Preventing Preterm Birth

Recognizing preterm labor and preventing preterm birth are key issues to starting your baby or babies off as healthy as possible.

Full-term birth is when a baby is born after 37 weeks, although the “due date” is at the end of 40 weeks. Preterm birth is when a baby is born between 20 weeks and 37 weeks of pregnancy. Viability, the ability for a baby to survive outside of the mother, usually occurs after 25-26 weeks of pregnancy. Miscarriage is delivery prior to 20 weeks.

Some of the challenges of a baby born preterm include:

- Low birth weight (less than 2 pounds to 5½ pounds)
- Inability to suck at the breast or bottle which requires IV feedings or a tube that deposits breastmilk directly into the baby’s stomach
- Immature lungs so that the baby needs breathing help with oxygen or a ventilator (breathing machine)
- Increased risk for infection
- Inability to maintain body temperature which requires that the baby be cared for in an isolette or incubator.

Recognizing Preterm Labor

The earlier you report the following symptoms to your care provider, the higher the chances that the treatment your care provider begins will stop your labor so that your pregnancy can continue. Watch for:

- Six or more contractions in an hour, each lasting at least 40 seconds; these contractions may or may not be painful
- Menstrual-like cramping or feeling like your period is about to start
- Backache that is not getting better after your usual comfort measures
- Pelvic or vaginal pressure
• Intestinal/stomach cramping, with or without diarrhea
• Increased mucus, watery or bloody vaginal discharge
• Feeling like “something is just not right.”

Although the signs of preterm labor are often hard to describe, women have described them as:

• Feeling like your period is about to start
• Feeling like your baby is too low or about to fall out
• Feeling like you won’t last until the due date
• Feeling swelling in your vagina
• Feeling like things are opening up or spreading apart in your vagina.

If you experience six or more contractions in an hour, you should:
• empty your bladder
• drink a full glass of water or juice (8 oz.)
• lay down.

If you continue to have six or more contractions during the hour that you are resting, you need to call your care provider or the labor and delivery unit right away.

Reducing Life Stresses

It is advised to do what you can to reduce stress in your life right now. Research shows that reducing life stress can reduce the chance of complications during your pregnancy. Take a careful look at your life and your plans. Is there anything that can be postponed, put on hold, or just eliminated while this pregnancy and this baby (or babies) take priority?

Planning Rest Periods

Today it is rare for a doctor to order a woman to stay in bed for her entire pregnancy in an effort to prevent preterm labor. Instead, many care providers suggest planned rest periods which may include taking a nap, or just putting your feet up and resting for two hours.

For women who are at risk for preterm labor and are past their 20th week, many care providers suggest a decrease in activity, starting with at least two planned rest periods per day. They feel that this “structured rest” can help to prolong a pregnancy and prevent complications.
Knowing What is Normal for You

While you are resting, it is a good time to place your hands on your belly, with your flattened fingers spread, to become familiar with the activity patterns of your uterus and baby (or babies). There is often a great deal of activity going on including uterine contractions and baby movements from time to time. Contractions are normal and expected. Sometimes they are painful; sometimes they are not. What you need to keep track of is how often they occur. If they occur six or more times in an hour, this is not normal and is a sign of preterm labor.

Baby movements are quick and feel like “being poked” or “the baby changing position.” They usually only last a few seconds each. Once you are familiar with the normal activities of your uterus and your baby (or babies) during your planned rest periods, you will be able to tell when “something is different” and respond quickly to the early signs of a problem such as preterm labor.

What Else Can You Do?

- Drink a lot of water. Keep a quart-sized water bottle with you and sip from it often. If you suspect you are getting the flu and are losing fluids from vomiting or diarrhea, call your care provider.
- Avoid strenuous physical activity after 20 weeks. Avoid lifting anything over 20 pounds.
- Activity to tolerance should be your goal. If you notice certain activities result in more frequent contractions, those activities should be changed or stopped. Each woman’s tolerance is different.
- Intercourse may need to be stopped if you have a history of preterm birth, are pregnant with two or more babies, or have painful contractions or bleeding. However, sexual activity does not cause prematurity. Ask your care provider for guidelines that relate to your pregnancy.
- Visit your dentist early in your pregnancy to be checked for gum disease which has been lined to preterm labor.
- Avoid douching which can change the normal pH level of your vagina, making your more prone to vaginal infections.
- Avoid severe coughing. Tell your care provider if you are sick with a bad cough so he or she can prescribe a codeine-based cough medicine to suppress your cough.
- Ask questions. There is a great deal to learn when you are faced with a pregnancy at risk for preterm labor. Seek information from your care provider, classes, books, web sites, and from others who have been through a pregnancy at risk for preterm labor.