Preterm labour and birth

Information for the public
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About this information

NICE guidelines provide advice on the care and support that should be offered to people who use health and care services.

This information explains the advice about preterm labour and birth that is set out in NICE guideline NG25.

Does this information apply to me?

The advice covers both unplanned and planned preterm labour and birth – that is, before 37 completed weeks of pregnancy. It is for women having one baby and doesn't cover women having twins or other multiple births.

NICE has written other guidelines about pregnancy (antenatal care), labour and birth (intrapartum care), care after the birth (postnatal care) and having twins or triplets – see other NICE guidance for details.

This guideline focuses on how care is different if a woman is at risk of, or is in, preterm labour.

Preterm labour and birth

About 8 babies out of every 100 in the UK are born before the 37th week of pregnancy. This is called preterm (or premature) birth.

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Preterm labour usually starts by itself. The reasons why labour starts early are often unknown, although there is a greater chance of this happening for women who have had a preterm baby or a late miscarriage before.

Sometimes a preterm birth is planned because of concerns about the health of the woman or the baby – either labour will be induced or the baby will be born by caesarean section.

A baby who is born preterm may need special care. In general, the earlier a baby is born, the greater their chances of health problems at birth and later in life. But there are treatments that may help to delay the birth and reduce the chance of problems for the baby.

Your care team

A range of healthcare professionals may be involved in your care. These will include midwives, obstetricians and, if you do have a preterm baby, neonatologists (also called paediatricians). Other professionals such as anaesthetists may also be involved.

You may like to read NICE's information for the public on patient experience in adult NHS services. This sets out what adults should be able to expect when they use the NHS. We also have more information on the NICE website about using health and social care services.

Some treatments or care described here may not be suitable for you. If you think that your treatment does not match this advice, talk to your care team.

Information and support

Your care team should talk with you about preterm labour and birth. They should explain any tests, treatments or support you should be offered, so that you can decide together what is best for you. You should also be given written information. Your partner or other birth companion can be involved in helping to make decisions, if you agree. There are questions throughout this information that you can use to help you talk with your care team.

If you are at increased risk of preterm labour, your care team should talk with you about the signs of being in preterm labour and the care available if it happens.

If you are, or might be, in preterm labour, or you are having a planned preterm birth, your care team should give you information and support as soon as possible. This should include:

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- explaining about the care that you and your baby might need
- telling you whether you or your baby will need to be transferred to another hospital for specialist care
- offering to show you round the neonatal unit
- giving information about the types of problems that a preterm baby might have, both at birth and as they grow up, including how likely these are
- an opportunity for you to talk with a neonatologist or paediatrician.

Many babies who are born early do very well, and grow up without any health problems. But sadly some babies are too preterm or too ill to survive, or they may have very severe health problems. It is important that you have chance to talk with your care team about your wishes if your baby is born very early or is very ill.

Questions about preterm labour and birth

- What are the signs of preterm labour? What should I do if I have any of them?
- If you think I'm in preterm labour, does this mean my baby will be born soon?
- How will my baby be born?
- How might being born early affect my baby?
- Where will my baby be looked after?
- What might happen if my baby is born very early or is very ill?
- Can you give me details of any support organisations for women at risk of preterm labour and for parents of preterm babies?
- What support is available if I or my baby needs to stay in hospital for a long time?

If you are at risk of preterm labour and birth

If your care team thinks you may be at risk of preterm labour, there are treatments that can help to prevent or delay this. Which treatment is right for you will depend on your particular circumstances. You may be offered one of the following to stop your cervix (neck of the womb) opening early, which leads to preterm birth:

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- a stitch in your cervix
- progesterone (a natural female sex hormone), which is inserted into the vagina.

Your care team should explain what is involved, as well as the benefits and risks of the treatments.

Questions about trying to prevent or delay preterm birth

- Why do you think I'm at risk of going into labour early?
- My baby was born early last time – will this happen again?
- What can be done to try to prevent preterm labour? How likely is it to help?
- What does having a stitch in my cervix involve?
- How does progesterone help?

If your waters break early

If your waters break when you are less than 37 weeks pregnant but you are not in labour, this is called preterm prelabour rupture of membranes, or P-PROM for short. If you think this has happened, you should contact your maternity unit or midwife straight away.

Checking what is happening

Sometimes it is obvious that your waters have broken, but not always. Your care team should offer you a vaginal examination with a speculum to see if there is any fluid present. If this still doesn't show whether your waters have broken, you may be offered a test of your vaginal fluid (unless you are in established labour).

If your care team doesn't think your waters have broken and there are no other problems, you will be able to go home. They will advise you to come back if fluid carries on leaking or you have signs of preterm labour (such as cramps or contractions).

If your care team thinks that your waters have broken, you should be offered treatment as described below. Your care team should also talk with you about the type of birth you want.

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Preventing and checking for infection

If your waters break before labour starts, both you and your baby are at increased risk of infection. Your care team should offer you antibiotics to help reduce this risk.

> At the time of publication, some antibiotics may be recommended for 'off-label' use for pregnant women in this guideline. Your doctor should tell you this and explain what it means for you.

You should also be offered an assessment and tests to check if you do have an infection. If the results are unclear you will be advised to stay in hospital and may have further tests.

Other medicines

If your waters break early, you should usually be offered medicines called steroids (like women who are in preterm labour). These medicines reduce the chances of a baby having health problems as a result of being born early – particularly problems with breathing and bleeding.

Questions about waters breaking early (P-PROM)

- How can I tell if my waters have broken?
- What does a vaginal examination involve, and what will it show?
- Why are you recommending this test? What does it involve?
- Will I need to have any other tests?
- Will I have to stay in hospital if my waters have broken?
- If I go home, what should I look out for that might suggest an infection?
- Why are you advising that I have antibiotics?
- Do the antibiotics have any side effects?
- What extra treatment will I be offered if I have an infection?
- Does the fact that my waters have broken mean that my baby will be born early?

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If you might be in preterm labour

If you are less than 37 weeks pregnant and you think you might be in labour (and your waters haven't broken), your care team will offer you a detailed assessment. They should talk with you about what this will involve, and about any other tests you may have.

Your care team should explain that although tests for preterm labour are useful in indicating whether you are in labour, they are not 100% accurate. This means there is a chance that the test will indicate that you are in preterm labour when in fact you aren't, and vice versa.

The assessment should include:

- talking with you about how you have been feeling during your pregnancy and any problems you have had
- feeling your abdomen to check your baby's position and listen to your baby's heart
- checking your pulse, blood pressure and temperature
- asking about the baby's movements
- asking about any contractions and pain you are having.

You should be offered a vaginal examination with a speculum to look for signs that you are in labour. Your midwife or doctor will check if and by how much your cervix has opened (dilated).

If the assessment suggests that you might be in labour, what happens next depends on how far along your pregnancy is:

- If you are less than 30 weeks pregnant, the risks to your baby are high if he or she is born early. So even though it is possible you aren't in labour, it is safest for your care team to assume that you are, and offer treatments to help.
- If you are 30 weeks pregnant or more, the risks to your baby are not as high if he or she is born early, because babies are more developed at this age. You may be offered a further test – either an ultrasound scan or a test on your vaginal fluid. These tests are helpful in showing whether or not you are in labour.

If the assessment (and tests if you are 30 weeks pregnant or more) indicate that it is likely you are in labour, you should be offered treatment as described in the next section.

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If it appears that you are not in labour, your care team should talk with you about whether you prefer to go home or stay in hospital. If you do decide to go home, you should return if you have more signs of preterm labour (such as having contractions or if your waters break).

Questions about preterm labour

- What checks do you advise?
- What does a vaginal examination involve?
- What does a speculum examination involve?
- What are the chances that I will have my baby early?
- If there's a possibility that I'm not in preterm labour, why are you offering me treatment anyway?
- Why are you offering me more tests?
- What do the tests involve? What will they show?
- How accurate are the test results? What if they're wrong?
- If it's likely that I'm not in labour, what are the pros and cons of staying in hospital compared with going home?

Medicines

If you appear to be in preterm labour, you should be offered one or more treatments as described below. Which treatments you are offered will depend on how far along your pregnancy is, and how soon you are likely to give birth.

Medicines to try to slow down labour

You may be offered medicines to try to slow down or stop labour if:

- the assessment (and tests if you are 30 weeks pregnant or more) indicate that it is likely you are in labour **and**
- you are between 24 and 34 weeks pregnant **and**
- your waters haven't broken.

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These medicines are called 'tocolytics'. This could be to give you more time to:

- have other medicines to help the baby before the birth (see below)
- be moved to a hospital with specialist care if this is needed.

At the time of publication, some medicines may be recommended for 'off-label' use as tocolytics in this guideline. Your doctor should tell you this and explain what it means for you.

Steroids

If you are having a planned preterm birth, you appear to be in preterm labour or your waters have broken (P-PROM), you may be offered medicines called steroids (as an injection). Your doctor should explain how steroids can help the baby's lungs develop before the birth, as well as about other benefits and possible risks.

Most women will only need one course of steroids to help their baby. But occasionally a second course may be offered, depending on your particular circumstances.

Medicine to protect the baby's brain

If you are between 24 and 34 weeks pregnant and are having a planned preterm birth or are in established labour, you may be offered medicine called magnesium sulfate to help protect your baby's brain.

Magnesium sulfate is given through a drip until the baby is born or for 24 hours (whichever comes first).

If you have magnesium sulfate you will need regular tests, such as pulse and blood pressure checks, to make sure it isn't causing you any problems.

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Questions about medicines

- What is this medicine for?
- How will it help?
- Are there any risks for me or my baby from this medicine?
- What are the side effects?
- If I have a medicine to delay labour, how long might the delay be?
- Why is magnesium sulfate only offered to women in established labour?

Monitoring your baby during preterm labour

Types of monitoring

Your baby's heartbeat will be monitored regularly during labour. Your care team should explain:

- why monitoring is done, and what it involves
- how monitoring might affect the care you and your baby get
- about the advantages and disadvantages of the different types of monitoring.

If your baby is being born very early, your care team may talk with you about the possibility of not having monitoring.

If you are in established preterm labour and are at low risk of having problems during labour and birth, you should be able to choose how you are monitored, between these 2 options:

- Regular monitoring where your midwife listens to your baby's heartbeat using a small hand-held device. You can move around freely when you aren't being monitored.
- Continuous electronic monitoring – that is, you are connected to a monitor. This will mean that you can't move around as much.

If you have other risk factors (in addition to preterm labour), you should be advised to have electronic monitoring. Other risk factors include things like high blood pressure or your labour taking longer than expected.

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If you are having electronic monitoring but it doesn't give good information about how well your baby is doing, you may be offered a type of monitoring in which a clip is attached to the baby's head (before birth). This is not usually done if you are less than 34 weeks pregnant because of the risks involved. But it might be done if you prefer it to the other options (which you will be able to discuss with your care team).

Fetal blood sampling

Fetal blood sampling is a test to see how the baby is coping with labour. It involves having a vaginal examination using a small device similar to a speculum. A scratch is made on the baby's scalp to take a small amount of blood for testing.

Fetal blood sampling might be done if you are over 34 weeks pregnant and there are concerns about the baby's heartbeat. This test is not suitable if you are less than 34 weeks pregnant. Your care team should talk with you about the benefits and risks, and explain that if they can't get a blood sample you are likely to need a caesarean section.

Questions about monitoring the baby's heart rate

- What are the options for monitoring?
- What are the pros and cons of electronic monitoring? What will it involve?
- How accurate is it for showing how the baby is doing?
- If monitoring suggests a problem, what will happen next?
- Why do you want to take a blood sample from my baby? What will this involve?

Giving birth

If you appear to be in preterm labour, are in established preterm labour or your waters have broken early (P-PROM), your care team should talk with you about the type of birth you want. They should explain the benefits and risks of having a vaginal birth compared with a caesarean section.

A caesarean section for a preterm birth sometimes involves a vertical cut in the uterus (womb), because the womb is too small for the normal, horizontal cut. This increases the chances of you needing a caesarean for any future births, and it can result in a greater risk of short-term and long-term problems.

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You are more likely to be offered a caesarean if you are over 26 weeks pregnant and your baby is breech – that is, bottom down. If your care team recommends a caesarean they should explain why.

Questions about type of birth

- What are the pros and cons of having a caesarean compared with a vaginal birth?
- Why are you recommending a caesarean for my breech baby?

Clamping the cord after the birth

If you and your baby are well, the doctor or nurse should clamp the cord between 30 seconds and 3 minutes after the birth. The short delay allows more blood to reach the baby through the cord. But if your baby needs urgent care or you are bleeding heavily, the cord should be clamped and cut as soon as possible.

Terms explained

Anaesthetist

A doctor who specialises in pain relief and anaesthetics (usually epidurals in labour and birth).

Established labour

Established labour is when the woman's cervix is at least 4 cm dilated and she is having regular painful contractions.

Neonatal unit

A specialist unit where preterm and sick babies are cared for. There are different types of neonatal unit depending on the level of care the baby needs: the special care baby unit (SCBU), the local neonatal unit (LNU) and the neonatal intensive care unit (NICU).

Neonatologist (paediatrician)

A doctor who specialises in looking after newborn babies.

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Obstetrician

A doctor who specialises in the care of pregnant women who have health problems, whose pregnancy has been identified as high risk or who develop problems during labour, and their unborn babies.

Off-label medicines

In the UK, medicines are licensed to show that they work well enough and are safe enough to be used for specific conditions and groups of people. Some medicines can also be helpful for conditions or people they are not specifically licensed for (such as pregnant women). This is called 'off-label' use. There is more information about licensing medicines on NHS Choices.

Preterm prelabour rupture of membranes (P-PROM)

P-PROM is when a woman's waters break when she is less than 37 weeks pregnant but labour hasn't started.

Speculum

A medical tool used by healthcare professionals to carry out internal examinations such as a vaginal examination.

Sources of advice and support

- Bliss, 0500 618140
  www.bliss.org.uk
- National Childbirth Trust (NCT), 0300 330 0700
  www.nct.org.uk
- Sands (Stillbirth & neonatal death charity), 020 7436 5881
  www.uk-sands.org
- Tommy's, 020 7398 3400
  www.tommys.org

You can also go to NHS Choices for more information.

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Other NICE guidance

- Intrapartum care (2014) NICE guideline CG190
- Postnatal care (2014) NICE guideline CG37
- Antibiotics for early-onset neonatal infection (2012) NICE guideline CG149
- Caesarean section (2011) NICE guideline CG132
- Multiple pregnancy (2011) NICE guideline CG129
- Inducing labour (2008) NICE guideline CG70
- Antenatal care (2008) NICE guideline CG62

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Accreditation

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