



The American College of
Obstetricians and Gynecologists

FAQ

FREQUENTLY ASKED QUESTIONS

FAQ173

PREGNANCY

Early Preterm Birth

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What is early preterm birth?

Most pregnancies last about 40 weeks. Babies born between 32 and 37 weeks of pregnancy are considered **preterm**. Babies born before 32 weeks are called “early preterm.”

What do I need to consider if I am at risk of having an early preterm baby?

If you are at risk of having an early preterm baby, your health care provider will discuss with you your baby's chances of survival. Survival depends on many factors. You need to be aware of the survival rates in your hospital for a baby with the same **gestational age**, sex, and birth weight as yours. You also need to be aware that early preterm infants who do survive often have serious, long-term health problems. Babies may be physically or developmentally disabled and need special medical care.

What are some health problems associated with preterm birth?

The earlier an infant is born, the more likely he or she will have health problems. These problems can be short-term or long-term disabilities that may include the following:

- **Respiratory distress syndrome (RDS)**
- Bleeding in the brain
- Infection
- Problems with the digestive system
- Problems controlling body temperature
- Trouble communicating and making sounds
- Vision and hearing problems
- Cerebral palsy and other neurological problems
- Developmental delays

Is treatment available to prevent early preterm birth?

Medications sometimes can be given to women at risk of preterm birth to help the baby's lungs mature (**corticosteroids**) or help prolong pregnancy (tocolytics or **progesterone**). If you are between 24 weeks and 34 weeks of pregnancy and your health care provider suspects that you may have your baby within the next week, you may receive an injection of a corticosteroid. This drug helps speed the development of your baby's lungs and some other organs.

Drugs called tocolytics can be given to many women with symptoms of preterm labor. These drugs can slow or stop contractions of the uterus and may prevent labor for 2–7 days. Tocolytics may provide you with extra time to take corticosteroids for the baby's lung development or to get to a hospital that offers specialized care for preterm babies.

Can being born at a hospital with a neonatal intensive care unit improve the chance of survival for preterm babies?

Preterm infants who are delivered at hospitals with high-level neonatal intensive care units (NICUs) have a better chance of survival. High-level NICUs provide specialized care for infants with serious health problems. These units are better equipped and have doctors and nurses with advanced training and experience in caring for preterm infants. You and the baby usually will be cared for by a team of health care providers. The team may include a neonatologist, a doctor who specializes in treating problems in newborns.

What is surfactant replacement therapy?

Surfactant is a substance that helps the air sacs stay inflated in the lungs. The lungs begin making surfactant at around 23 weeks of pregnancy. Lack of surfactant is the main cause of RDS in preterm infants.

Infants who need surfactant replacement therapy often are very sick and need highly specialized care. For this reason, surfactant therapy is offered only in hospitals where the staff is specially trained in giving this treatment and caring for very sick babies.

What decisions should I be prepared to make if I am likely to give birth to an early preterm infant?

If your baby is not responding to treatment, there is only a very slim chance of survival. Your team of doctors and nurses will talk to you and your family about your options. It is possible that the baby will not be able to survive without the ventilator. It will be a difficult time for you and your family, but it may be necessary to remove your baby from the breathing machine. Your health care team will help you decide what is best for your baby.

Glossary

Corticosteroids: Hormones given to mature fetal lungs, for arthritis, or for other medical conditions.

Gestational Age: The number of weeks that have elapsed between the first day of the last normal menstrual period and the date of delivery.

Preterm: Born before 37 weeks of pregnancy.

Progesterone: A female hormone that is produced in the ovaries and that prepares the lining of the uterus for pregnancy.

Respiratory Distress Syndrome (RDS): A condition of some babies in which the lungs are not mature, which causes breathing difficulties.

If you have further questions, contact your obstetrician–gynecologist.

FAQ173: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

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