Preterm Birth

Whānau Information

What is Preterm Birth?

Preterm birth is the birth of a pēpi before 37 weeks of pregnancy (more than three weeks before the due date). Preterm birth may happen because labour starts, or the waters break early (called **spontaneous preterm birth**), or it may be planned (called **provider-initiated preterm birth** also known as iatrogenic) because staying pregnant is considered to be less safe for māmā and/or pēpi.

Is it safe for pēpi to be born preterm?

All pēpi born preterm will need some extra support after they are born, and it may have some effect on their long-term health and wellbeing. How early a preterm birth is is a major contributor to how long pēpi will need to stay in hospital after birth and the chance of impact on their long-term health and wellbeing.

Most preterm pēpi will be born between 34 and 37 weeks. These pēpi may spend some time in the neonatal intensive care or special care baby unit in the few days or weeks after birth but generally live very healthy lives.

Pēpi born before 34 weeks will need specialist care and will stay longer in the neonatal intensive care unit. These preterm pēpi often need help with their breathing and feeding and are cared for in an incubator to keep them warm. They are also more likely to have jaundice and infection.

Pēpi born before 28 weeks have the highest chance of complications from preterm birth.

Some will not survive being born so early and some may have long-term issues including learning delay, behaviour concerns, problems with their sight and hearing, and cerebral palsy (a condition which affects the ability to move and maintain balance and posture).

Very few pēpi born at 23 weeks are able to survive. Pēpi born before 22 weeks are too young to survive.

If it is considered likely that your pēpi will be born preterm, the doctors and midwives caring for you will **provide more information about what to expect specific to the number of weeks pregnant** you are. They can also arrange for you to **meet with the neonatal team** who provide care for preterm babies after they are born.

What are the signs and symptoms of spontaneous preterm birth?

- Puku/tummy/abdominal or lower back pain that feels like period pain or comes and goes at regular intervals (contractions)
- Bleeding from the vagina
- Watery fluid from the vagina
- Increase in mucus discharge from the vagina

If you experience any of these signs and symptoms **contact your midwife or doctor as soon as you can**. Although it may not be possible to stop all early births, there is lots that can be done to help babies survive and be healthy.

Who has a preterm birth?

About 1 in 13 (8%) pēpi in Aotearoa are born preterm. There are some conditions that make the chance of a preterm birth higher. These include:

For spontaneous preterm birth

- Previous preterm birth or late miscarriage (after 16 weeks)
- Expecting twins or triplets
- Previous surgery to your cervix (LLETZ procedure or cone biopsy)
- Urine infection or sexually transmitted infection in pregnancy
- A congenital unusual uterine/cervical shape
- Previous caesarean section when the cervix was fully dilated (10cm)
- Smoking or other recreational substance use in pregnancy.

For provider-initiated preterm birth

- Preeclampsia
- Fetal growth restriction
- A low-lying and/or stuck whenua/placenta
- Medical conditions that affect your pregnancy health (e.g. diabetes, heart disease, kidney disease)

If these things happen to you in your pregnancy, there are many ways you and your pēpi can be cared for to try and safely delay or avoid a preterm birth. The midwives and doctors looking after you will talk with you about this.

Spontaneous preterm birth may happen without any risk factors and so it is important to understand what the signs and symptoms of preterm birth are.

How can I reduce my chance of preterm birth?

- Book in with a midwife early in pregnancy (ideally before 12 weeks)
- Keep in touch with your midwife and attend all your appointments
- Complete a urine sample and vaginal swab when you first meet with your midwife
- If you have any of the above risk factors for spontaneous preterm birth, ask your midwife if referral to your local hospital is recommended. They may offer you some extra scans to check your cervix (neck of the womb)
- If you had preeclampsia or fetal growth restriction in a previous pregnancy, an evening low dose of aspirin at 12 to 36 weeks reduces the chance of this happening again (this will be prescribed for you). Calcium may also be prescribed if you have had preeclampsia in a previous pregnancy
- If you are smoking cigarettes try to become smokefree by 16 weeks. Talk to your midwife about nicotine replacement therapy and local smokefree programmes to help you
- Let your midwife know if you have symptoms of a urine infection (like burning when you pass urine, or a change in the colour or smell of your urine). Treating urine infections with antibiotics reduces the chance of you becoming unwell and reduces the chance of preterm birth
- Let your midwife know if you have any symptoms or signs of spontaneous preterm birth at any time during your pregnancy.

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 visit the Carosika Collaborative website ***www.carosikacollaborative.co.nz*** *or use the QR code.*

You may find it helpful to review our Whānau Stories and learn more about other's preterm birth journeys, also available on our website.

CAROSIKA COLLABORATIVE

Preterm birth care across Aotearoa: whānau-centred, equity-driven