



PREMIER  
WOMEN'S  
HEALTH

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## PRETERM LABOR

A full term pregnancy is 37 to 42 weeks long. The estimated due date is determined from the first day of your last menstrual period (LMP) and is averaged out to be 40 weeks. If you are unsure of your last menstrual period or have irregular periods, an ultrasound can be done in the first trimester to help determine your due date. An infant delivered prior to 37 weeks is considered preterm.

The cause of preterm labor is not completely understood. There are many factors that may increase the chances of developing this complication. Some of these factors include carrying twins or triplets, untreated urinary

tract (bladder) infections, or having had a preterm delivery in the past. It is also possible to develop preterm labor for no apparent reason.

"Labor" is the condition in which the uterus contracts in a regular coordinated pattern causing the cervix to open and prepare for delivery. If these contractions occur along with changes in the cervix between 20 and 37 weeks, then the diagnosis of preterm labor is made.

Awareness of possible preterm labor is one of the best methods that may help prevent a preterm birth. The following are often warning signs and symptoms of preterm labor:

- 1 Uterine contractions are tightening of the uterine muscle. During a contraction, your uterus will tense up and feel hard. Contractions occur normally throughout pregnancy and are generally painless and irregular in sequence. Preterm labor contractions may also be painless but there is often a pattern to them. Contractions that occur every 15 minutes or more than 4 to 6 contractions per hour consecutively for more than 2 hours may cause the cervix to soften or open.
- 2 Menstrual-like cramps felt in the low abdomen area just above the pubic bone that may be constant or come in waves.
- 3 Dull lower backache located mainly in the low back or around the sides. It may be constant or intermittent. It is generally not relieved by a change in position.
- 4 Pelvic pressure, a feeling of fullness or increased heaviness and pressure in the pelvic area. It is often described as a feeling that the baby is going to "fall out".
- 5 Intestinal cramping that may or may not be associated with diarrhea. It may feel like "gas pain".
- 6 Change or increase in vaginal discharge. The color may be pink or brown tinged. The discharge may change to a thick mucous or be thin and watery.
- 7 A feeling that something may not be right. This may occur without any specific cause.

If you should detect any of the above signs or symptoms we advise monitoring for contractions. This is accomplished by emptying your bladder and then lying down, tilted slightly on your side. Use a pillow to support your back. Place your fingertips in the top of your uterus. Feel if your uterus is getting hard or not. If you feel contractions, time the duration from the beginning of one contraction to the next. Also time the length of each contraction.

Monitor the contractions for at least one hour. Sometimes resting will stop the contractions or at least slow them down. Please call us if you have more than 4 to 6 contractions in one hour or if any of the other symptoms should occur, especially any spotting, bleeding, or other change in your vaginal discharge.

If you have had a previous pregnancy with preterm labor, your doctor will be monitoring you more closely in your future pregnancies. You are at an increased risk to have preterm contractions if you have had them in previous pregnancies. To screen for preterm labor, your doctor may perform an ultrasound to check the length of your cervix and/or place you on the fetal monitor to check for any contractions that you may be having.

Remember you are looking for any changes from your normal pattern. If you are unsure if you are contracting or any of the other warning symptoms, please do not hesitate to contact our office at any time. Early recognition of preterm labor may prevent a preterm delivery.

