

When you are at risk of early labour (Threatened preterm labour)

Maternity Services

Information for Patients

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Background

In the UK, around 8 out of every 100 babies are born early, before 37 weeks of pregnancy. This is known as preterm. There are different categories of being preterm:

- Extremely preterm: before 28 weeks of pregnancy
- Very preterm: between 28 weeks to 32 weeks of pregnancy
- Moderate to late preterm: between 32 weeks to 37 weeks of pregnancy

Sometimes preterm birth can happen on its own. Sometimes a doctor who specialises in care during pregnancy, labour and after birth (obstetrician) may recommend that a baby is born early. This may be better for the health of you or your baby/babies. We would always talk to you and your family about this, to help you make an informed decision about your care.

Preterm birth can cause serious health issues for babies, and sadly, some babies do not survive. In the NHS, we are aiming to lower the number of preterm births from 8 out of every 100 (8%) babies to 6 out of 100 by 2025¹. This means we are working to make sure more babies have a better chance of being healthy when they are born.

Why is preterm birth hard to predict?

- Around half (50%) of preterm births happen in the first pregnancy.
- Around 66 in 100 of preterm births happen 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 (full term).

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Risk factors for preterm birth

An important national document called Saving Babies' Lives (version 3)² has identified the following as risk factors for preterm birth. This list is not exhaustive. It is important to remember that not all the risk factors listed here need referral to a specialist Preterm Birth Clinic, or even need any extra care at all.

It is also important to remember that guidelines and care management may vary according to where you live and your NHS Trust care provider.

High risk factors:

- If you have had a preterm baby before or a mid-pregnancy loss between 16 and 34 weeks.
- If your waters broke before 34 weeks of pregnancy. This is known as Preterm Premature Rupture of Membranes (PPRoM)
- If you had to get a stitch in the neck of your womb (cervical cerclage) to try and prevent a preterm birth before.
- If your womb (uterus) is shaped differently. For example having 2 parts instead of 1.
- If you had your cervix completely removed due to cancer treatment (Trachelectomy).

Medium risk:

- If you have had a baby through caesarean section when your cervix was fully dilated (10cm).
- If you have had certain types of surgery on your cervix known as LLETZ or cone biopsy.

Other things that might increase your risk:

- Being pregnant with more than 1 baby (such as twins, triplets or more).
- Smoking, drinking alcohol or using recreational drugs during pregnancy.
- Urine or genital tract infections such as sexually transmitted infections.
- Repeated episodes of bleeding from the vagina.
- Being either underweight or overweight.
- Being under the age of 18 or over the age of 40
- If there are problems with the placenta.
- If you have certain health problems in pregnancy like diabetes or high blood pressure.
- Your baby is predicted to be small or growing slowly on scan.
- If you come from a minority ethnic background (black women are 3 times more likely to give birth early compared to any other ethnicity).
- Having too much fluid inside the womb.
- Being subject to domestic violence.

Symptoms of preterm labour

- Regular or painful contractions or 'tightening's' of the womb (uterus) that become more painful or last longer.
- You notice a new pressure feeling in your vagina.
- Discharge from your vagina which may be pink or streaked with blood.
- Leaking fluid from your vagina.
- Any abnormal discharge.
- Period-type cramping.
- New back ache that may come and go.

How do I know it's not Braxton Hicks contractions?

Braxton Hick's contractions are sometimes known as practice contractions or false labour. Braxton Hick's are **not** usually painful, and do not increase in length, strength or frequency over time.

How can I reduce my risk of preterm labour?

Make sure you give your midwife and obstetrician a full and accurate history of all your medical problems. This is so they can make a full assessment and refer you to the correct care during your pregnancy.

Go to all antenatal clinic appointments so that the obstetric and midwifery team can make sure you are getting the correct care.

There is evidence that depression and severe stress can be linked to preterm birth. If you need support with your mental health, please contact your midwife or GP as soon as you can.

Avoid smoking, drinking alcohol or using recreational drugs when you are pregnant. The obstetric and midwifery teams are here to support you if needed.

Maintain a healthy lifestyle including healthy weight gain and regular exercise.

If you need to be screened for any sexually-transmitted infections, let your midwife know or attend a sexual health clinic to get any tests that are needed.

Avoid using vaginal washes or deodorants. This can get rid of the vagina's healthy bacteria. It lets infections such as bacterial vaginosis set in.

Look after your teeth. Research suggests there is a link between poor dental hygiene and preterm birth. The NHS offers free dental care while you are pregnant and for 1 year after birth for this reason.

Alert your midwife or GP if you have symptoms of a pee (urine) infection. This can be:

- stinging or burning while passing pee
- needing to pee more often
- needing to rush to the toilet

- seeing blood in your pee

If you have a pee infection or we think you have one, we will treat it with antibiotics. This is because pee infections can increase the risk of preterm birth.

Is it safe to have sex in pregnancy?

There is no evidence to suggest that having sex during pregnancy increases the risk of preterm labour or birth. But there is evidence that certain infections can increase the risk of preterm birth, such as chlamydia, gonorrhoea, trichomonas and bacterial vaginosis. If your obstetrician feels that not having sex, is safer for your pregnancy, they will talk about this with you.

What will happen if I am assessed in the hospital?

Please call the Maternity Assessment Unit (MAU) if you have any concerns mentioned in this leaflet. A midwife will tell you which hospital you need to go to. This may be different to the hospital you have your routine appointments at. It will depend on your symptoms and how far you are in your pregnancy.

When you are assessed in hospital, with your consent, a midwife will do a full pregnancy assessment. This may include:

- Testing your pee (urine)
- Taking your blood pressure, pulse, and temperature
- Feeling your uterus by pressing on your tummy (abdomen) to feel for your baby's position
- Measuring the size of your bump
- Checking your baby's heartbeat. We may use an electronic doppler device to listen to your baby's heartbeat for 1 to 2 minutes. Or we may put you on a monitor with 2 round probes that monitor your baby's heartbeat for up to 1 hour. This will depend on how many weeks pregnant you are.
- Your midwife will also ask about any symptoms you are having, such as tummy (abdominal) pain, contractions or tightening, vaginal discharge, your baby's movements and vaginal bleeding.

The midwife will then usually recommend for you to be seen by a doctor. The doctor may:

- Take a full medical history from you, and you may find you are asked the same questions the midwife has asked once again.
- Press on your tummy (abdomen) to feel (palpate) your uterus and baby.
- They may advise to do an internal examination to look at the cervix. This is usually a speculum examination (similar to a smear test). It assesses if the cervix has begun to open, or if there is any fluid leaking or any visible bleeding. This will only be done if you give consent. They will ask another colleague to be there to act as a chaperone. If you are not comfortable having a male doctor for this internal examination, please let the team know.

They will try to find a female doctor to do the examination if possible. This may cause a delay if there are no female doctors working in that part of the unit.

- While they do the speculum examination, they may also take some swab tests:
 1. Actim Partus. It can test for the possibility of early labour. If the test comes back positive, there is a chance that labour may start soon. The doctor who sees you will discuss your options based on the test result.
 2. Actim Prom test. If you have any symptoms of waters leaking, this swab can test for that.
 3. A high vaginal swab to test for other infections that can be present such as candida (thrush).
- The Actim Partus and Actim Prom test takes up to 10 minutes for the results to come back. The high vaginal swab can take up to 3 days for the results to come back.
- Based on your symptoms, the doctor who is seeing you may also advise doing an ultrasound scan vaginally to measure the length of your cervix. This can be uncomfortable, like having a speculum examination. We will only do it with your consent. The results of the cervical length along with your symptoms will be inputted into an app called the QUIPP app. It can work out the chance of going into premature labour in the next week. This is more accurate than the Actim Partus test. However, this may not be available or suitable in all circumstances. If you are keen to have the scan done over the swab test, please speak to the doctor seeing you about your options. It may cause a delay in making a plan if the scan cannot be done right away.

When your waters break before 37 weeks (prematurely)

For more information about your waters breaking prematurely, please ask for a copy of the leaflet titled 'When your waters break prematurely', written by the Royal College of Obstetricians and Gynaecologist (RCOG).

Symptoms to look out for if your waters have broken:

- Change in baby's movements
- Any tummy (abdominal) pain
- Any bleeding from your vagina
- Feeling unwell, having a temperature (37.5 or above) or feeling as if you have the flu.
- Bad smelling discharge or discharge that has changed colour.

Useful resources

Scan the QR code to access our leaflet '[When you are at risk of delivering your baby early \(Prematurity Prevention Clinic\)](#)' .

You can also access it through this web address
www.yourhealth.leicestershospitals.nhs.uk/ and search leaflet 1240.

This leaflet explains why you might be asked to attend the Premature Prevention Clinic and what to expect when you do. You will only be asked to attend if your Community Midwife has identified any risk factors for premature birth.



Find your nearest NHS Sexual Health Clinic on the website:

www.nhs.uk/service-search/find-a-sexual-health-clinic

Contact details

If you have any concerns about preterm birth or the symptoms listed above, please contact:

Maternity Assessment Unit (MAU) on 0116 258 6312

MAU is open 24 hours a day, 7 days a week.

If you are under 32 weeks pregnant, please go to the Leicester Royal Infirmary even if your routine appointments are at Leicester General Hospital.

Contact numbers if you are less than 16 weeks pregnant:

Early Pregnancy Assessment Unit (EPAU) 0116 258 5241

Monday to Friday 8am to 5pm

Saturday to Sunday 8am to 10.30am

Gynaecology Assessment Unit (GAU) 0116 258 6259

Open 24 hours a day, 7 days a week

References

¹NHS Long Term Plan (2019) - <https://www.longtermplan.nhs.uk/>

²Saving Babies Lives V3 <https://www.england.nhs.uk/long-read/saving-babies-lives-version-3/>

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If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk