

# 5 Ways to Prevent Provider-initiated Preterm Birth

## Whānau Information

**Provider-initiated preterm birth** is when early birth is planned **before 37 weeks** of pregnancy (more than three weeks before the due date) because staying pregnant is considered to be less safe for māmā/person and/or pēpi.

The most common reasons for provider-initiated preterm birth are preeclampsia, fetal growth restriction, whenua/placenta and pito/umbilical cord abnormalities, heavy bleeding and medical conditions in pregnancy.

### 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](http://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 the conditions that may lead to provider-initiated 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 conditions that may lead to provider-initiated preterm birth.



### 3 If you have had preeclampsia or fetal growth restriction in a previous pregnancy, use an evening dose of aspirin from 12 to 36 weeks to reduce the chance of this happening again.

Aspirin is safe to use in pregnancy and has been shown to reduce the chance of preeclampsia or fetal growth restriction. It is also likely to reduce the severity of these conditions and so reduce the chance of provider-initiated 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, reduces your chance of fetal growth restriction and bleeding in pregnancy.

### 5 Let your midwife know at the beginning of your pregnancy about your previous pregnancy, medical and family history. They may refer you to your local hospital for additional care.



Your local hospital will arrange for review by a doctor (obstetrician).

They may consider some additional treatments (such as aspirin, calcium, diabetes treatment, blood pressure medicine) and may recommend some extra scans to check on pēpi growth.

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](http://www.carosikacollaborative.co.nz) or by using the QR code.



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