

False labour contractions can be painful, so they may seem to be the real thing. But they are usually short (less than 45 seconds) and irregular. And they cause discomfort in different places, such as your groin, your lower abdomen or your back.

True labour contractions are usually regular and become longer and stronger. They cause pain that starts at the top of your uterus and moves over the whole uterus. You can feel the pain in your lower back and pelvis too.

False labour is not dangerous for your baby.

Signs of premature labour

Premature labour needs immediate medical help.

If your waters break, or you start contractions before 37 weeks of pregnancy, call your midwife, doctor or hospital immediately (at any time of day or night).

You may also need help if you have any of the following symptoms. Immediately talk to your midwife, doctor or hospital to work out whether your symptoms mean you're in labour:

- a dull ache in your lower back
- pressure in your pelvis, as if your baby is pushing down
- swelling of your hands, feet or face
- contractions more than four times an hour
- nausea, vomiting or diarrhoea
- trouble with your eyesight (such as blurred or double vision)
- stomach cramps like period pain

- blood or fluid coming from your vagina.

Other signs of labour can be that your baby stops moving, or moves less. Or maybe you just don't feel right.

If you experience any of these labour symptoms before 37 weeks, see a midwife or doctor as quickly as possible.

What happens during premature labour

After you speak with your midwife or doctor, you will probably have to go to the hospital. Don't drive yourself. If no-one can drive you, call 000 and ask for an ambulance.

At the hospital, staff will check whether your cervix is shortening and opening, which indicates labour has started. They may test for infection.

The hospital may also test for a substance called fetal fibronectin in the fluid in your vagina. The presence of this substance often means the baby will be born soon.

If it is not clear whether you are in labour, the hospital will admit you to the antenatal ward to keep an eye on you.

The hospital will also want to monitor your baby's heartbeat, which is done via a monitor strapped to your tummy.

If you are less than 34 weeks pregnant, the hospital can give you medication to slow down your labour. This may delay the birth for long enough to transfer you to a hospital with a neonatal intensive care unit.

If you are more than 34 weeks pregnant, your doctors will probably allow labour to continue at its own pace. Your baby is likely to do very well even though he or she will be small.

The hospital will offer you steroid injections to help your baby's lungs develop and to reduce breathing difficulties after birth. This help is needed because a baby is not fully ready to breathe air until about 36 weeks of pregnancy.

The baby's weak lungs will influence your choice of pain relief. Pethidine can affect the baby's breathing, so you may be advised to have an epidural instead.

Being in premature labour doesn't mean you must have a caesarean section. But you may need one if you are bleeding or your baby is distressed.

How you may feel about premature labour

You may go into premature labour unexpectedly. Or you may have pregnancy complications that mean you know an early birth is likely or definite.

However it happens, you will probably feel shocked to find you are giving birth weeks or months earlier than full term. And you may feel worried about your baby. Further, because you'll receive a lot of medical attention, you may also feel you've lost control.

But you can ask your midwives, nurses and doctors to explain everything to you. They will want to help you feel as calm as possible.

Things to do before a premature birth

If you know your baby will be born prematurely, it can help to put some plans in place.

- If your baby will be in the NICU after birth, you'll want to be there as much as possible. So you will need support with grocery shopping, housekeeping, minding your other children, and other everyday chores like watering the plants. Try to have a support plan in place before you go to hospital.
- You may want to read about premature births and premature babies. It may also help to talk to other parents of premature babies, midwives and doctors.
- Be prepared to change your birth plan – for example, if you planned to give birth at home or at a birthing centre, understand that your baby may instead need a hospital's care and technology.
- If you have older children, let them know the baby may come early.
- Become familiar with the NICU and the machines around the babies. Your doctor or midwife will be able to arrange a visit for you.
- Use strategies (such as listening to music) to try to stay relaxed. Take one day at a time, and keep thinking about your baby in a loving and positive way.

Remember

- It's important to recognise premature labour, in case you and your baby need medical care.
- The risk of premature labour is higher in certain circumstances – for example, if you have high blood pressure or diabetes, if you are having a multiple birth, or if you smoke.
- Braxton Hicks contractions are a tightening feeling in the uterus. They usually last less than one minute, and happen only once or twice an hour, a few times a day. They are not a sign of labour.
- Real labour pains become regular, longer and more painful over time.
- If your waters break, or you start contractions before 37 weeks of pregnancy, call your midwife, doctor or hospital immediately.

Where to get help

- **In an emergency, call 000 for an ambulance**
- Your doctor
- Your midwife
- Your obstetrician
- Your hospital or birth centre

This page has been produced in consultation with and approved by:

Royal Women's Hospital

Content on this website is provided for education and information purposes only. Information about a therapy, service, product or treatment does not imply endorsement and is not intended to replace advice from your doctor or other registered health professional. Content has been prepared for Victorian residents and wider Australian audiences, and was accurate at the time of publication. Readers should note that, over time, currency and completeness of the information may change. All users are urged to always seek advice from a registered health care professional for diagnosis and answers to their medical questions.

For the latest updates and more information, visit www.betterhealth.vic.gov.au

Copyright © 1999/2017 State of Victoria. Reproduced from the Better Health Channel (www.betterhealth.vic.gov.au) at no cost with permission of the Victorian Minister for Health. Unauthorised reproduction and other uses comprised in the copyright are prohibited without permission.