



Preterm Labor

Preterm labor is any labor that occurs between 20 weeks and 37 weeks of pregnancy.

Here are the symptoms:

- Contractions (your abdomen tightens like a fist) every 10 minutes or more often. (more than 6 in 1 hour)
- Change in vaginal discharge (leaking fluid or bleeding from your vagina)
- Pelvic pressure—the feeling that your baby is pushing down
- Low, dull backache
- Cramps that feel like your period
- Abdominal cramps with or without diarrhea

What to do if you have symptoms of preterm labor?

- Call your health care provider or go to the hospital right away if you think you are having preterm labor. Your provider may tell you to:
 - Come to the office or go to the hospital for evaluation.
- Stop what you are doing and rest on your left side for one hour.
- Drink 2–3 glasses of water or juice (not coffee or soda).
- If the symptoms get worse, or don't go away after one hour, call your health care provider again or go to the hospital.
- If the symptoms go away, take it easy for the rest of the day.
- If the symptoms stop but come back, call your health care provider again or go to the hospital.



Setting the Stage for Maximum Comfort During Your Labor

The choices and preparations that you make before the birth have a great impact on your birth experience. Being nurtured and soothed in a peaceful and safe environment and knowing ways to respond to your contractions empowers you to cope well with the pain and remain calm and confident.



It is your birth; you get to choose who is in the birthing room with you.

- Avoid negativity or excessive visitors who are not positively contributing to your labor and birth.
- Knowledgeable, caring doctors, nurses, midwives, partners, loved ones and doulas who have confidence in the normal process of birth make an enormous positive difference.
- Being treated with respect, dignity, and patience decreases stress and inhibitions, and frees you to find your best way to cope.
- Being attended to, comforted, encouraged, reassured, touched, held, and stroked—in ways that are comforting to you—contributes to your well-being.
- Having a doula* with you continuously is shown to improve outcomes and satisfaction, for both you and your partner.

With such care you are most likely to feel great satisfaction and remember your birth experience with joy, a sense of accomplishment, and appreciation for those involved.

Know what happens in labor and how you can increase your own comfort.

Learn all about labor through:

- discussions with your caregiver, doula, family and friends
- Reading
- videos
- childbirth classes
- a hospital tour

Also, learn how to use the resources of your mind and body to keep the pain manageable and avoid suffering.

Talk to someone you trust about any fears about your upcoming birth.

Many women hold fears that they do not talk about—of pain, of needles, of medicines, of losing control and more. Being able to talk about such fears with a knowledgeable trusted person brings a sense of relief and may also help you find practical ways to avoid or deal with some of those fears.

Ask your caregiver for advice about your concerns and a possible referral to a counselor who can help you address your fears constructively.

Prepare a Birth Plan that explains to the staff your concerns and needs, and devise ways to deal with fears that you anticipate.

***A DOULA** is a professional labor support person. They are trained to offer physical and emotional support to laboring women. A doula helps pregnant women prepare for childbirth, assist laboring women manage their pain and, if they are also postpartum trained, help out after the delivery.

Research shows having a doula with a woman:

- ✓ shortens labor by an average of 2.8 hrs
- ✓ decreases the use of pitocin
- ✓ decreases the use of operative and instrumental deliveries
- ✓ decreases requests for epidural anesthesia

You can find one in the area at: www.dona.org. Rates for services vary.



Childbirth Philosophies/Courses

Day Kimball Hospital offers Childbirth Education classes, taught by CAPPA certified instructors. Classes are offered at the hospital as either a series of 5 Thursday evenings or an all-day Saturday class. The classes educate pregnant women and their support person about childbirth, coping strategies for labor, newborn care and postpartum care. Call the DKH Maternal/Child Unit at (860) 928-6541, ext. 2248 for more information and to register.

Hypnobirthing - teaches women how to use deep relaxation, visualization, and self-hypnosis to experience "a calm, serene, and comfortable birth." Available classes can be found at: www.hypnobirthing.com

Lamaze - the goal of Lamaze classes is to "increase women's confidence in their ability to give birth." Toward that end, women learn a variety of simple coping strategies. Available classes can be found at: www.lamaze.org

Bradley Method - This method embraces the idea that childbirth is a natural process and that, with the right preparation, most women can avoid pain medication and routine interventions during labor and birth. Available classes can be found at: www.bradleybirth.com

Possible non-drug techniques to use for coping with labor:

- Paced breathing/active relaxation techniques
- Massage/Therapeutic touch
- Hydrotherapy (bath/shower)
- Music/ Auditory distraction
- Counterpressure
- Your own personal coping skills - ways you cope with challenges that you can use in labor
- Activity/position change
- Visualization/Relaxation
- Local application of heat or cold
- Vocalization
- Hiring a doula*

Pharmacological pain relief available at DKH

Epidural
IV Medications

We will be giving you more information about pharmacological pain relief next trimester

Food for thought: Pain versus Suffering

Although pain and suffering often go hand in hand, labor does not have to cause suffering.

Pain is an unpleasant physical sensation that may or may not be associated with suffering. For example, the pain people feel with working out or hiking uphill is not suffering ("no pain, no gain"). *Suffering* is a distressing psychological state (i.e., helplessness, anguish, remorse, fear, panic, or loss of control) that may or may not be associated with pain. For example, witnessing a person being hurt or injured, or being emotionally abused (ignored, insulted or humiliated), may cause suffering even though there is no physical sensation of pain.

Many women today have an epidural in labor, because they and the influential people in their lives equate labor pain with suffering. While an epidural eliminates almost all sensation, including pain, it does not address fear, worry, loneliness, helplessness, or other emotions that lead to distress, dissatisfaction, or even suffering.

To prevent suffering, you need more than relief of pain; you need to recognize that labor pain is a side effect of a normal process, not a sign of damage or injury. You can have a sense of mastery and well-being as you respond to pain, but you also need humane, caring, confident people giving