

# Mode of Preterm Birth

## Whānau Information



## What is 'mode of birth'?

Mode of birth describes how your pēpi is born. You may have a vaginal birth (normal or assisted using forceps or ventouse/suction cup) or a caesarean section birth (when pēpi is born by an operation through your abdomen/puku).



### What is best for me and pēpi

**Vaginal birth** is usually recommended for preterm pēpi when they are in a head down or bottom down (breech) position.

**Caesarean section** may be considered in some circumstances, but it is usually not recommended just because of the birth being preterm. It may be required for other reasons such as if you have a low-lying whenua/placenta or your pēpi has major growth problems. It may be considered in a few circumstances because pēpi is preterm. For example, if pēpi is in the bottom down (breech) position at very early gestations (before 27 weeks).

When considering the best mode of birth for you, things for your doctors/midwives to talk with you and your whānau about include:

- Risk to pēpi
- Risk to you as the birthing wāhine/person
- Recovery journey
- Plans for future pregnancies



### Benefits of vaginal birth

- Shorter recovery and hospital stay for you
- Greater chance of vaginal birth in the future

### Risks of vaginal birth

- Chance of pēpi having distress in labour
- Chance of needing an emergency caesarean section or an assisted vaginal birth with forceps or ventouse/suction cup – if pēpi is less than 34 weeks a suction cup is not as safe as forceps
- Vaginal or perineal tears

### Benefits of caesarean section

- Avoid chance of pēpi having distress in labour
- Avoid vaginal or perineal tears

### Risks of caesarean section

- Surgical risks for you: bleeding, damage to internal structures (bladder, bowel, blood vessels), infection, blood clots in legs/lungs
- Longer recovery and hospital stay for you
- More likely to have another caesarean section, more chance of placenta praevia (low lying placenta) and placenta accreta (an abnormally stuck placenta) in a future pregnancy

## Special considerations

### Previous caesarean section

It is still possible to plan a vaginal birth after a caesarean section. It may depend on how many caesarean sections you have had and the reasons why you had a caesarean previously.

### Breech or transverse presentation

Caesarean section because pēpi is in a bottom down (breech) position for a preterm birth after 27 weeks has not been found to improve pēpi outcomes, and so is not recommended.

For pēpi being born in a bottom down (breech) position very early (before 27 weeks) there is a small chance of pēpi head getting trapped by the cervix before it is fully dilated, and so caesarean section may be considered.

If pēpi is in a transverse (lying sideways) position a caesarean section is recommended.

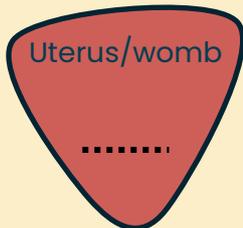
### Growth restriction for pēpi

Caesarean section is recommended when there are signs that a pēpi is not growing well and is already distressed. This includes severe/critical changes in the pēpi blood flow patterns seen on ultrasound scan or abnormal changes in pēpi heart rate monitoring.

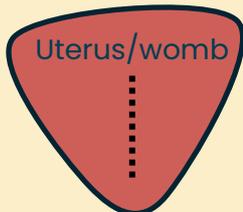
### Multiple birth

Caesarean section just because twins are being born preterm has not been found to improve pēpi outcomes, and so is not usually recommended.

Decisions about mode of birth for twin and other multiples when preterm birth is expected or planned should follow similar recommendations to birth at term. For example, caesarean section is recommended when the leading (lowest) twin is not in a head-down position.



Lower segment incision (usual)



Classical incision

### Extremely preterm birth (23<sup>+0</sup> – 27<sup>+6</sup> weeks)

Caesarean section just because pēpi is extremely early has not been found to improve pēpi outcomes, and so is not usually recommended.

If you need a caesarean section when your pēpi is very small or very early, the lower part of the uterus may not yet be properly formed. This makes it difficult to make the typical 'lower segment' cut as there is not enough space to safely deliver pēpi. A vertical cut on the uterus is then used, this is called a 'classical' caesarean section (the cut on your skin will usually be the same horizontal cut).

Classical caesarean section increases the chance of bleeding and other complications during the operation. It also increases the chance complications in a future pregnancy (uterine rupture – where the scar opens up with contractions or placenta accreta – an abnormally stuck placenta, *these are still rare*). A repeat caesarean section will be recommended in all future pregnancies following a classical incision.

### Instrumental birth

If you are having a preterm vaginal birth, it is possible that you may need help using forceps or ventouse/suction cup. The reasons you may need help are the same as if you are birthing at term and include pēpi showing signs of distress on the monitor or it taking a long time to push pēpi down the birth canal. Instrumental birth is safe for preterm pēpi, but if pēpi is less than 34 weeks a suction cup is less safe, and forceps will be used.

*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 visit the Carosika Collaborative website [www.carosikacollaborative.co.nz](http://www.carosikacollaborative.co.nz) or use the QR code.*

*Featured Whānau stories and other information may also be helpful resources.*



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