Am I in Premature Labor?

Premature, or preterm, birth is any birth before the 36th week of pregnancy. It's the primary cause of infant death in the US, and is responsible for many infant illnesses. Miraculous care can be given these days, but nevertheless you should call your midwife or doctor immediately if you notice even one of the following signs:

**Warning signs of preterm birth:**

1. Contractions (your abdomen tightens like a fist over its entire surface) five or more times in an hour

2. Change in vaginal discharge (leaking fluid or bleeding from your vagina)

3. Pelvic pressure towards your vagina

4. Low, dull backache

5. Menstruation-like cramps

6. Abdominal pain with or without diarrhea

**There are some women who are at a higher risk of preterm labor. This includes:**

• Women with a history of preterm labor

• Carrying more than one baby

• Infection in pregnancy

• History of smoking in pregnancy

• Prenatal exposures to certain drugs or chemicals

• Problems with the cervix

• Too much or little fluid

**First thing to do is call the Midwife**

You should still call your caregiver right away; time is important in both stopping true labor, and in helping the baby develop its lungs faster if birth is unpreventable.

**Natural things to do if you think you might be in premature labor**

* Staying very well hydrated 3-4 quarts a day. What happens with dehydration is that the blood volume decreases, therefore increasing the concentration of oxytocin (hormone that causes uterine contractions) to rise. Hydrating yourself will increase the blood volume.
* Empty your bladder reduces pressure on uterus
* Change activity changes pressure on uterus
* Lie down on your left side changes pressure on uterus
* Watch for signs and symptoms of infections bladder or yeast
	+ You feel pain or burning when you urinate.
	+ You feel like you have to urinate often, but not much urine comes out when you do.
	+ Your belly feels tender or heavy.
	+ Your urine is cloudy or smells bad.
	+ You have pain on one side of your back under your ribs. This is where your kidneys are.
	+ You have fever and chills.
	+ You have nausea and vomiting.

🙪For the above infection Cranberry Extract, Vit C, probiotics, a lemon a day🙪

* Stress reduction, take it easy, get enough rest, don’t lift heavy items
* 1500 mg. calcium + 750 mg. magnesium daily
* Herbs like Black haw tincture--usually 10-20 drops, one dose; if she is still contracting in 20-30 minutes, repeat the dosage, Valerian, Cramp Bark, 6 tablets of alfalfa daily and nettles, pregnancy tea
* Benadryl dose on bottle, some in UK suggest Dramamine 50mg( I don’t personally know this drug)
* Homeopatics like Cell salt (mag phos), rescue remedy, pulsatilla Helps baby’s position
* Glass or two of red wine or 1 shot of vodka
* Moist heating pad on mom's lower abdomen, right above her pubic hair

Should preterm labor be unavoidable, the local chapter of the March of Dimes is a fantastic resource. They can provide you emotional support as well as provide useful information. You can even become active in helping to prevent premature births.

**Tests you care giver may want.**

* Urinary tract or vaginal microbiology culture
* fibronectin (fFN) test.The absence of fetal fibronectin (fFN) in the cervical secretions is a very useful negative predictor of imminent birth (negative predictive value for birth within 7 days 97-98%).
* Cervical evaluation for length, openness, firmness, and position
* Ultrasound evaluate fluid levels, fetal activity, placental position
* Fetal heart tones, electronic fetal monitoring
* Uterine tone and monitoring

**Medical Management of Preterm Labor**

There are a lot of variables to managing preterm labor, both in medical options and in terms of what is going on with you and/or your baby. Here are some of the things that you may deal with when in preterm labor.

• Hydration (Oral or IV)

•Bedrest (Home or Hospital), usually left side lying

• Medications to stop labor (Magnesium sulfate, brethine, terbutaline, vistaril, up to 100 mg orally every 4-6 hours. etc.)

•Medication to help prevent infection (More likely if your water has broken or if the contractions are caused by infection)

• Evaluation of your baby (Biophysical profile, non-stress or stress tests, amniotic fluid volume index (AFI), ultrasound, etc.)

• Medications to help your baby's lung develop more quickly (Usually if preterm birth in inevitable)