

5 Ways to Prevent Spontaneous Preterm Birth

Whānau Information

Spontaneous preterm birth is when labour starts early or the waters break early, **before 37 weeks** of pregnancy (more than three weeks before the due date).

1

Book for pregnancy care with a midwife early in pregnancy (ideally before 12 weeks) and let your GP know that you are pregnant

You may find it helpful to call the community midwifery team at your local hospital or go to findyourmidwife.co.nz. Your midwife will be able to ask the right questions to see if you need extra care to reduce your chance of spontaneous preterm birth.



2

Keep in touch with your midwife. Attend all your appointments, scans and tests

This will allow you to share any concerns with your midwife and they can continue to assess your chance of spontaneous preterm birth.



3

Complete a urine sample and vaginal swab when you meet with your midwife

Continue to let your midwife know if you have symptoms of a urine infection (burning when passing urine, or a change in the colour or smell of your urine) at any time in your pregnancy.

Treating urine and sexually transmitted infections with antibiotics reduces the chance of you becoming unwell and reduces the chance of spontaneous preterm birth.



4

If you are smoking cigarettes in pregnancy, try to become smokefree by 16 weeks

Talk to your midwife/doctor about nicotine replacement therapy and ask for a referral to your local smokefree programme to help you achieve this goal. Becoming smokefree by 16 weeks, reduces your chance of spontaneous preterm birth to that of a non-smoker.



5

Let your midwife know at the beginning of your pregnancy, if you have any of these risk factors and ask if referral to your local hospital is recommended

- Previous spontaneous preterm birth or late miscarriage (after 16 weeks)
- Previous surgery to your cervix - LLETZ procedure or cone biopsy
- An unusual shape to your uterus or cervix - e.g. a bicornuate uterus
- Previous caesarean birth when your cervix was fully dilated (10cm)
- Multiple operations through your cervix - e.g. surgical termination of pregnancy or surgical management of a miscarriage (ERPC or D&C)
- Connective tissue disorder like Ehlos Danlos syndrome.

Your local hospital will arrange for review by the Preterm Birth Clinic or a doctor with a special interest in preterm birth. They may consider some additional treatments (cervical cerclage or progesterone treatment) and recommend some extra scans to check your cervix in the middle part of your pregnancy.

Preterm birth can happen to anyone, so it is important to know what to look out for. Here are the signs of labour. If they are happening to you from 20 weeks of pregnancy, tell your midwife/doctor :



- 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

Although it is not always possible to stop all early labours, there is lots that can be done to prepare and help pēpi survive and be healthy and well when birth happens from 23 weeks.

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 access the Carosika Collaborative website here www.carosikacollaborative.co.nz or by using the QR code.



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