NHS
Oxford University Hospitals
NHS Foundation Trust

Threatened Preterm Labour

Information leaflet

'Threatened preterm labour' is an internationally recognised term used to describe when a woman or pregnant person experiences symptoms, such as contractions, which may lead to a baby being born prematurely (early).

Background

Approximately 8 in 100 (or 8%) of babies in the UK are born preterm or prematurely (early). This means that they are born before 37 weeks of pregnancy.

There are varying degrees of preterm birth:

- Extremely preterm (birth before 28 weeks of pregnancy).
- Very preterm (birth between 28 and 32 weeks of pregnancy).
- Moderate to late preterm (birth between 32 and 37 weeks of pregnancy).

Sometimes preterm birth is spontaneous which means it happens naturally, and sometimes an obstetrician (a doctor who specialises in care during pregnancy, labour and after birth) will recommend that a baby is born early for the health of you or the baby/babies. This recommendation would always be discussed in detail with you and your family, to help you make an informed decision about your care.

Preterm birth can cause serious health complications for babies and, sadly, some babies do not survive. Our national ambition is to reduce cases of preterm birth from 8 in 100 (8%) to 6 in 100 (6%) by 2025.

Why is preterm birth hard to predict?

- Having had a preterm baby in the past is the biggest risk factor for it happening again. However, 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 labour symptoms at full term.

Risk factors for preterm birth

An important national document called Saving Babies' Lives (version 3) has identified the following as risk factors for preterm birth. This list is not exhaustive.

It is important to remember that not all the identified risk factors need referral to a specialist Preterm Birth Clinic, or even require any extra care at all.

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

High risk factors:

- Previous preterm birth or spontaneous mid-pregnancy loss between 16 and 34 weeks of pregnancy.
- Previous preterm pre-labour rupture of membranes (waters breaking) before 34 weeks of pregnancy.
- Previous need for a cervical cerclage (a stitch used to close the cervix to try to prevent preterm birth).
- A differently shaped uterus (womb), such as unicornuate or bicornuate or presence of a uterine septum.
- History of trachelectomy (removal of the cervix to treat cervical cancer).

Intermediate risk factors:

- Previous birth by caesarean section when the cervix is fully open (10cm dilated).
- History of significant cervical procedure (such as LLETZ or cone biopsy following an abnormal smear test).

Other risk factors:

- Being pregnant with more than one baby (such as twins or triplets or more).
- Smoking, drinking alcohol or using recreational drugs during pregnancy.
- Local infections (infections that only affect one body part or organ) such as urinary and genital tract infections.
- Systemic infections (infections that affect the whole body) such as pyelonephritis (kidney infection), gastroenteritis (infection in the stomach and/or intestines) and appendicitis (infection in the appendix).
- Recurrent bleeding from the vagina in the current pregnancy prior to (before) 24 weeks of pregnancy.
- Problems with the placenta (such as low levels of a hormone called PAPP-A).
- Being either very underweight or very overweight.
- Being under the age of 18 or over the age of 40.
- Ethnicity (for example, Black women and pregnant people are 3 times more likely to give birth prematurely than any other ethnicity).
- Having too much amniotic fluid in the womb (known as polyhydramnios).
- Being subject to domestic violence.
- Research suggests there is a link between poor dental hygiene and preterm birth.

Symptoms of preterm labour

- Regular or painful contractions or "tightening" of the uterus.
- Contractions or tightening of the uterus which become more regular or more painful or last longer.
- New onset of pressure in the vagina.
- Mucous vaginal discharge which may be pink-tinged or streaked with blood.
- Leaking fluid from the vagina.
- Bleeding from the vagina.
- Any abnormal vaginal discharge.
- New back ache that may come and go.
- Period-type cramping.

If you experience any of the above, please contact your local midwifery unit. The midwives will assess you and advise if you need to come in for a full assessment.

How do I know it's not 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.

Is it safe to have sex in pregnancy?

There is no evidence to suggest that sexual intercourse or sexual acts during pregnancy increase the chance of preterm labour or birth.

There is, however, evidence that certain infections (such as Chlamydia, Gonorrhoea, Trichomonas and Bacterial Vaginosis) can increase the chance of preterm birth.

Screening (testing) for sexually transmitted and genital tract infections is nationally recommended for those with a higher chance of preterm birth.

If an obstetrician feels that abstinence from sexual intercourse is safer during your pregnancy, this will be discussed on an individual basis.

How can I reduce the chance of preterm labour?

- Make sure that you give your midwife and/or doctor a full and accurate medical history so they can risk assess your chance of preterm birth fully and refer you for the most appropriate care.
- 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).
- Research has suggested links between depression and severe stress and preterm birth. Contact your midwife or GP if you feel you need any support with your mental health.
- Recognise the symptoms and contact your local maternity unit to escalate your concerns and to organise a full assessment.

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- Maintain a healthy lifestyle (try to stay at a healthy weight, take regular exercise, do not smoke, and do not use alcohol or recreational drugs).
- Go to a sexual health clinic to be screened for sexually transmitted infections (STIs).
- Do not use vaginal douches/washes or deodorants. This can eliminate the vagina's healthy bacteria, increasing the chance of Bacterial Vaginosis. Tell your midwife or GP if you have symptoms of vaginal infection, such as burning, itching or abnormal, unpleasant smelling or offensive vaginal discharge.
- Look after your dental hygiene. Dental care is free on the NHS in pregnancy and for 1 year after birth for this reason!
- 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.

What can I expect if I am assessed in the hospital?

With your consent, a midwife will perform a full antenatal assessment, including but not limited to:

- Urine testing.
- Observations (such as blood pressure, pulse and temperature).
- A palpation of your uterus where a midwife feels the outside of the abdomen (tummy) to work out which position the baby is in, and to measure from the top of the uterus to the pelvic bone to assess the baby's growth.

- Assessment of the baby's heartbeat. Depending on how many weeks pregnant you are, 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 over a 10 to 60 minute period is performed.
- Your midwife will also ask about 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 usually recommend you are seen by a doctor or advanced midwifery practitioner (AMP). The doctor/AMP may:
- Take a full medical history from you, and you may find you are asked the same questions the midwife asked again.
- Palpate your uterus and abdomen.
- They may offer you an examination to look at the cervix. This is usually a speculum examination (like a cervical smear test, see image right) to find out if the cervix has begun to open, or if there is any fluid leaking or any visible bleeding.
- They may offer a swab test called Fetal Fibronectin to help assess your chance of preterm labour.

This is a picture of a speculum which is a piece of equipment sometimes used for a vaginal examination.

Fetal Fibronectin and the QUiPP app

Fetal Fibronectin (fFN) is a substance which helps to stick the amniotic sac (the bag of waters around the baby) to the uterus (womb). It is commonly found in the vagina at the beginning of pregnancy when this bond is first forming, and again at the end of pregnancy as it naturally starts to breakdown in preparation for birth.

If fFN is found in the vagina between 22 weeks and 0 days (22+0) of pregnancy and 34 weeks and 6 days (34+6) of pregnancy, it may indicate a higher possibility of preterm labour. Testing is not performed before 22+0 weeks, or after 34+6 weeks of pregnancy.

Testing is performed by carrying out a sterile (free from bacteria) speculum examination and a swab is used to sample secretions (discharge/mucous) in the vagina, behind the cervix. These secretions are then tested using a machine and a result is available within 10 minutes.

Using the machine results and the "QUiPP" app, we will be able to provide an individualised (personal to you) chance of preterm labour within a given time frame. For example, 5 in 100 (5%) chance of preterm birth before 30 weeks of pregnancy. This result can be used to inform your care going forwards.

Unfortunately, the use of lubricating gel for the speculum examination is not possible as it contaminates the sample and may impact results. This may make the speculum examination more uncomfortable, however we can use water to lubricate the speculum instead.

The test may give a falsely high reading if you have had sexual intercourse, heavy vaginal bleeding or another vaginal examination or scan within the last 24 hours. Please tell the doctor or midwife about this before they perform the test.

If you have any further questions about the tests we offer, please request to speak to a midwife for more information.

When your waters break prematurely:

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.

Other symptoms to look out for:

- Reduced baby 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 have any concerns about preterm birth, or if you have any of the symptoms listed above, please contact your local maternity unit for advice. A midwife will talk to you over the phone and tell you if a medical review (check-up) is advised or they will signpost you to other helpful sources of information.

Contact numbers if you are less than 16 weeks pregnant:

Early Pregnancy Assessment Unit (EPAU)

Use during normal working hours:

- From positive pregnancy test until 16 weeks of pregnancy.
- Open Monday to Friday, from 8am until 6pm.
- Telephone: 01865 221 142.

Gynaecology Ward

Use when EPAU is closed:

- From positive pregnancy test until 16 weeks of pregnancy.
- Open 24 hours a day, 7 days a week.
- Telephone: 01865 222 001 or 01865 222 002.

Accident and Emergency Department

Use when EPAU is closed, or you are experiencing a lot of pain or heavy bleeding:

- 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 John Radcliffe Hospital.

Contact numbers if you are over 16 weeks pregnant:

Maternity Assessment Unit (MAU)

- From 16 weeks of pregnancy, until 6 weeks after baby is born.
- Open 24 hours a day, 7 days a week.
- Telephone: 01865 220 221.

Helpful resources

Find your nearest NHS Sexual Health Clinic on the website:
www.nhs.uk/service-search/find-a-sexual-health-clinic

Bliss
for babies born premature or sick

"We're here to support parents and families of premature or sick babies."

Royal College of Obstetricians & Gynaecologists

Type into an internet search engine:

"RCOG When your waters break prematurely – Patient Information Leaflet."

"Promoting the awareness of and understanding of PPROM [Preterm Pre-labour Rupture of Membranes] in pregnancy."
http://www.little-heartbeats.org.uk

Little heartbeats

Tommy's

"For you and your premature baby, My Prem Baby is a free app from Tommy's to track your baby from pregnancy to after the birth."

Available from Apple's App Store and Google Play.

We would like to thank the Oxfordshire and Neonatal Maternity Voices Partnership for their contribution in the development of this leaflet.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Authors: Preterm Labour Specialist Midwife
Oxford University Hospitals NHS Foundation Trust
Co-created with The National Network of Preterm Birth Specialist Midwives.
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www.ouh.nhs.uk/information

Making a difference across our hospitals

charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk

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