

Patient information

Having a baby before 32 weeks: Magnesium sulphate as protection against cerebral palsy

Introduction

This leaflet gives information about magnesium sulphate. It is offered to women who have to give birth to their baby earlier than 32 weeks as it can protect some babies against developing cerebral palsy. This leaflet is for all parents who may have a chance of their baby being born before 32 weeks of pregnancy.

What does it mean if my baby is born early?

Being told that you might give birth early can be a confusing and worrying time for you and your family. Your doctors and midwives will talk to you about the risks of early birth and they can help you to make decisions about your baby's care.

A small number of premature babies can develop long term problems which can affect their brain resulting in cerebral palsy or problems with sight and hearing.

What is cerebral palsy?

Cerebral palsy is a general term describing conditions that cause problems with movement and coordination. It is caused by harm to the brain during development, and there is a higher risk of this when a baby has been born prematurely. Cerebral palsy will affect children in different ways and to different degrees. It can often take time to work out how a child is affected and babies who are born early will need to have regular check-ups to monitor their development.

About one in ten babies of very low birth weight develop a form of cerebral palsy.

Can cerebral palsy be prevented?

Unfortunately, we don't know how to stop all babies developing cerebral palsy or how to cure it. However, we do know that giving magnesium sulphate to women can decrease the risk that their baby will develop cerebral palsy. Magnesium sulphate is a neuro-protector, which means that it can offer some protection to a baby's brain, when we know that there is a strong chance that the baby may be born early.

How is magnesium sulphate given?

The doctor or midwife will put an intravenous cannula in your hand or arm. The first dose will be given to you by the doctor as a single intravenous injection over 10 minutes. Following this a second dose is given to you more slowly as an infusion over a 24 hour period. You and your baby will be monitored closely throughout. If you do not have your baby within the next 24 hours, the doctor may consider giving you another dose of magnesium sulphate.

What are the risks of taking magnesium sulphate?

Women who are given magnesium sulphate may experience some short-term effects. The most likely side effect is feeling nauseous and/or vomiting and headaches. Women also report feeling very hot when having the initial single dose. Less common side effects can be low blood pressure or problems with your breathing and you will be monitored for these. There are no increased risks to a premature baby when the mother is given magnesium sulphate. In fact we know that the baby is likely to benefit from it and be less likely to develop cerebral palsy.

Does magnesium sulphate stop all babies getting cerebral palsy?

No, despite our best efforts, some babies will still go on to develop cerebral palsy, even if their mothers have been given magnesium sulphate.

Research has shown that magnesium sulphate is very effective at reducing the risk of infants born early of developing cerebral palsy. This is especially so for babies born very premature. The risk of a baby born before 30 weeks of developing cerebral palsy can be reduced by around 50% if the mother has magnesium sulphate.

Whilst cerebral palsy cannot be cured, there is lots of support available from specialist teams to help those affected by the condition.

Is every woman offered magnesium sulphate?

Magnesium sulphate is not suitable for all women. It may be offered to women who are up to 32 weeks pregnant and who are at an increased risk of giving birth within the next 24 hours. It may also be considered for use in some women at an increased risk of giving birth up to 34 weeks pregnant, especially if there are other risks for cerebral palsy involved such as if we are expecting you to have a small baby, or if you are thought to have an infection. Your doctor and midwife will discuss this with you and answer any questions that you may have.

Magnesium sulphate needs to be given at some point within the 24 hours before giving birth for it to have full effect, but it still may have some benefit if given at any time before birth. If your baby needs to be born urgently (within the hour) then giving magnesium sulphate may not be an option.

Do I have to have magnesium sulphate if I am going to have my baby early?

Treatment is not compulsory and you can decide not to have it, but it is a good idea to make sure you understand how magnesium sulphate may protect your baby as well as the effects it may have on you before you make your decision.

You can talk to your doctor and midwife for more information on magnesium sulphate, premature labour and what this means for your baby. It is important that you feel that you have all of the information you need to make the right decisions for you and your baby.

Where can I get more information on premature birth and what this means for my baby?

You can ask the midwives if they can arrange for you to meet with a paediatrician (a baby doctor) who can answer your questions about what you can expect to happen after your baby is born. You may also be able to visit the Neonatal Unit to see where your baby will be cared for.

Bliss, the special care baby charity, provides a wealth of information and support for premature and sick babies and their families.

Please visit their website bliss.org.uk or call the Bliss family helpline on:

0500 618140 Monday to Friday 9.00am to 9.00pm, freephone from landlines

For callers who are deaf or hard of hearing, it is easy to access the helpline via Text Relay by calling 018001 0500 618140.

References

NICE Guideline 25: Preterm labour and birth: National Institute for Health and Care Excellence; 2015. Available at <https://www.nice.org.uk/Guidance/NG25>

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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