

Preterm (Early) Labor



The normal length of pregnancy is between 38 and 42 weeks after your last period.

- If you give birth earlier than 37 weeks, it is called preterm.
- When you go into labor:
 - You will begin to have contractions.
 - Having contractions causes the cervix to thin out and open up.
 - Your baby will enter the birth canal.
 - This is good when the baby is full term.
 - In most cases the infant is healthy, can breathe on its own, and goes home with the new parents when they leave the hospital.
- If you go into early labor, it is important to call your doctor right away so the doctor can treat you quickly.

What Causes Early Labor?

- Some of the risks are:
 - High blood pressure.
 - Kidney or heart disease.
 - Problems with your placenta.
 - Bad anemia.
 - Carrying more than 1 baby.
 - Extra fluid around the baby.
 - Bladder or kidney infections
 - Vaginal and uterine infections.
 - If you had cervical or uterine abnormalities.
 - If you had cervical or uterine surgery.
 - If you had an early birth before.
 - Stress, cigarette and drug use, and unhealthy eating.

Lifestyle choices also can cause early labor, such as stress, cigarette and drug use, and unhealthy eating.

Causes of Preterm Labor

Previous preterm labor and/or birth
Large uterus due to twins (or more)
One or more miscarriages or abortions
An untreated bladder or kidney infection
Tobacco, alcohol, or drug use
Abnormalities of the cervix or the uterus
Less than 18 or more than 35 years of age with a 1st baby
Bacterial vaginosis (between 23 and 26 weeks gestation)

HOW WILL I KNOW I AM HAVING EARLY LABOR?

- Some of the symptoms may be:
 - Early labor may be painless.
 - You may only feel a tightening in your belly.
 - How often is this tightening feeling happening?
 - Keep track of how often and how long they last.
 - These may be early contractions.
- To check these contractions, do the following:
 - Rest on your left side and place your fingertips on your belly.
 - Time the contractions from the start of one to the start of the next.
 - This time will tell you how often the contractions are coming.
 - Try to time how long the contractions last.

Call your doctor right away if you have any of the following:

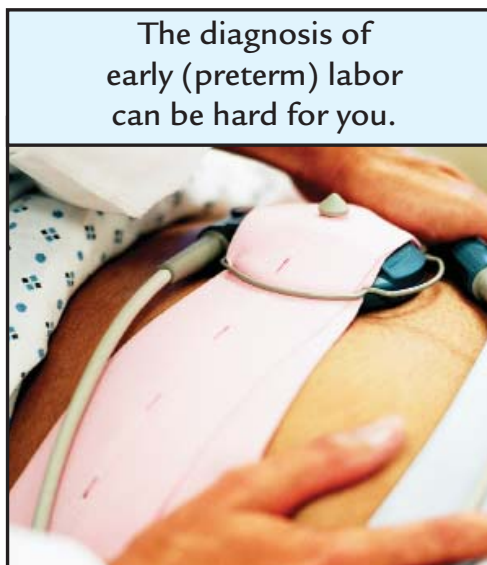
- 4 or more contractions or a tightening feeling in 1 hour.
- Cramps like your period.
- Stomach cramps with or without diarrhea.
- Pelvic pressure that may come and go or not go away; a change of position may not relieve it; feels like your baby is pushing down.
- Low, dull ache across your lower back that does not go away with rest.
- Any change in your normal vaginal discharge.

- Vaginal bleeding.
- Thigh pain or discomfort.
- General feeling of *something is just not right*.

What Is the Treatment of Early Labor?

If your doctor feels that you are at risk for early labor and if you have any of the early warning signs, you may be told to do the following:

- REST
 - Rest on your side to keep your uterus relaxed.
 - Raise the foot of your bed so your hips are a bit higher than your head.
 - This will keep the pressure of the baby off your cervix.
- FLUID INTAKE
 - Drink at least 6 to 8 (8 oz) glasses of fluid every day during your pregnancy.
- BEDREST
 - Your doctor may ask you to take rest periods 2 times a day for 2 hours each time.
 - Your doctor may tell you to be on complete bedrest.
 - Your doctor may tell you to be on modified bedrest. This is when you sit up for meals and you only get up to go to the bathroom.
- REDUCE ACTIVITY
 - Your doctor may ask that you not do any heavy physical activity.
 - No jogging.
 - No running.



The diagnosis of early (preterm) labor can be hard for you.

- No tennis.
- No going up and down the stairs a lot.
- No heavy lifting.
- No cleaning.
- No long trips.

- SHORT-TERM CHANGE IN JOB DUTIES

- You may need to change or stop some duties at work.
- Your doctor will tell you what you can and cannot do at work.

- **SEXUAL ACTIVITY**

- Your doctor may ask you to stop having sex or have very little.

It is sometimes hard to tell if you are having early labor.

- Your doctor may tell you to go to the hospital if you are showing signs of early labor.
- The doctor may ask you to use a fetal monitor.
- When a fetal monitor is used:
 - You will be asked to lie on your side to see if the contractions slow down.
 - The nurse or doctor will do a pelvic exam to see if your cervix is opening or shortening, or becoming softer.
- After 3 to 4 hours, one of the following may happen:
 - The contractions stop and you have no change in your cervix.
 - You may be sent home to rest.
 - Tell the doctor if the contractions start up again.
 - The contractions do not stop, but there is no change in your cervix.
 - The doctor may give you intravenous (IV) fluids and medicine to help you rest and slow down the contractions.
 - You may stay in the hospital for the night until the contractions stop and then go home.
- If the contractions stay regular (4 or more each hour) and your cervix begins to show any changes:
 - Your doctor may begin medicine to treat your contractions.

If you are not in labor, or having any other problems:

- Your doctor may let you go home.
- When you are at home, your doctor may tell you to use a monitor to watch for contractions at home.
- This is to watch for any signs of early labor.
- You will probably see your doctor more often.

Always follow your doctor's orders about care during your pregnancy.

You must learn what is normal for you before you can tell what is not normal.

What Is Normal?

- Uterine contractions that come now and then.
- Backache as your baby grows and causes your posture to change.
- Pressure as your growing baby presses on your pubic bone and your legs.
- Local pain caused when the muscles pull and stretch as the uterus grows.

What Is Not Normal?

- Regular uterine contractions (4 or more each hour).
- Lower tummy cramps that are like a rhythm.
- Low, dull backache that feels different than normal and does not go away.
- Diarrhea or intestinal cramps that do not go away.
- Pelvic pressure that is regular or does not go away.
- A large amount of mucous or water leaking from the vagina.
- A change in color of vaginal discharge to pink or brown.

You must learn what is normal for you before you can tell what is not normal.

Is There Medicine for Early Labor?

- Always tell your doctor if you are taking ANY other medicine before you start a new medicine.
- Tell your doctor even if you are only taking nose drops, cold pills, or herbal remedies.

Yes, there are different types of medicine that your doctor can use to try to stop or slow down the process of early labor:

MAGNESIUM SULFATE

- This may be used when you first come to the hospital.
- It is given intravenously (IV).
 - Possible side effects for the mother may include:
 - Your blood pressure may go down and your pulse rate may go up.
 - You may feel warm.
 - You may get a headache that goes away in 1 or 2 days.
 - You may be constipated.
 - You may get nauseous for a short time.
 - You may have a calm, sleepy feeling.

- A nurse will check your reflexes to make sure you are not too sleepy.
- A blood test may also be done to check how much medicine is in your blood.

TERBUTALINE

- This may be used to treat early contractions.
 - The medicine relaxes the muscle layer of the uterus (womb).
 - It may be given by intravenous (IV), by a shot, by a micro infusion pump under the skin, or by mouth (pills).
 - IV or shots under the skin are often given 1st to stop the contractions fast.
 - Once your contractions have stopped for 12 to 24 hours, treatment with pills may be started.
 - The pills are usually taken every 4 to 6 hours, even at night.
 - This is to keep the medicine in your blood at all times.
 - Early labor can begin again if there is not enough medicine in your blood.
 - This medicine can also be given to you with a small infusion pump that is put under your skin.
 - If you have a pump, you will be given a filled syringe with the medicine to put in the pump.
- You may experience 1 or more of the following side effects while taking terbutaline:
 - Your heart rate may be 10 to 20 beats faster than what is normal for you.
 - You may have nausea and even vomiting when you begin taking the medicine. This goes away in a day or 2.
 - You may be constipated because of the medicine and bedrest.
 - Your doctor will talk to you about changing your diet.
 - The doctor may order a mild stool softener or laxative.
 - You may feel puffy, like you are retaining water or fluids.
 - You may feel very warm.
 - You may have a headache, but it should go away in a few days.
 - You may feel jittery and nervous during treatment.
 - Your hands may feel shaky.
 - Sometimes it may even be hard to fall asleep.

PROSTAGLANDIN INHIBITORS

- Indomethacin is one of the medicines used to stop early labor before 32 weeks of pregnancy.
- You should not take this drug if you used to have, or now have ulcers, kidney or liver disease, or blood problems.
- You should not take this drug if you are sensitive to, or have an allergy to, non-steroidal anti-inflammatory drugs (NSAIDs).
 - It can be given by mouth, by rectal, or vaginal suppository.
 - This medicine is given for 48 hours at less than 32 weeks.
- Possible side effects for the mother are:
 - Nausea, vomiting, stomach pain, and rectal irritation.
 - This can be eased if the drug is taken with food, milk, or antacids.
 - You may feel *puffy* and retain water.
 - You may have a headache or feel dizzy.

CALCIUM CHANNEL BLOCKERS

- Nifedipine is a type of medication that can be given as a pill to swallow or be placed under the tongue.
- Possible side effects may be:
 - Your blood vessels may relax while taking this medicine and cause your face to flush and your blood pressure to drop.
 - You may feel lightheaded or dizzy.
 - Your pulse may go up 10 to 25 beats per minute from what is normal for you.

The longer your baby stays in the natural incubator — your womb — the better the chances are for a healthy start.

What Therapies Can Prevent Preterm Birth?

If you have had an early delivery (not related to high blood pressure, placenta abruption, preterm premature rupture of membranes, or other medical/obstetrical condition) and are pregnant again, there is an even higher likelihood that you will deliver your baby early.

17 ALPHA-HYDROXYPROGESTERONE CAPROATE (17P)

- This medicine can be given to you weekly to help reduce the risk of early labor.
- 17P is given weekly by injection starting between the 16th and 20th weeks of pregnancy.
- It will be given to you until you reach 36 weeks.
- Ask your doctor if this is something you could take to protect against early labor.

These are the basic drugs that are used to manage early labor and help prevent an early birth of your baby.

No matter which drug your doctor orders, it is important for you to take the medicine as ordered for it to work properly.

- Remember: The longer your baby stays in your belly, the better the chances your baby will have a healthy start.
- Additional weeks, even days, help your baby's lungs and heart develop.

If your baby is born early:

- Your baby will be stabilized in the delivery room.
- The baby will be put in an incubator in the neonatal intensive care unit (NICU).
- The specialists and nurses will take special care of your baby.
- How serious the problems are depend on how many weeks pregnant you are when the baby is born.
- Common problems for premature babies include:
 - Trouble breathing
 - Trouble eating
 - Trouble keeping warm
 - Heart problems
- Your baby will probably stay in the hospital until close to the original due date.
- Babies born from 24 to 26 weeks of pregnancy survive, but they may have long-term health problems and/or handicaps.
- Babies delivered between 27 and 31 weeks have a good chance of survival, but about 25% may have some type of handicap later.

- Babies born between 32 and 36 weeks of pregnancy have very good chances for both survival and normal development. They may have to spend a few weeks in the hospital.
- Your doctor wants to work with you and help you reach full term.
 - Keep all of your office visits.
 - It is very important that you doctor finds and treats early labor quickly.
- Early labor is much easier to treat and stop when it is found before a lot of changes begin to happen in your body.
 - Report any signs of early labor to your doctor.
- It is better not to use any medicines during your pregnancy, but you may need them if early labor starts.
 - Your doctor will decide the best treatment plan.
 - You have a better chance of carrying your baby full term when you take your medication as ordered.
 - If you are having problems taking medication as ordered, talk with your doctor.
 - Your doctor will discuss the pros and cons of the treatment suggested.
- Ask your doctor what to expect of your baby if you deliver early.
 - Early labor can come back even if you are taking your medicine.
 - Watch for the signs of early labor and report them to your doctor.
- Your baby's chances are better the longer you carry your pregnancy.
 - Talk with your doctor about your concerns.

Follow your treatment plan so you will have the healthiest pregnancy and birth possible.