



# Can You Prevent Preterm

**W**hile every woman is anxious for her pregnancy to end so she can meet her baby, a too-early end to pregnancy is a result you want to avoid if possible. Preterm labor is labor that occurs between 20 and 37 weeks into a pregnancy. According to the March of Dimes, 11% of all pregnancies result in preterm delivery.

Because preterm labor results in a baby being born before it is fully developed, preterm babies often have many medical and developmental problems. "Preterm birth is the leading cause of neonatal mortality in the United States," explains Dr. Yoram Sorokin, director of obstetrics and maternal-fetal medicine at Wayne State University school of medicine in Detroit.

Experts don't have many hard facts about why some women go into preterm labor and others don't. Most women who experience preterm labor have no risk factors for it. "It is hard to prevent preterm labor, since no cause is found in the majority of cases," points out Dr. James Jew, chairman of the Ob/Gyn department of CIGNA Medical Group. However, there are some things women can do to reduce their risks.

**Understanding the signs and symptoms** of preterm labor can arm you with important knowledge, so you can detect a problem immediately.

However, "Preterm labor can sneak up on people," suggests Hetty Walker, nurse coordinator for the Ohio State University Preterm Birth Prevention Program. "It has variable presentation. What happens to you might be normal for you and [mean] preterm [labor] for [another]. It is easy to pass off the symptoms."

One of the most important and significant symptoms of preterm labor is experiencing four to six contractions an hour. Unfortunately, many women ignore these potentially dangerous contractions, writing them off as Braxton Hicks. If you're not sure whether you're having real contractions or Braxton Hicks, Walker recommends feeling your stomach and noting how firm the uterus feels: "If it feels like the end of your nose, it's mild. If it feels like your chin, it's moderate. If it feels like your forehead, it's firm. Palpating the contractions can (and I stress can) be helpful, as the ones that are stronger may be doing something more to the cervix." Contractions that are firm, those that occur more than four to six times in an hour or that continue for more than an hour need to be reported to your care provider immediately.

Diarrhea can also be a symptom, says Walker, but is often ignored or confused with a virus. "Diarrhea is one of the

symptoms of prostaglandin production [the hormone that brings on labor]. If it's the flu, it goes away, but if it's preterm labor it won't."

Other common signs and symptoms include:

- Backache that doesn't go away
- Feeling like your period is starting
- Feeling like your baby is going to fall out
- Brown or red vaginal discharge
- Stomach cramps that don't go away
- Rupture of the membranes (your water breaking) or mucous discharge that is pink or tan
- Aching thighs
- Pain in your side
- A heavy feeling

Practitioners also point out that if you just know something isn't right but can't put your finger on it, you should let your care provider know. "In my experience, there are many women that go into preterm labor that have the feeling beforehand that something isn't right," confirms Dr. Sorokin. Walker agrees. She says, "The most important symptom is knowing something is not right." But she also adds, "Many women have no inkling, though, beforehand."

Sometimes women don't suspect they

[ By Brette McWhorter Sember ]

# Labor?



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are experiencing preterm labor but feel that somehow their pregnancy has changed. Walker points out, "You get to know what is normal for you in your pregnancy. Don't ignore it if something changes."

**Finding out if you're at risk** is the first step you can take in improving your care and protecting yourself. Although Walker points out that "50% of all preterm labor occurs with no associated risk factor," so while identifying risks won't help everyone, there are some things you can watch for.

Women who have had previous preterm births are at the highest risk. Dr. Diane M. Ashton, associate medical director of the March of Dimes, says that smokers have a risk that is 20%-50% higher than that of other women and that African-American women are, "for reasons we don't totally understand, almost twice as likely as other women to experience preterm delivery." Women under age 17 have increased risk mostly because of "poor lifestyle or poor nutritional status," explains Dr. Ashton. Women over age 35 carry an increased risk because of their age and the likelihood of them having other medical problems. Medical conditions such as diabetes, high blood pressure, closely spaced pregnancies, urinary tract infections, vaginal infections and infection or premature rupture of the membranes are also linked to preterm labor, says Walker. "Women who have had two or more second-trimester abortions or have had surgery on the cervix, have an abnormally shaped uterus or who are carrying multiples are also at risk," she says.

Periodontal disease is another cause that's recently been linked to premature infants. "Mothers with periodontal disease early in pregnancy or who have a worsening periodontal status during pregnancy may have up to a seven times increased risk for premature birth," explains Dr. Gordon Douglass, president of the American Academy of Periodontology. "Periodontal disease is a chronic bacterial infection which results in bacteria entering the bloodstream." You can reduce your risk of periodontal disease by visiting your dentist both before and during pregnancy. Dr. Douglass recommends seeking immediate treatment if your gums are red,

swollen or tender, they bleed when you floss or brush or if you experience persistent bad breath, have pus between the gums and teeth or have teeth that are loose.

**Early diagnosis and prevention would be ideal**, but this isn't always possible for women experiencing preterm labor. "Preventing preterm labor is one of the most difficult problems in obstetrics," says Dr. Kenneth Johnson, assistant professor of obstetrics and gynecology at the college of osteopathic medicine at Nova Southeastern University in Florida. However, there are a few things care providers can do to predict or foresee preterm labor.

The fetal fibronectin test has shown some promise. This test detects the presence of a protein in the vagina that signals labor may be imminent. The test is only used for women at high risk or those who exhibit symptoms of preterm labor. If you test negative, "There is a 98%-99% chance you won't deliver in the next 7-14 days. If it is positive, though, many don't deliver early, so we don't know what to do with the results," says Walker. The high false positive rate makes the test useful only for ruling out women who are not likely to go into preterm labor. A positive result does not mean you will have preterm labor, but it does mean your care provider may feel the need to watch you more closely.

Softening, shortening or dilation of the cervix before 30 weeks can also be an indicator of preterm labor. For those at risk, care providers can "watch with transvaginal ultrasound to check the cervix," says Walker. Pelvic exams are another option for monitoring, but if a woman has had a previous preterm delivery, care providers will generally opt for ultrasound since the exam itself can further increase the risk for labor.

Some care providers recommend home uterine monitoring for women who are at risk, but this "is not beneficial in the general population," explains Dr. Sorokin. If you are at risk, this is an option to discuss with your care provider.

Dr. Sorokin also recommends, "Women with a history of spontaneous preterm delivery may need to be screened for bacterial vaginosis," which can be treated with antibiotics. Some evidence exists to link bacterial vaginosis [BV] with preterm labor, but the link is tenuous.

Dr. Ashton feels this testing and treatment "has had mixed results. There is currently not enough information to say that treating women with BV in pregnancy will prevent preterm births." However, if you believe you have a vaginal infection, it's important that you tell your care provider.



#### Overheard on ePregnancy.com

"My doctors and I feel that I will be early, given my pregnancy history with 1st DS [dear son] — went into preterm labor @ 32 wks, which was stopped with magnesium sulfate, and had him @ 37 1/2 wks — and also given the progress of my current pregnancy (naughty contractions that had to be stopped twice in L&D [labor & delivery] with Terbutaline. I've since been given oral Terbutaline to keep at home and use when and if the contractions try to show up again). With my 1st, I just knew I'd be early, too. I remember a week or two before DS arrived. I'd wake up each and every morning to LOTS of pelvic pressure and that achy menstrual-like crampy feeling. I felt like a semi truck hit me the night before!! From that point on, it didn't matter what the doctors or anyone said. I KNEW the big day was coming much earlier than my due date!" — socialpreggie





**Because many cases of preterm labor occur** without the presence of risk factors or any known cause, there is often nothing a woman can do to prevent it from happening to her. However, there are some basic steps you can take that will help lower your risk.

- Stop smoking
- Get dental care during your pregnancy
- Reduce your stress levels
- Get enough rest
- Avoid becoming dehydrated
- Have good personal hygiene (which helps prevent vaginal infections)
- Avoid heavy lifting or excessive exercise

Most of these suggestions sound like common sense, but practitioners agree that there may not be direct medical links between prevention of preterm labor and some of these recommendations. Dr. Ashton explains, "Getting enough rest and avoiding stress has not been conclusively proven to directly reduce preterm labor, but both of these things have other known benefits, and they are being investigated for more definitive answers."

Despite all of this conjecture, there is one treatment that has been proven to directly decrease a woman's risk. A study in the *New England Journal of Medicine* found that women with a history of preterm labor who were given weekly injections of the hormone progesterone

between weeks 18 and 24 of their pregnancies had a 34% reduction in preterm labor. If you have a history of preterm labor, ask your care provider about this treatment. Walker stresses that this treatment "has not been FDA approved," but it is available and is being used with success.

**If you suspect you are experiencing preterm labor**, contact your care provider immediately. "Chug [some] water, rest an hour on your side and see if it goes away," recommends Walker. "Give it 1 hour. If it goes away it's probably okay, but, if the contractions or other symptoms don't go away or go away and come back, contact your provider [again]." Many women are hesitant to report symptoms to their care providers if they're unsure or don't want to cry wolf. If you suspect something is wrong, "Be conscious and vigilant about your symptoms and reporting them. Be loud and noisy. Be the squeaky wheel. Be persistent with your physician," recommends Walker. "Don't let this build up for days." If you experience symptoms, report them.

If you are experiencing preterm labor, your care provider can try to stop or slow down the process with medication. "There is fair evidence for a modest effect of certain drugs in stopping preterm labor temporarily, from a few days up to a week or a little more," says Dr. Ashton. While this delay may seem small, it's important. This time period can be used to administer corticosteroids to speed up the development of the baby's lungs and decrease some of the complications that are often experienced by preterm infants.

While the thought of preterm labor is disconcerting, remember that most pregnancies are of normal length. And if for some reason you do deliver early, survival rates for preterm infants are increasing because of advanced medical technology. Getting proper prenatal health care, paying attention to your symptoms and talking with your care provider are steps that will not only help keep you healthy but also give you peace of mind. ☺

*About the author: Brette McWhorter Sember is a mother of two, a former attorney and the author of multiple books.*

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