

British Columbia Specific Information

For information on pregnancy, labour and baby care speak to a health care provider or registered midwife, or read Baby's Best Chance (PDF 10.97 MB), a Parent's Handbook of Pregnancy and Baby Care (PDF 10.97 MB). You may also contact HealthLink BC at 8-1-1 to speak with a registered nurse anytime of the day or night, any day of the year, or a pharmacist from 5:00 p.m. to 9:00 a.m.

In British Columbia, a Registered Midwife is a regulated health care professional and midwifery services are a benefit of the Medical Services Plan. British Columbia does not have certified nurse-midwives or lay-midwives. To practice, midwives must be registered with the College of Midwives of British Columbia (CMBC). A registered midwife cares for women during normal pregnancy, labour and delivery at home or in the hospital, and the postpartum phase, and can prescribe some drugs and order tests.

Preterm Labour

Topic Overview

Is this topic for you?

This topic covers how preterm labour affects the pregnant woman. If you want to know how it affects the baby after he or she is born, see the topic Premature Infant.

What is preterm labour?

Preterm labour is labour that comes too early—between 20 and 37 weeks of pregnancy.

In labour, the uterus **1** contracts to open the cervix **2**. This is the first stage of childbirth. In a full-term pregnancy, this doesn't happen until at least week 37.

Preterm labour is also called premature labour.

What are the risks of preterm labour and preterm birth?

The earlier a baby is delivered, the higher the chances are that he or she will have serious problems. This is because many of the baby's organs—especially the heart and lungs—aren't fully grown yet.

For infants born before 24 weeks of pregnancy, the chances of survival are extremely slim. Many who do survive have long-term health problems. They may also have trouble with learning and talking and with moving their body (poor motor skills).

What causes preterm labour?

Causes of preterm labour include:

- The placenta separating early from the uterus. This is called abruptio placenta **1**.
- Being pregnant with more than one baby, such as twins or triplets.
- An infection in the mother's uterus that leads to the start of labour.
- Problems with the uterus or cervix.
- Drug or alcohol use during pregnancy.
- The mother's water (amniotic fluid) breaking before contractions start.

Often the cause isn't known.

Sometimes a doctor uses medicine or other methods to start labour early because of pregnancy problems that are dangerous to the mother or her baby.

What are the symptoms?

It can be hard to tell when labour starts, especially when it starts early. So watch for these symptoms:

- **Regular contractions for an hour.** This means about 4 or more in 20 minutes, or about 8 or more within 1 hour, even after you have had a glass of water and are resting.
- **Leaking or gushing of fluid** from your vagina. You may notice that it is pink or reddish. This is called a rupture of membranes, also known as your water breaking. When this happens before contractions start, it's called premature rupture of membranes **1**, or PROM. When it happens before 37 weeks of pregnancy, it is called preterm premature rupture of membranes, or pPROM.
- **Pain** that feels like menstrual cramps, with or without diarrhea.
- **A feeling of pressure** in your pelvis or lower belly.
- **A dull ache** in your lower back, pelvic area, lower belly, or thighs that doesn't go away.
- **Not feeling well**, including having a fever you can't explain and being overly tired. Your belly may hurt when you press on it.

If your contractions stop, they may have been Braxton Hicks contractions **1**. These are a sometimes uncomfortable—but not painful—tightening of the uterus. They are like practice contractions. But sometimes it can be hard to tell the difference.

Media Gallery

(1 picture)



Learn more about
Cervix

How is preterm labour diagnosed?

If you think you have symptoms of preterm labour, call your doctor or registered midwife. He or she can check to see if your water has broken, if you have an infection, or if your cervix is starting to dilate.

You may also have urine and blood tests to check for problems that can cause preterm labour.

Checking the baby's heartbeat and doing an ultrasound **1** can give your doctor or midwife a good picture of how your baby is doing. Amniotic fluid can be tested for signs that your baby's lungs have grown enough for delivery.

You may have a painless swab test for a protein in the vagina called fetal fibronectin. If the test doesn't find the protein, then you are unlikely to deliver soon. But the test can't tell for certain if you are about to have a preterm birth.

How is it treated?

If you are in preterm labour, your doctor or registered midwife must compare the risks of early delivery with the risks of waiting to deliver. Depending on your situation, your doctor or midwife may:

- Try to delay the birth with medicine. This may or may not work.
- Use antibiotics to treat or prevent infection. If your amniotic sac has broken early, you have a high risk of infection and must be watched closely.
- Give you steroid medicine to help prepare your baby's lungs for birth.
- Treat any other medical problems causing trouble in pregnancy.
- Allow the labour to go on because delivery is safer for the mother and baby than letting the pregnancy go on.

Frequently Asked Questions

Learning about preterm labour:	<ul style="list-style-type: none"> • What is preterm labour? 1 • What causes it? • What are the symptoms? • What if I have preterm premature rupture of membranes (pPROM)? • Does preterm labour always lead to preterm birth? • What increases my risk of having preterm labour? • Can I prevent it?
Being diagnosed:	<ul style="list-style-type: none"> • When should I call my doctor or midwife? • What kinds of testing and monitoring are used for preterm labour?
Getting treatment:	<ul style="list-style-type: none"> • How is preterm labour treated? • What kinds of medicines are used? • How well does bedrest work?
Ongoing concerns:	<ul style="list-style-type: none"> • What should I do if I start preterm labour again? • What can I expect if I have an extremely premature infant?

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