

Preterm Labor

A baby is born before 37 weeks gestation or weighs less than about five pounds, he or she is considered premature. The single greatest risk factor for preterm labor is a history of preterm labor.

Factors commonly associated with preterm labor between 20 and 37 weeks can be divided into maternal factors and fetal factors.

◆ **Maternal risk factors include:**

Infection (urinary tract, amnionitis, systemic, sexually transmitted) Uterine anomalies, fibroids, retained IUD Cervical abnormalities: short or funnel shaped Overdistended uterus: polyhydramnios (too much fluid), multifetal gestation Rupture of membranes Uterine bleeding: abruption, previa Substance abuse: cocaine, amphetamine, smoking

◆ **Fetal risk factors include:**

Congenital anomalies Intrauterine death Multifetal gestation

Signs and symptoms to watch for would be related to these risk factors:

- ✓ **Discharge.** If you notice any clear fluid discharge, or any abnormal or malodorous discharge, you should notify your care provider immediately.
- ✓ **STDs or Beta Strep.** If you have ever been diagnosed with a sexually transmitted disease or with group B beta strep, your care provider may wish to do typical cultures at your initial visit and then repeat them later in the pregnancy.
- ✓ **Changed pattern of movement.** If your baby changes his or her pattern of movement, you should also alert your doctor or midwife.
- ✓ **Multiple gestation.** If you have been diagnosed with twins or any higher order gestation, or if ultrasound has detected a "greater than average" volume of amniotic fluid, you should be alert for symptoms of premature labor.
- ✓ **Uterine abnormality or placental problem.** If ultrasound has ever detected a uterine abnormality or fibroid -- or if you have experienced a premature separation of the placenta or have a low lying placenta -- you are at higher risk for preterm labor and need to be alert for signs and symptoms.

Symptoms can include, but are not limited to:

- ✓ **Pressure** in the pelvis or vagina, or a sense that the baby has "dropped" prior to 36 weeks.
- ✓ **Tightenings or contractions** that seem to occur at more or less regular intervals (more than four to five per hour).

- ✓ **Pain** that comes and goes, whether it occurs in the lower abdomen or in the back.
- ✓ **Any fluid loss or spotting.**

It is important to keep well-hydrated to both prevent uterine irritability and to prevent urinary tract infections that can lead to preterm labor. When my clients feel that things are "not quite right," I have them come in so that they can be checked. Diagnosed early, premature labor can be stopped and the pregnancy can be carried to term.

Ways to prevent preterm labor from beginning.

- ✓ Dedication to your nutrition and diet. Completing your pregnancy food check off chart daily.
- ✓ Drink at least $\frac{1}{2}$ to $\frac{3}{4}$ gallon of H₂O a day.
- ✓ Exercise daily by walking or swimming.
- ✓ Supplemental herbal tincture or tea to increase absorption of vitamins and minerals, including; red raspberry, alfalfa, nettles, oatstraw, yellow dock.
- ✓ Generous amounts of vitamin C, ideally in fresh organic foods.
- ✓ Taking a high quality fish oil or cod liver oil rich in omega-3 and DHA (proven to women's chances of having PTL)
- ✓ Avoiding exposure to pesticides
- ✓ Treating and screening for any infections
- ✓ Practicing effective stress reduction exercises
- ✓ Avoiding drugs, alcohol and cigarettes

How to manage early signs and potential preterm labor

- ✓ Take cell salt Magnesium phosphate as needed up to every 5 minutes to every few hours, as discussed/directed by your midwife
- ✓ Take herbal tincture including; false unicorn, black haw, crampbark, wild yam, as discussed/ directed by your midwife
- ✓ Increase rest/relaxation
- ✓ Increase calcium/magnesium intake
- ✓ Increase H₂O hydration

How to manage true preterm labor

- ✓ Unfortunately if it is progressed enough it will likely end in the premature delivery of the baby
- ✓ Some women benefit from drug therapy that require physician management
- ✓ Some women benefit from strict bedrest

Risks

- ✓ There are risks and contraindications with the different drug therapies, including general uncomfortable physical side effects
- ✓ There are major risks to the baby that is born too early, including inadequate lungs to breathe properly on their own
- ✓ Increased chances of the baby dying
- ✓ Increased chances of newborn jaundice
- ✓ Increased difficulties with breastfeeding
- ✓ Increased chances of immature organ systems leading to multiple difficulties

Babies that stay in our wombs until they are baked to perfection have an ideal start in life. It is easier for us mothers to care for full term babies and it is most definitely easier for the babes to adapt to life outside the womb. Babies that are born at term have been proven to be generally healthier, have higher IQ's, and fewer disabilities throughout life than premature infants. This information is not meant to instill fear, but just to inform you of the facts. It is designed so you can take the steps needed to do your part in prevention as well as identify any early signs of preterm labor and make the changes you need, while in close contact with your midwife or doctor if necessary.