

Signs and symptoms of preterm labour for women and birthing people at high / intermediate risk of preterm birth

Information for patients



This leaflet is aimed at women and birthing people assessed as high or intermediate risk of preterm birth.

This leaflet aims to identify the main signs and symptoms of threatened preterm labour and advice on what to do if you think this is happening to you.

Preterm labour

Preterm labour means going into labour before 37 weeks. After this point, your pregnancy is classed as full term.

If you think you may be going into early labour, please telephone the Sherwood Birthing Unit at King's Mill Hospital on 01623 672244.

It's very difficult, but try not to panic. In 7 out of 10 cases, the symptoms go away and women / birthing people give birth at term.



More than 9 out of 10 women / birthing people do not give birth within 14 days of having these symptoms.



Signs and symptoms of premature labour



If you have any of the following symptoms, call the Sherwood Birthing Unit straight away, because you could be in labour:

- Regular contractions or tightenings.
- Period-type pains or pressure in your vaginal area.
- A 'show' - when the plug of mucus that has sealed the cervix during pregnancy comes away and out of the vagina.
- A gush or trickle of fluid from your vagina – this could be your waters breaking.
- Backache.
- You are bleeding.
- Your baby is moving less than usual.
- Your waters have broken and they are smelly or coloured.

Braxton Hicks

Many women and birthing people experience Braxton Hicks, sometimes known as practice contractions. These can become quite strong during the third trimester, and it's easy to mistake them for the real thing. They are usually not painful, so it is important to get checked in hospital if you are having painful contractions.

If your waters have broken early (preterm premature rupture of the membranes (PPROM))

Normally your waters break shortly before or during labour. If your waters break before labour at less than 37 weeks of pregnancy, this is known as preterm prelabour rupture of the membranes or PPROM. If this happens, it can (but does not always) trigger early labour.

How will I know if my waters have broken?

This may feel like a mild popping sensation and/or a trickle or gush of fluid that you can't stop, unlike when you wee. You may not have any sensation of the actual 'breaking', and then the only sign that your waters have broken is the trickle of fluid.

Your baby's movements



Your midwife will ask you about your baby's movements in the last 24 hours. If they don't, tell them about your baby's movements. You should continue to feel your baby move in a normal pattern right up to the time you go into labour and during labour. Tell your midwife immediately if you think your baby's movements have slowed down, stopped or changed.

What happens at the hospital?

The doctor or midwife at the hospital will examine you and offer you tests to find out if:

- Your waters have broken.
- You're in labour.
- You have an infection.

These tests may include:

- A vaginal examination, usually with a speculum, to check if your cervix is opening.
- Swabs for infections such as bacterial vaginosis (when natural bacteria levels are out of balance) and Group B Streptococcus (a common bacteria that is carried in the vagina).
- A vaginal swab to carry out a fetal fibronectin test, which is a test to see if your body is preparing to give birth.
- Blood tests to check for infection.
- Urine tests to check for infection, or protein for preeclampsia, which is a high blood pressure (hypertension) disorder that can occur during pregnancy.
- A check of your pulse, blood pressure and temperature.
- Feeling your bump to check the baby's position.
- A check of your baby's heartbeat

What happens if I am in preterm labour?

The midwife or doctor will talk to you about whether it's best to birth your baby straight away (either by vaginal delivery or Caesarean section) or try to slow down labour using medication.

They will consider:

- How many weeks pregnant you are.
- You and your baby's health.
- What neonatal facilities are available and whether you need to be moved to another hospital.
- What you want to do.

What happens if I'm not in labour?

If labour hasn't started, your midwife and doctors will investigate what may be causing your symptoms and if you and your baby would benefit from further treatment. They may sometimes recommend that you stay in hospital so they can monitor you and your baby.

Key points

- Preterm birth occurs when baby is born before 37 weeks gestation.
- Most women and birthing people who experience threatened preterm labour will go on to delivery at 37 weeks or over, so try to stay as calm as possible.
- If you experience any of the signs and symptoms outlined in this leaflet or have any other concerns it is important that you contact Triage (open 24 hours a day) at King's Mill Hospital on **01623 676170** without delay.
- Being seen by the hospital quickly will help either rule out preterm labour and put your mind at rest, or enable the necessary next steps to be taken to ensure the best management of preterm labour.
- Bring an overnight bag with you just in case you need to be admitted for observations.

For further information and resources about preterm birth please copy and paste the following link into your browser:

<https://www.tommys.org/pregnancy-information/premature-birth>

Further sources of information

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on **01623 672222** or email **sfh-tr.PET@nhs.net**.

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases.

Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. If you require a full list of references (if relevant) for this leaflet, please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

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