

Preterm Labor

Unfortunately, the incidence of premature birth has not decreased during the past 40 years. In the United States, preterm delivery affects approximately one in 10 births and is the cause of at least 75% of neonatal deaths, excluding those related to congenital malformations.

In most cases, the cause of preterm labor is not diagnosed. In fact, half of the women who go into preterm labor have no known risk factors. At this time, preterm labor cannot be prevented. We can only do the next best thing - identify it early and treat it as effectively as possible to help the pregnancy continue.

Risk Factors

Some women are at greater risk for preterm labor than others (although, in most cases, the cause of preterm labor is unknown). Women who have little or no prenatal care and those who have had preterm labor in the past are at increased risk.

A number of other risk factors have been linked to preterm labor. There are also factors linked to the fetus that make preterm labor more likely. For instance, too much fluid in the amniotic sac that surrounds the baby is a risk factor. Problems with the placenta or certain birth defects also increases the risk.

You may be at risk for preterm labor if any of the following factors apply to you:

- ✓ You had preterm labor or preterm birth in a previous pregnancy.
- ✓ You are carrying more than one baby (twins, triplets, etc.)
- ✓ You have had one or more second-trimester induced abortions.
- ✓ You have an abnormal cervix (due to surgery, for example).
- ✓ You have an abnormal uterus.
- ✓ You have had abdominal surgery during the pregnancy.
- ✓ You have had serious infection while pregnant.
- ✓ You have had bleeding in the second or third trimester of your pregnancy.
- ✓ You are underweight or you weigh less than 100 pounds.
- ✓ You were exposed to DES (diethylstilbestrol, a drug given to many pregnant women in the 1950s and 1960s) as a fetus.
- ✓ You smoke or use drugs.
- ✓ You have had little or no prenatal care.

Symptoms

The following are normal signs and symptoms that are associated with preterm labor (however, these signs can also be a part of a normal healthy pregnancy):

- ✓ **Uterine Contractions** - the uterus (womb) is composed of muscle fibers. A uterine contraction is the tightening of the muscles within the uterus. Using your fingertips to feel your uterus, you should be able to slightly indent your uterus when it is relaxed. During a contraction you can feel your uterus tighten and become hard. Contractions occur normally throughout pregnancy. They are usually painless and they can occur at any time. Certain activities such as changing your position or having a full bladder may cause you to have a contraction.
- ✓ **Menstrual-like Cramps** - these are felt low in the abdomen, just above the pubic bone. The cramping may be rhythmic, feeling like waves or fluttering. You may also feel a constant cramp.
- ✓ **Lower, Dull Backache** - this backache is located mainly in the lower back and may radiate to the sides or front. It may be rhythmic or constant. And often is not relieved by changing position.
- ✓ **Pelvic Pressure** - you may feel pressure or fullness in the pelvic area, in your back or thighs. It may feel as though the baby is going to "fall out."
- ✓ **Intestinal Cramps** - these may occur in the presence or absence of diarrhea. You may have the feeling of "gas pains."
- ✓ **Increase or Change in Vaginal Discharge** - the amount may be more than that which is normal for you. The consistency may change to mucous or watery. The color may become pink or brown-tinged.
- ✓ **A General Feeling That Something is Not Right** - even without a specific cause.

If you experience any of the above, or if you feel that something is different:

- ✓ *Call your doctor.*
- ✓ Go to the bathroom and empty your bladder.
- ✓ Check to make sure you have not missed a dose of any medication you might be taking.
- ✓ Maintain adequate fluid intake.
- ✓ Rest, lying down on your left side.
- ✓ Monitor your uterine activity.