

Patient information

Preterm labour - information for all

Why have I been given this leaflet?

Preterm labour and birth is birth that happens before your 37th completed week of pregnancy. For a small number of people, preterm birth may be a completely unexpected outcome, or it may be planned if there are concerns for either you or your baby that require early delivery.

This information leaflet aims to give you some basic information to help you feel prepared in the event that your baby is born before 34+0 weeks. It is given to all pregnant women and people that book to have their baby at the West Suffolk Hospital.

Quick read summary

- The signs and symptoms of premature labour are not always the same as you might expect nearer to your due date.
- If you experience anything unexpected, such as vaginal bleeding, unusual discharge or fluid loss, tummy or back pains, it is important to call us as soon as possible.
- Don't go to your GP or the emergency department as it can take longer to get the right care; the maternity service is here to care for you and your baby 24/7.
- Phone our Triage Dept on 01284 712723

We hope to pick up the signs of premature labour early so that there is time (24 hours) to offer you and your baby (or babies) a care bundle that can.

What should I do if I think I might be in labour before 34 weeks?

Sometimes the signs of premature labour can be more subtle than you might expect to experience in the later stages of pregnancy. It is therefore important that you call the Maternity Triage team if you have any of the following symptoms:

- You develop tummy or back pain, especially if you have period-like pains or uncomfortable cramps which come and go.
- You are leaking fluid or have unusual discharge

Putting you first

from the vagina.

- You have bleeding from the vagina.

The maternity and neonatal services are open 24 hours a day, and we are always happy to take your call. Even if you feel unsure, please do call us for advice.

On arrival to Triage, a midwife will talk to you about your symptoms, check you and your baby and then depending on your symptoms, you may be offered:

- A vaginal speculum examination to see if your cervix (the neck of the womb) is starting to open, and to see if there are signs that your waters have broken.
- A vaginal swab to test for the presence of hormones which may be released when your body is starting to go into preterm labour.
- A urine sample and a vaginal swab may also be recommended to check for any infections which may be causing your symptoms.
- A scan to check on the growth of your baby.

What happens if I am confirmed as in Preterm Labour?

If you are suspected, or confirmed, as being in preterm labour you will be started on the PERIPrem care bundle. This is made up of 11 steps or elements that are designed to help your baby have a better start in life. You may be offered some, or all of the below dependent upon your individual circumstance.

The PERIPrem bundle consists of:

Right place of birth

If your baby (or babies) are very premature <30 weeks, or very small <1000g, and seem likely to arrive within the next day or two, the team caring for you will arrange to transfer you to a hospital with a NICU (neonatal intensive care unit) to give them the best care possible when they are born. There won't always be time, and sometimes things settle after you have gone to another hospital. But we will discuss this with you if you find yourself in this position.

Antenatal steroids

These help to protect the lungs and brain and are most effective if given up to 7 days before your baby is born.

Magnesium sulphate

Protects babies' brains and is best given within the 24 hours prior to birth.

Intravenous antibiotics before the birth

These are given to you to help reduce the risk of infection to your baby.

Expressing drops of breastmilk so your baby can have some as soon as possible and early drops of breastmilk within the first 6 hours of life.

Your midwife can help you do this even when you are in labour or before a planned caesarean section birth. If there isn't time before the birth, it's best to express within the first 1-2 hours after the birth.

However, you plan to feed your baby in the long run, your team of carers will recommend expressing the early drops of breastmilk (called colostrum) for your baby. Colostrum is packed with antibodies that help your baby fight infection. It is highly concentrated and nutrient- dense even in tiny doses.

Optimal cord management

This means not clamping the cord for 1-2 minutes, allowing the baby to get extra blood from the placenta which helps prevent a sudden drop in the baby's blood pressure.

Good thermal care for your baby at birth.

It is quite easy for premature and small babies to get cold, and this can lead to illness. To protect your baby from heat loss when they are wet at birth, your midwife will use a special plastic bag or suit to keep them warm and cosy while they are initially cared for in an incubator. This is especially helpful for babies born before 32 weeks. As soon as it's safe, you will both be helped to hold your baby in skin-to-skin contact.

The right ventilation management if your baby needs support with breathing

Caffeine

This is recommended for babies who are born before 30 weeks and who weigh less than 1.5 kg at birth. Caffeine is known to help babies with their breathing.

Probiotic medicine for babies

Recommended for babies born before 32 weeks or who weigh less than 1.5kg. This also helps to protect the gut.

Hydrocortisone medicine for babies

Recommended for babies born before 28 weeks' gestation. It helps to protect and support the lungs.

About our Neonatal Unit

The West Suffolk NHS Foundation Trust Neonatal Unit (NNU) is a level one unit. This means it is equipped to care for, depending upon individual clinical conditions and needs,

- singleton babies who are born from 30 weeks gestation,
or
- from 32 weeks gestation for babies of a multiple pregnancy.

A baby needing more intensive care is initially stabilised within the unit, and then is transferred to the nearest Level Two or Three Unit via a specialist transport service. Once stable, the baby is transferred back for on-going care.

West Suffolk NHS Foundation Trust is actively involved in clinical research. Your doctor, clinical team or the research and development department may contact you regarding specific clinical research studies that you might be interested in participating in. If you do not wish to be contacted for these purposes, please email info.gov@wsh.nsh.uk. This will in no way affect the care or treatment you receive.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo) <https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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