Maternity

Preterm birth

Information for patients, relatives and carers

This leaflet tells you about:

- the signs and symptoms of preterm birth
- when to get help
- what will happen when you contact the maternity department
- what treatment we might offer you

What is preterm birth?

Preterm birth means labour starting before your 37th week of pregnancy. This happens in about 8 out of every 100 pregnancies in the UK. Preterm birth usually starts by itself, although sometimes we plan it if we think it will be safest for the baby and the pregnant individual.

There are risks to the baby from being born early. The earlier a baby is born, the higher their chances of health problems at birth and later in life.

Common categories:

- extremely preterm – less than 28 weeks
- very preterm – 28 to 31 weeks + 6 days
- moderate to late preterm – 32 to 36 weeks + 6 days

If you notice any symptoms below, contact your maternity triage or midwife immediately. You We might need to assess you, even if you do not deliver right away.

Common signs and symptoms to watch for

Contact the maternity helpline as soon as possible if you are less than 37 weeks pregnant and have any of the following:

- regular tightenings or contractions (these might feel like period pains) – these come every 10 minutes (or less) for an hour, or steadily increase in strength
- new, persistent lower abdominal or back pain that feels different to normal pregnancy aches
- mucus mixed with blood or brown/pink vaginal discharge – we call this a “show”
- a change in vaginal discharge (watery or sticky), or a sudden gush or trickle of fluid – this can mean your waters have broken
- increased pelvic pressure or feeling like the baby is pushing down

Please also contact triage urgently if you have:

- heavy vaginal bleeding or severe abdominal pain
- a significant decrease or sudden change in your baby's movements

If you do not know whether your symptoms are serious, call our maternity helpline and we will advise you what is best to do. Your care team has given you this number.

Who is at highest risk of having a preterm birth?

You are at higher risk of having a preterm birth if:

- you have had a preterm birth before or a late miscarriage (after 14weeks)
- you have a short cervix on scan or have had cervical surgery before, like LLETZ (large loop excision of transformation zone)
- you have a multiple pregnancy, like twins or triplets
- you have had a caesarean section before when you were close to full dilatation (8 to 10cm)
- you have bi/uni-cornuate uterus or other womb problems
- you have placental problems
- you have recurrent infections

What will happen when you contact or come to maternity triage

When you contact or come to triage, the team will usually:

- ask about your symptoms, pregnancy weeks and medical history
- check your baby's heart rate and your observations (temperature, blood pressure, pulse)
- ask about vaginal loss; they might do a speculum or vaginal swab to check for ruptured membranes
- consider a cervical examination (to check if your cervix is opening) depending on symptoms and findings.
- decide whether you need observation or treatment – for example, you might need steroids to help baby's lungs if birth appears likely

The triage team might not keep you at hospital. Often, we can check your symptoms and send you home safely with advice. We'll only do this if you are not in labour.

Treatment in hospital

We will make decisions about treatment depending on how many weeks pregnant you are, how likely birth is, and your and your baby's condition. Some options include:

Observation and monitoring

If we confirm that you are not in labour, we might observe you in hospital, give you pain relief, or send you home with safety advice. Many women with symptoms do not deliver immediately.

Steroids (corticosteroids)

Steroids help the baby's lungs mature. We usually use them when birth is likely between 24+0 and 33+6 weeks. They are most effective if we give them 1 to 7 days before birth.

Magnesium sulfate (for neuroprotection)

We might give you magnesium to reduce the risk of some long-term problems in very preterm babies. We generally offer it to you when birth is likely between 24+0 and 29+6 weeks. We'll consider offering it to you up to 33+6 weeks depending on circumstances.

Tocolysis (medications to slow labour)

We can use drugs such as nifedipine to delay delivery for a short time (typically to allow steroids to work or to arrange transfer to a higher-level neonatal unit). Tocolysis is not appropriate in all situations (for example, when we think there might be an infection or when membranes have ruptured).

Antibiotics

If your waters have broken early (prelabour rupture of membranes) or we think you might have an infection, we might give you antibiotics. This will reduce the risk of infection.

Transfer to a specialist centre

Sometimes your local maternity unit cannot care for very preterm babies or does not have available space. If this happens, we might need to transfer you a tertiary centre. We would transfer you to an appropriate neonatal unit so you can give birth to your baby where specialist care is available.

Neonatal care after birth

Some babies might need support on a neonatal unit (special care baby unit or neonatal intensive care unit). They might need a neonatal unit if they need help with breathing (CPAP or ventilator), temperature support, IV fluids or feeding support, and monitoring.

Practical advice for women at home with mild symptoms

- save your maternity triage and midwife numbers somewhere you can get them quickly
- if you have regular contractions, heavy bleeding, watery loss of fluid, or reduced baby movements, please contact maternity triage urgently

- keep a note of any contractions – including start time and how long they last (duration)
- sip fluids and rest for an hour
- if your contractions continue or increase, contact or go to triage straight away

Emotional support and decision-making

Preterm birth can be worrying. Your team can explain the risks and options, give you time to ask questions, and involve you and your family in decisions.

Ask for a neonatal consultation if you think you will need to be transferred or you're going to give birth soon. A neonatologist can explain what care your baby may need after birth.

Preparing for transfer or admission

If you're going to stay in hospital, bring your hospital notes, any medications, a copy of your birth plan, and personal belongings you may need (charger, toiletries etc). The neonatal team may also ask about cord blood, breastfeeding plans and whether you want contact with neonatal follow-up services.

Translations and accessibility

If you need this leaflet in another language, an easy-read format, or audio version, please ask your maternity unit. Many national charities also provide translated resources, such as:

- Tommy's (www.tommys.org)
- Bliss (www.bliss.org.uk)

How do I give feedback about my visit?

We want to hear your **suggestions** or **comments**. Your feedback helps us provide the best service. You can always speak to a member of staff.

You can also contact the **patient advice and liaison service (PALS)** on **020 3312 7777** (10.00 to 16.00, Monday to Friday excluding bank holidays) or email at imperial.pals@nhs.net. The

PALS team will listen to your concerns, suggestions or questions and they can help solve problems.

You can make a complaint by ringing **020 3312 1337 / 1349 or emailing** ICHC-tr.Complaints@nhs.net. The address is Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street, London W2 1NY.

Other ways to read this leaflet

Please email us at imperial.communications@nhs.net if you need this leaflet in a different format. This could be large print, Easy read, as a sound recording, in Braille or in a different language.

Wi-fi

Wi-fi is available at our Trust. For more information visit our website: www.imperial.nhs.uk

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