



Threatened preterm labour

‘Threatened preterm labour’ is the term used for when you experience symptoms, such as contractions, before your expected due date, which may lead to your baby being born prematurely (early). This leaflet will explain what preterm labour is, how to recognise symptoms and what you can do during pregnancy to reduce the likelihood of preterm labour happening.

What is premature birth?

Approximately 7.6% of babies in the UK are born preterm or prematurely – that’s roughly 53,000 babies a year. A premature birth is any baby born before 37 weeks of pregnancy.

The majority are born between 32 and 37 weeks (83%), called moderate to late preterm labour. Smaller numbers are born between 28 and 32 weeks (10%), which we call very preterm.

A small percentage born before 28 weeks (6%) which we call extremely preterm.

Sometimes, preterm birth is spontaneous which means it happens naturally, and sometimes an obstetrician (pregnancy doctor) will recommend that a baby is born early for the health of you or the baby/babies.

Giving birth prematurely can be very serious and affects your baby's chance of survival which depends on gestational age (the number of weeks pregnant you are). Babies born at 34 weeks have the same chance of survival as full term babies (born at 40+weeks), this drops to around 95% at 31 weeks; 89% at 27 weeks; 60% at 24 weeks and 10% at 22 weeks.

Knowing what preterm labour is and what you can do to reduce the likelihood of it happening is an important step in reducing cases of preterm labour.

Why is preterm birth hard to predict?

We are giving everyone this leaflet as preterm labour can happen to anyone, so it is hard to predict.

- Around half (50%) of preterm births occur in the first pregnancy.
- Around 66 in 100 (66.6% or 2/3rds) of preterm births occur in pregnancies where there are no risk factors at all.
- Around half (50%) of women and pregnant people who experience threatened preterm labour go on to give birth at over 37 weeks of pregnancy (i.e., full term).
- Symptoms of preterm labour may be different to symptoms at full term.

What makes someone more likely to have a preterm birth?

There are factors that can increase the likelihood of a preterm birth. For example, you may be considered ‘high risk’ if you’ve:

- given birth to a premature baby before
- had a loss (miscarriage or stillbirth) between 16 and 34 weeks

- If your waters have broken before 34 weeks in a previous pregnancy (premature rupture of membranes)
- had a cervical cerclage (a stitch used to close the cervix)
- had a trachelectomy (removal of part of the cervix to treat cervical cancer)
- or if your uterus (womb) has a unicornuate or bicornuate shape or you have a uterine septum.

Or an 'intermediate risk' if you've had a:

- Caesarean birth when your cervix was fully open (10cm dilated)
- significant cervical procedure (such as LLETZ or cone biopsy following an abnormal smear test).

There are other things that can affect the likelihood of a preterm birth, some of which are out of your control and others which your midwife can help with during your pregnancy or give you information on where to seek help.

You have an increased likelihood if:

- you are having twins, triplets or more
- you are under the age of 18 or over the age of 40
- you are black or Asian – the national average for preterm births is 7.6% but rises to 8.7% for Black ethnic groups and 8.1% for Asian ethnic groups.

There is help available if you:

- smoke, drink alcohol or use recreational drugs during pregnancy – there are teams at the Royal Berkshire Hospital who can help, so speak to your midwife
- have poor dental hygiene – remember all dental services are free on the NHS during your pregnancy and for a year after your baby is born using your Maternity Exemption Certificate
- are either very underweight (BMI of under 18.5) or very overweight (BMI of over 30) – you can speak to your midwife about nutrition and exercise during pregnancy
- if you are experiencing domestic violence – please speak to your midwife and see our leaflet 'Domestic abuse advice' which can be found on the Trust website online at <https://www.royalberkshire.nhs.uk/leaflets-catalogue/>.

There are also complications that can happen during pregnancy or because of infections, which increase the likelihood of preterm birth:

- Having a local infection in one part of your body for example urinary and genital tract infection.
- Having a systemic infection in your whole body for example a kidney infection (pyelonephritis), gastroenteritis (infection in the stomach and/or intestines) or an appendicitis
- If you've had recurrent vaginal bleeding before 24 weeks
- Complications with your placenta (such as low levels of a hormone called PAPP-A).
- Increased levels of amniotic fluid (known as polyhydramnios).

Symptoms of preterm labour

It's important to know what preterm labour could feel like.

- Regular or painful contractions or “tightening” of the uterus, or period type cramping. **It's important to ring the triage line if you have this symptom before they get worse or increase in frequency/**
- A new feeling of pressure in the vagina.
- Mucous vaginal discharge which may be pink-tinged or streaked with blood, or any abnormal vaginal discharge.
- Leaking fluid from the vagina.
- Bleeding from the vagina.
- New backache that may come and go.

If you are ever concerned about your health, your babies' movements or have any concerns you should contact a medical professional. Before 16 weeks this is your GP or A&E. After 16 weeks you can ring your local maternity unit (See 'Who should I contact' section below).

How is preterm labour different to Braxton Hicks contractions?

Braxton Hicks contractions are sometimes known as practice contractions or false labour. This is when the muscles of the uterus contract or tighten, but you are not in labour and there are no changes in the cervix.

Braxton Hicks are not usually painful, and do not increase in length, strength, or frequency over time.

Braxton Hicks may be triggered in response to your baby's movements.

Some pregnant people find they experience more Braxton Hicks when they are dehydrated.

Some pregnant people find a position change, ensuring you are well hydrated, going for a walk or taking some paracetamol may stop Braxton Hicks.

If in doubt, please call your local maternity unit for advice.

Does sex cause preterm labour?

There is no evidence to suggest that sexual intercourse or sexual acts during pregnancy increase the chance of preterm labour or birth. Your obstetrician (doctor specialising in pregnancy) will tell you if you are at higher risk and should not have sex during pregnancy.

Certain infections (such as chlamydia, gonorrhoea, trichomonas and bacterial vaginosis) can increase the chance of preterm birth. If you think you may have contracted an STI or have a genital tract infection you should go to a sexual health clinic to be screened.

Can I reduce the chance of preterm labour?

As explained above preterm labour is hard to predict but there are steps you can take to take care of yourself and your baby to reduce the likelihood of preterm labour. These include being honest and transparent about your medical history and lifestyle, taking care of your physical and mental health and reducing your risk of infection.

- Make sure that you give a full and accurate medical history so everyone involved in your care knows what risk factors you may have and plan your care accordingly.

- Attend all the antenatal appointments offered so that your care provider can ensure you are receiving the best care, identify any problems early and perform regular assessments (check-ups).
- Look after your mental as well as physical health. Research has suggested links between depression and severe stress and preterm birth. Speak to your midwife or GP about how you are feeling, there is lots of support available.
- Look after your dental hygiene. Dental care is free on the NHS in pregnancy and for one year after birth for this reason.
- Maintain a healthy lifestyle (eat well, take regular exercise, stay hydrated).
- Do not smoke, drink alcohol or take recreational drugs.
- Do not use vaginal douches/washes or deodorants. This can eliminate the vagina's healthy bacteria, allowing infections such as bacterial vaginosis to set in. Tell your midwife or GP if you have symptoms of vaginal infection, such as burning, itching or abnormal, unpleasant smelling or offensive vaginal discharge.
- Tell your midwife or GP if you have symptoms of a urinary tract infection (UTI), such as stinging or burning while passing urine, increased frequency (needing to pee more often), or urgency (having to pee straight away) of passing urine, or blood in the urine. UTI's should be treated with antibiotics if they are suspected or diagnosed. Once treatment is complete you should also have a repeat sample sent to ensure the infection has fully cleared.

And lastly, understand and recognise the symptoms of preterm labour explained in this leaflet and contact your local maternity unit if you have any concerns.

What happens if I come into the hospital with threatened preterm labour?

Once you have spoken to the triage line you may be asked to the Maternity Assessment Unit (MAU) you will be seen within 15 mins and then a midwife will offer a full antenatal assessment, which will include:

- Blood pressure checks, and taking your pulse and temperature (called observations).
- Testing your urine.
- Feeling your tummy to understand which position the baby is in, and to measure your tummy to assess the baby's growth.
- Listening to the baby's heartbeat. Depending on how many weeks pregnant you are this will either be with a handheld device (like the one used in routine appointments) or a CTG may be used. A CTG is when a continuous monitoring of your baby's heartbeat is done over a 10–60 minute period by attaching monitors with straps to your tummy and recording the beats and movements on a machine.
- Your midwife will also discuss any symptoms you are having, such as abdominal pain, contractions/tightening of the uterus, vaginal discharge, baby's movements, and vaginal bleeding.

The midwife will then explain the findings and if needed, you will be seen by a doctor or a midwifery Advanced Clinical Practitioner (ACP). They then may:

- Repeat some of the observations and ask you more about your medical history.
- Offer you a vaginal examination to look at the cervix. This is usually a speculum examination (like a cervical smear test) to find out if the cervix has begun to open, or if there is any fluid

leaking or any visible bleeding.

- Suggest a vaginal swab test called Partosure – this looks for a protein that is present in your babies amniotic sac and can help to assess your likelihood of going into preterm labour within the next seven days.

What happens if my waters break prematurely?

One of the symptoms of preterm labour is leaking fluid from your vagina. This can be a sign that your waters have broken (known as rupture of membranes). For more information about your waters breaking prematurely, please ask for a copy of the Royal College of Obstetricians and Gynaecologists (RCOG) '[When your waters break prematurely](#)' leaflet.

Who to contact if you have any concerns

If you have any concerns during your pregnancy you should contact a medical professional. These include:

- A change in your baby's movements.
- Any abdominal (tummy) pain.
- Any vaginal bleeding.
- Feeling unwell, having a temperature (over 37.5 degrees C) or flu-like symptoms.
- Diarrhoea or vomiting.

If you are less than 16 weeks pregnant contact:

Your registered GP or Accident & Emergency Department

- From positive pregnancy test until 16 weeks of pregnancy.
- Open 24 hours a day, 7 days a week.
- Walk in, self-referral service at the Royal Berkshire Hospital.

If you are over 16 weeks pregnant:

Contact via Maternity Triage on **0118 322 7304** for the Maternity Assessment Unit (MAU) which is open 24 hours a day, 7 days a week.

- From 16 weeks of pregnancy, until 6 weeks after baby is born.

Helpful resources

- Find your nearest NHS Sexual Health Clinic online at www.nhs.uk/service-search/find-a-sexual-health-clinic
- Support for parents and families of premature or sick babies at www.bliss.org.uk
- Support and information about PPRM (Premature Pre-labour Rupture of Membranes) in pregnancy online at www.little-heartbeats.org.uk
- Royal College of Obstetricians & Gynaecologists online at www.rcog.org.uk/for-the-public/browse-our-patient-information/when-your-waters-break-prematurely or type into a search engine "RCOG When your waters break prematurely"

- Tommy's - My Prem Baby is a free app from Tommy's to track your baby from pregnancy to after birth. It is specifically designed for parents who are expecting or have given birth to a baby prematurely. Available from Apple App store and Google Play store

References

1. <https://www.tommys.org/pregnancy-information/premature-birth/premature-birth-statistics>
2. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthcharacteristicsinenglandandwales/2021>

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

C Bell, Compliance and Quality Lead for Maternity and Gynaecology, March 2024

Co-created with the National Network of Preterm Birth Specialist Midwives and Royal Berkshire Maternity and Neonatal Voices Partnership

Next review due: March 2026

Our Maternity Strategy and Vision

'Working together with women, birthing people and families to offer compassionate, supportive care and informed choice; striving for equity and excellence in our maternity service.'

You can read our maternity strategy here

