**PRE-TERM LABOR**

Pre-term birth is delivery of a baby before 37 weeks of pregnancy. A “full term” pregnancy is 40 weeks. Babies born between 20 and 37 weeks are premature. Premature babies may have difficulty breathing, eating, and frequently need to stay longer in the hospital. These babies continue to be at an increased risk for health problems for the first two years of life.

About half of the pre-term deliveries occur in women with no risk factors. Pre-term labor can happen to anyone. Your early detection of pre-term labor increases the success of methods used to stop the contractions. Pre-term labor does not have to mean pre-term birth. Once you reach 24 weeks of pregnancy, the following signs are important for you to identify:

**WARNING SIGNS OF PRETERM LABOR:**
- Regular uterine tightening (contractions) with or without pain
- Menstrual-like cramping
- Abdominal cramping with or without diarrhea
- Low, dull backache
- Pelvic pressure or feeling that the baby is pressing down
- Increase of vaginal discharge
- Vaginal bleeding

**IF YOU HAVE ANY OF THESE WARNING SIGNS:**
- Take a warm bath or shower
- Empty your bladder
- Drink 3-5 glasses of juice or water
- Lie down on your left side for 1 hour
- If you continue to have more than 4 contractions a hour, call **OB Triage 272-2460**, and speak with the nurse-midwife.

**Diagnosis of Pre-term Labor:**
The only way to diagnosis Pre-term Labor is by an evaluation by the midwife or physician in OB Triage. You will be placed on the fetal monitor and your cervix will be examined to see if it is opening (dilating).

If you are admitted to the hospital with pre-term labor, the physicians will be in charge of your care. You will be on bed rest, receive IV fluids, and medication to stop the contractions. When you are discharged from the hospital, the physicians will take care of you until 35 weeks of pregnancy. At that time you can return to your midwife if desired.