

- Pregnancy

Let's look at birth of early babies

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Be as healthy as possible before and during pregnancy.



Most pregnancies last about 40 weeks. A baby born before the 37th week of gestation is known as a premature or preterm baby. In New Zealand, about 7 to 10 percent of babies are born prematurely. And according to the World Health Organisation (WHO), each year an estimated 15 million babies are born prematurely. While medical advances have greatly improved over the years, premature birth is the most common cause of death among babies worldwide. It's important to note that medical advances have meant that more than nine out of 10 premature babies survive, and most go on to develop normally.

Science has not established for certain why some babies are born early, so it is difficult to figure out which interventions work best to reduce preterm labour. We know there are certain risk factors, signs and causes. However, a large proportion of preterm births happen without risk factors and known causes.

Risks of preterm labour

Because the actual cause of preterm labour is largely unknown, it's not easy to know who will experience preterm labour. Even so, there are some risk factors that increase the chances of having your baby early — let's take a look at these.

Smoking, alcohol and drug use:

Not only do these behaviours increase the risk of preterm birth, but they can also cause your baby to be born at a low birth weight and/or with other health problems. Pregnancy conditions (high blood pressure, preeclampsia, diabetes, blood clotting disorders, placental abruption, placenta previa, autoimmune disorders) — these conditions can compromise your baby's growth and oxygen, which can lead to preterm birth.

Vaginal and uterine infections:

These infections are believed to cause almost 50 percent of all preterm labours. Research has shown infections cause inflammation, which triggers the release of certain hormones that may initiate labour.

Twin or multiple pregnancies:

Women carrying more than one baby are more likely to go into labour early.

Previous preterm labour or family history:

You are more likely to have another premature birth if you have already experienced preterm labour. If you have a family history of preterm labour, such as if you were born prematurely, you are more likely to have a premature baby yourself.

Birth defects and structural problems with the cervix or uterus:

If the cervix stays open during pregnancy or there are abnormal structures of the uterus, preterm labour is more likely to occur.

Gum health:

Pregnant women are more likely to have periodontal disease, which has been linked to preterm labour — it's believed the bacteria can enter the bloodstream and trigger preterm labour.

Short intervals between babies:

A large study has shown the closer together your pregnancies are, the greater the risk of preterm labour.

Maternal age:

Women who are older than 35 are considered to be high-risk, because they are more likely to experience premature labour.

High levels of extreme physical stress:

Women who stand for long periods of time, or have physically stressful jobs, are more likely to go into labour early.

Premature labour signs

Preterm labour can sometimes be stopped, or at least delayed, to allow the baby as much time as possible in the uterus. If you experience any of the following signs of premature labour, contact your LMC immediately. Back ache, usually felt in the lower back area. This can be felt constantly or intermittently, but it doesn't ease or go away if you change positions or use comfort measures like a wheat bag. Regular contractions coming every 10 minutes or less. Changes in the type or amount of vaginal discharge (bloody, mucus or water).

Increasing pressure in your pelvis or vagina. Any bleeding from the vagina, even spotting.

Some of these signs — such as backache and pelvic pain — are normal symptoms of pregnancy, but it is always a good idea to contact your LMC if you are unsure.

What to do if you think you are in premature labour

If you suspect you're having contractions, try sitting down and resting, or changing positions if you are already lying down. Drink a few glasses of water in case you are becoming dehydrated.

Put your finger tips on your stomach, you will feel a contraction as a tightening, then a releasing and softening. Time each contraction, from the start of one contraction to the start of the next contraction. This tells you the frequency of contractions; if the interval is 10 minutes or less and occurring regularly, contact your LMC. Contractions can be confused with Braxton Hicks, which you might have already been feeling. These are practice contractions; they are usually quite irregular, they don't intensify and they stop when you change position. If you aren't sure whether your contractions are the real thing, it's best to contact your LMC any way. If you think your waters have broken, put on a pad (don't use tampons) and try smelling the liquid. If it doesn't have any smell it could be amniotic fluid, but if it smells like urine it could be bladder leakage. If you are in doubt, or have any signs of preterm labour, contact your LMC for advice, even if it's 3am! They will ask you some questions and then, if they think it is needed, will ask you to come in for an assessment.

What to expect

When you arrive at the hospital, your baby's heart rate will be monitored to see if there are any signs of distress, and you will be checked for contractions. You might also have an ultrasound to assess your baby's growth and size, and to check the amniotic fluid levels.

You may also have a vaginal