# Care in Preterm Labour

Whānau Information

# What care is given in preterm labour?

Specific treatments and care for wāhine/people before, during and after preterm labour help to improve the chances of pēpi being born healthy.

This Whānau Information provides an overview of this care. Some of the treatments considered have their own Whānau Information and you will be provided with this more detailed information if it applies to you and your pēpi or you can access it through the Carosika Collaborative website.

## The best place for preterm labour and birth

Pēpi that are born preterm should be born in hospital, whenever possible. Pēpi born in a hospital with the right level of services to provide care for them after preterm birth have a better chance of doing well than pēpi born at a hospital without those services (even if they are transferred there after birth). This is particularly important for pēpi born before 28 weeks. This means if the right level of services is not able to be provided at the local hospital, the team will always try and **transfer wāhine/people and whānau to a hospital with the right level of neonatal intensive care services before birth** has happened.

For more details on best place for birth: Whānau Information 'Place of Preterm Birth and Hospital Transfer'.

## Antenatal corticosteroids and magnesium sulphate


If you are **less than 35 weeks pregnant** when your labour starts or there is concern that you may go into labour within the next 7 days, **corticosteroids will be recommended**. This treatment is given as an injection in two doses 24 hours apart.

Corticosteroids reduce the chance of pēpi having breathing problems after birth. They also increase the chance of survival for very preterm pēpi, reduce the chance of other major complications in the newborn period and improve childhood development.

For more details about corticosteroid use: Whānau Information 'Antenatal Corticosteroids for Preterm Birth' and 'Antenatal Corticosteroids for Late Preterm Birth at $35^{+0}$ to $36^{+6}$ weeks'.

If you are **less than 30 weeks pregnant** when your labour starts, **magnesium sulphate will be recommended**. This treatment is given by an infusion into one of your veins. It is effective within 20 minutes and should be given in the 24 hours before pēpi is born.


Magnesium sulphate helps to protect pēpi brain and lowers the chance of a condition called Cerebral Palsy as they grow up.

For more details about magnesium sulphate use and Cerebral Palsy: Whānau Information 'Magnesium Sulphate for Preterm Birth'.

## Tocolysis

Once the contractions of labour have started, it is difficult to stop them enough to reduce the chance of preterm birth. However, some medications can help contractions to settle for a short period of time. They are called 'tocolytic drugs' and may be used to allow time for a hospital transfer or the administration of corticosteroids (usually for about 48 hours). The most common drug used is called nifedipine.

## Antibiotics for Group B Streptococcus

Group B Streptococcus (GBS) is a bacteria that is commonly found in a wahine/person's vagina and so pēpi can be exposed to it during labour. **Very rarely** it can cause an infection that makes pēpi become unwell with infection in their lungs (called pneumonia), their brain (called meningitis) or their bloodstream (called bacteraemia). Preterm pēpi have an immature immune system and so are more vulnerable to this infection.

Giving an antibiotic, usually Benzylpencillin (or an alternative if you are allergic to penicillin) to wāhine/people in preterm labour **lowers the chance of pēpi becoming unwell with GBS**. This treatment is given as an injection into one of your veins.

### What are the benefits of antibiotic treatment in labour?

- Giving antibiotics to a wahine/person in preterm labour halves the chance of pēpi having a GBS infection.

### What are the risks of antibiotic treatment in labour?

- There is small chance of having an allergic reaction to an antibiotic. If this happens, your doctors and midwives will provide the appropriate treatment.

If there is a concern of infection for you (e.g. in your womb, called chorioamnionitis), you may require additional/different antibiotics, these will still provide cover to reduce the chance of GBS infection for pēpi.

## Monitoring of pēpi heartbeat in preterm labour

Continuous monitoring of pēpi heartbeat is recommended for all wāhine/people in preterm labour. This helps the team caring for you know how well pēpi is coping with labour.

It is normally done by listening through your puku/tummy/abdomen using a CTG (cardiotocograph) monitor. This is secured in place by a belt. For pēpi being born after 34 weeks gestation, a small clip may be placed on pēpi head (passed up through the vagina) to monitor the heartbeat. This is also safe for pēpi.

### What are the benefits of monitoring pēpi heartbeat?

- Monitoring provides information on how well pēpi is. Changes in the rate and pattern of pēpi heartbeat, may be a sign that oxygen levels are getting lower and that pēpi needs help to be born sooner
- Monitoring helps pēpi to be born in the best condition possible.

### What are the risks of monitoring pēpi heartbeat?

- With preterm pēpi, it is sometimes difficult to pick up the heartbeat consistently so you may hear gaps in the recording
- It can be more difficult to interpret pēpi heartbeat patterns for very early births (before 28 weeks). Experienced doctors will review any concerning patterns.

If you are in labour and less than 25 weeks of pregnancy, your doctors and midwives will talk to you about the specific benefits and risks of monitoring your pēpi heartbeat.

## Who will be at the birth of pēpi?

There is likely be a team of people present when your pēpi is born to care for you and pēpi. This is likely to include at least two midwives, and an obstetrician if your birth is before 32 weeks. The team for pēpi may include a neonatal or paediatric doctor, a neonatal specialist nurse practitioner and neonatal nurses. They may bring extra equipment to support pēpi.

You should be introduced to everyone present for pēpi birth. Whānau who you would like to be present at your birth will be included. However, if you need to be in theatre for the birth, it is usual for only one whānau member to be present. In the rare situations where a general anaesthetic may be needed, your whānau member will usually not be present in theatre.

## Assisted vaginal birth for preterm pēpi

Forceps

Ventouse/ suction cup

Sometimes extra help is needed for a vaginal birth (called assisted vaginal or instrumental birth). This is performed by an obstetric doctor using **forceps** or a **ventouse/suction cup**.

If assisted vaginal birth is used **before 34 weeks gestation, forceps are recommended** as the safer option for pēpi.

### What are the benefits of assisted vaginal birth for preterm pēpi?

- Helping pēpi to be born sooner if there are signs of distress such as abnormal heartbeat (CTG) pattern or other concerns lowers the chance of low oxygen levels causing them harm
- Assisted vaginal birth with forceps or ventouse/suction cup is a safe way to help pēpi be born if pushing is not progressing normally or there are other reasons why māmā/person is unable to push pēpi out.

### What are the risks of assisted vaginal birth for preterm pēpi?

The risks for pēpi of an assisted vaginal birth are similar to those when it is used at term gestations. The overall chance of this being dangerous for pēpi is **low**. The doctor helping with your birth will take care to minimise them.

- **Forceps:** pēpi may have injury to the skin and nerves of the face and head
- **Ventouse/suction cup:** pēpi may have a swelling or bruise on the top of the head, **very rarely** it can cause bleeding below the scalp or in the brain. Although still rare, bleeding is more likely in very preterm pēpi and so ventouse is not recommended before 34 weeks.

### What are the risks of assisted vaginal birth for māmā/person?

- Tearing in the vagina, perineum and sphincters controlling your bowels. This is less common with ventouse/suction cup than forceps.

## Deferred cord clamping

Deferred cord clamping, also known as delayed or optimal cord clamping, is when the pito/umbilical cord connecting your whenua/placenta to pēpi is left open for a short while straight after pēpi is born.

Deferred cord clamping is suitable for most pēpi born preterm. It involves a wait of **just 60 seconds** after pēpi is born before the cord is clamped.


Deferred cord clamping increases the chance of preterm pēpi survival and reduces the chance of major complications like bleeding in the brain.

For more details about cord clamping practice: Whānau Information 'Deferred Cord Clamping at Preterm Birth'.

## Thermal care after preterm birth

**What are the benefits of thermal care?**

- Lowers the chance of pēpi becoming too cold (having hypothermia).

Keeping pēpi at the right temperature after birth helps them to stay well and for those born very early it also helps them to survive. For pēpi born at at term (after 37 weeks gestation) skin-to-skin cuddles keep pēpi warm.

Preterm pēpi have a higher chance of getting too cold after birth (called hypothermia) and so require some extra help to keep warm. This is called thermal care and there are several ways to do this.

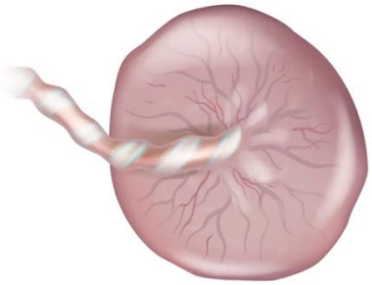
- The birthing room will be kept warm (at least 24 °C)
- Radiant overhead warmers, and prewarmed linen and incubators will be used
- Pēpi may be placed into a plastic wrap which is folded over their body. The team caring for them can still give all the treatments that pēpi need.

## Blood tests from the pito/umbilical cord blood

It is very helpful for the doctors and nurses looking after pēpi after birth to know as much as possible about why the preterm birth has happened and how well pēpi is at the time of birth. This helps to guide them on what treatments pēpi may need.

Bloods tests can be taken from the pito/umbilical cord after birth. This blood is the same blood that is circulating around in pēpi. By measuring the lactate and pH levels in this blood, the team will have a good idea of how well pēpi was during the birth and if pēpi is starting life with healthy oxygen levels. Other blood tests may also be considered. For example, to check for specific infections or to check the blood count for anaemia.

## Examining the whenua/placenta after preterm birth



The Carosika Collaborative acknowledges the cultural significance of the pito and whenua for Māori, and the tikanga of returning them to the whenua/ancestral land after birth. Examination of the whenua/placenta is recommended after all preterm births but will only be performed with your consent. Looking at the whenua/placenta in detail **may provide some information about why your preterm birth happened.**

This information may be used by the doctors and nurses caring for pēpi and may guide them on what treatments pēpi needs. It will also help to work out the chance of preterm birth happening again for you in the future. The team of doctors and midwives looking after you can use this information to give you advice on the best care for you in a future pregnancy.

If you agree to examination of the whenua/placenta, it will be sent to the laboratory to be looked at as a whole and as small sections under the microscope. Swabs will also be taken to look for infection.

### Can my whenua/placenta be returned to me after testing?

Yes, the whenua/placenta can be returned to you. Your midwife will talk to you about arranging this. It may take up to 6-8 weeks before the whenua/placenta is returned.

*This Carosika Collaborative whānau information tool should be provided and used to support conversations between whānau and healthcare providers.*
*For more information including access to Taonga Tuku Iho (national best practice guide), you can access the Carosika Collaborative website at* ***www.carosikacollaborative.co.nz*** *or by using the QR code.*

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