Premature Labor, How Do You Know?

It is often hard for a woman to know if she is in premature labor. Contractions alone are not enough to diagnose premature labor. It also depends on finding changes in the cervix during a vaginal exam by your caregiver. Changes include *dilatation* (opening of the cervix) and *effacement* (thinning and shortening of the cervix).

YOU MAY BE IN PREMATURE LABOR IF:

- Contractions last 30 to 70 seconds, become very regular, closer together and are more intense and painful. False labor contractions are shorter, irregular and not very uncomfortable.
- Contractions start on the top of the uterus and spread down to the low belly (*abdomen*) and back. False labor contractions are felt in the lower abdomen and groin and may disappear with walking.
- A watery or bloody discharge comes from the vagina.
- There is a feeling of pressure in the pelvis indicating that the baby has "dropped."

PREMATURE LABOR CAN BE CONFIRMED BY:

- Performing a vaginal exam to check whether the cervix has begun to shorten and thin out (*efface*) and open (*dilate*). This will help show if the contractions are causing labor.
- Measuring cervical length early in pregnancy by a test called trans-vaginal ultrasound. This may indicate pre-term labor.
- Getting samples (*swabbing*) of cervicovaginal secretions. These can be tested for the presence of fetal fibronectin. This is a protein found in fetal membranes and amniotic fluid which is associated with pre-term delivery. A rapid test has become available. If this test is negative, there is a very low risk of delivery in the next two weeks.
- Babies that stop having chest movements (*fetal breathing*) during labor. While not always true, it is true in general that if fetal breathing can be seen on an ultrasound scan, the woman is not likely to start delivery soon. But, if fetal breathing is absent, it is more likely that she is experiencing pre-term labor.

Do not feel embarrassed if you go to the hospital and it is false labor.

There are many risk factors that your caregiver knows that may cause premature labor, such as:

- Previous history of premature labor.
- Premature rupture of the membranes.
- Multiple pregnancies, twins or more.
- The placenta covers the opening of the cervix (*placenta previa*).
- The placenta separates from the uterus (*placenta abruption*).
- The cervix is too weak to hold the baby in the uterus (*incompetence cervix*).
- Polyhydramnios, too much fluid in the amniotic (baby's) sac.
- Infection of the uterus, cervix or vagina.
- Taking illegal drugs and/or smoking while pregnant.
- Not gaining enough weight while pregnant.
- Women younger that 17 and older than 35 years old.
- Low socio-economic status.
- Afro-American race.

IF YOU ARE IN LABOR:

- Your baby will be checked if it is premature before trying to stop labor. If the date of when you became pregnant (*conception*) is well-established by accurate menstrual dates and/or early ultrasound exams, it is easy to figure out the baby's age.
- If you are seeking medical care for the first time while having contractions, and the actual date of the last menstrual period is not known, you could actually be in normal full term labor with a very small baby. Tests of amniotic fluid contents and ultrasound may help predict the age of the fetus.
- Your caregiver may attempt to stop labor with medications if it is too early for the baby to do well outside of

the uterus.

- The baby's lungs may not be mature. You may be given a steroid injection to help the baby's lungs mature before delivery. This may make it safer for the baby to be delivered at that time.

HOME CARE INSTRUCTIONS

- Call your caregiver if you think you are in labor.
- Call your caregiver if you pass blood tinged mucus from your vagina.
- Do not eat anything and only drink lightly if you think you are going into labor.
- Have all that you may need packed and ready to go to the hospital when you do go into labor.
- Make arrangements to care for other children before you go into labor and have to go to the hospital.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have uterine contractions that become stronger, regular, last at least a minute and become closer together.
- You have a burst of fluid come out of your vagina.
- You develop a temperature of 100º F (37.8º C) or higher.
- You have vaginal bleeding.
- You develop continuous belly (*abdominal*) pain.

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